SOCIAL WORK SERVICES PROVIDED BY NON-PROFIT ORGANISATIONS TO ADULT METHAMPHETAMINE USERS: AN ECOLOGICAL PERSPECTIVE
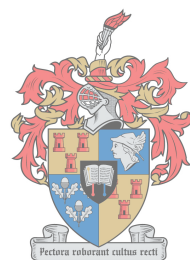
by

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Promoter: Professor Sulina Green

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DECLARATION

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March 2018

ABSTRACT

Substance abuse is a universal challenge which places strain on the demand for a country's social welfare resources. In South Africa – one of the countries with the highest number of methamphetamine (MA) users in the world – the demand for substance abuse services has increased rapidly in the past 20 years.

Using the framework of ecological systems theory, the study's main aim was to gain an understanding of the nature, scope and utilisation of social work services that non-profit organisations (NPOs) provide to adult MA users, in order to make informed recommendations in line with current policy directives to NPOs in the Cape metropolitan area.

A qualitative case study approach was used together with an exploratory and descriptive case study design. Semi-structured individual interviews were conducted with 10 service providers and 10 service users The eight-step approach to thematic data analysis by Tesch (in Creswell, 1994) was used in combination with Atlas Ti.

Key findings were that social workers, ministers and ex-addicts play significant roles in intervention by providing on-going guidance and support. However, collaboration is urgently required between governmental policymakers, NPOs and private organisations to address the scourge of MA abuse.

OPSOMMING

Dwelmmisbruik is 'n universele uitdaging wat die vraag na 'n land se maatskaplike welsynsbronne benadeel. In Suid-Afrika – een van die lande met die grootste aantal gebruikers van metamfetamien (MA) in die wêreld – het die vraag na dwelmmisbruikdienste die afgelope 20 jaar vinnig toegeneem.

Met behulp van die raamwerk van ekologiese sisteem teorie, was die doel van die studie om begrip te verkry van die aard, omvang en benutting van maatskaplike werkdienste wat nie-winsgewende organisasies (NROs) aan volwasse MA-gebruikers bied, om ingeligte aanbevelings in lyn te bring met huidige beleidsriglyne, aan (NROs) in die Kaapse metropolitaanse gebied.

'n Kwalitatiewe gevallestudie-benadering is gebruik tesame met 'n verkennende en beskrywende gevallestudie-ontwerp. Semi-gestruktureerde individuele onderhoude is uitgevoer met 10 diensverskaffers en 10 diensgebruikers. Die agt-stap benadering tot tematiese data-analise is deur Tesch (in Creswell, 1994) aangewend in kombinasie met Atlas Ti.

Belangrike bevindings was dat maatskaplike werkers, predikante en oud-verslaafdes 'n belangrike rol speel met intervensie deur deurlopende leiding en ondersteuning te bied. Daar is egter dringend samewerking tussen regeringspolitici, NROs en private organisasies nodig om die plaag van MA-misbruik aan te spreek.

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ABBREVIATIONS

AA	Alcoholics Anonymous
ATS	Amphetamine-type stimulants
BSW	Bachelor of Social Work
CDA	Central Drug Authority
CPD	Continuous professional development
CSA	Constitution of South Africa
DoH	Department of Health
DSD	Department of Social Development
ECOSOC	United Nations
ESAI	Ecological Strategy of Assessment Intervention
EST	Ecological Systems Theory
EU	European Union
FSWS	Framework for Social Welfare Services
HEI	Higher education institutions
IASSW	International Association of Schools of Social Work
ICPO	International Criminal Police Organisation
ICSW	International Council of Social Work
ICT	Information and communication technology
IFSW	International Federation of Social Work
ISDM	Integrated Service Delivery Model
LDAC	Local drug action committees
MA	Methamphetamine
MAA	Methamphetamine Anonymous
MET	Motivational Enhancement Therapy
MI	Motivational Interviewing
MRC	Medical Research Council of South Africa
NA	Narcotics Anonymous
NDMP	National Drug Master Plan
NDP	National Development Plan
NIDA	National Institute on Drug Abuse

NPO	Non-profit organisations
PSAF	Provincial Substance Abuse Forums
SA	South Africa
SACENDU	South African Community Epidemiology Network on Drugs Use
SACSSP	South African Council for Social Services Professions
SANCA	South African National Council on Alcoholism and Drug Dependence
STATSSA	Statistics South Africa
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
US	United States
WDR	World Drug Report
WHO	World Health Organisation

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CHAPTER 1

INTRODUCTION AND GENERAL ORIENTATION TO THE STUDY

1.1 RATIONALE FOR THE STUDY

Substance abuse[1] is a global phenomenon that affects many families regardless of race, ethnicity, culture or socio-economic class (Bijttebier, Goethals & Ansoms, 2006). Furthermore, substance abuse has huge implications for human security in that it puts strain on the resources for medical and social services (Courtney & Ray, 2014). At the same time the effects of substance abuse are associated with households usually experiencing changes in family values, structure and roles (Fischer & Lyness, 2005; Handley and Chassin, 2013; Slabbert, 2015). In addition, several studies link substance abuse to crime and violence in the home and the community (World Health Organisation [WHO], 2002; Morojele & Brooks, 2006) and it is associated with various bio-physical challenges that often lead to self-destructive behaviour on the part of the user (Barber, 2002).

Similar to international trends, substance abuse is a concern in South Africa (üüddemann & Parry, 2012). The United Nations World Drug Report (United Nations Office on Drugs and Crime [UNODC], 2011) indicates that South Africa is one of the world's drug capitals with a usage of twice the world norm. The high levels of alcohol and marijuana/dagga consumption in South Africa makes it one of the top 10 narcotics-abusing countries in the world (Bayever, 2009). Alcohol is the most common drug used, followed by dagga, mandrax and methamphetamine (UNODC, 2011).

Since 2003, the use of methamphetamine (MA) in the Western Cape in particular has increased, making South Africa one of the highest users of MA in the world (Harker, Kader, Myers, Fakier, Parry, Flisher, Peltzer, Ramlagan & Davids, 2008). MA, also

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[1] Sustained or sporadic excessive use of substances and includes any use of illicit substances and the unlawful use of substances (Prevention of and Treatment for Substance Abuse Act, No. 70 of 2008)

known as "tik", "tuk-tuk", "straws", "globes", and "crystal meth", is a white or crystalline powder that is fairly easy to manufacture from available chemicals. MA is regarded as one of the most intoxicating illicit substances. It is mostly packaged in drinking straws burnt closed at the ends, but other forms of packaging are also used. The most common method of smoking MA is through a light globe from which the metal filaments have been removed. The drug is placed in the globe, heated, and the fumes inhaled through a straw. It is much longer lasting in its effects than other substances such as cocaine (South African Medical Research Council [MRC], 2009).

According to the MRC (2009), an overdose of MA can result in a psychiatric condition known as amphetamine psychosis during which the user experiences a sensation of bugs crawling under the skin, other delusions and paranoia. Hence the drug is considered as one of the most dangerous. It has a multitude of side effects including various health problems such as depression and weight loss, along with sleep deprivation, over-stimulation, panic attacks, violent behaviour and magnified physical strength. Users' pupils become enlarged, and they experience an increase in their heart rate and blood pressure. Other common side effects are teeth-grinding and jaw-clenching (MRC, 2009). Furthermore, increased sexual risk behaviour is associated with MA use which increases the risk of contracting sexually transmitted diseases such as HIV (Plüddemann and Parry, 2012).

A study conducted by Njuho and Davids (2010) shows that in Cape Town, 66% of patients in treatment in 2005 were addicted to MA of whom 92% were Coloured, 7% White, 0.5% Indian/Asian and 0.5% Black Africans. The average age of all users was 21 years and the majority (76%) were male. Since 2005 there has been a significant increase in MA use among the Coloured population in the Western Cape. Serra and Warda (2013) state that one in five young people in Cape Town have either experimented, used or are addicted to MA. Some of the main factors associated with the increased use of MA and other illicit drugs are poverty, gang loyalty and family dysfunction (Simbayi, Kalichman, Cain, Cherry, Henda & Cloete, 2006).

South African efforts to address substance abuse are contained in the White Paper for Social Welfare (South Africa [SA], 1997a), in which substance abuse is cited as one of the key health and social problems in the country. As such, part of the mandate of the Department of Social Development (DSD) is to address substance abuse challenges in the country. Consequently, service providers such as social workers are key role players in combating substance abuse in South Africa and are guided by the Integrated Service Delivery Model (ISDM) (SA, 2006) and the Framework for Social Welfare Services (FSWS) (SA, 2013a).

The ISDM (SA, 2006) addresses five key areas for the design and provision of social services. These are (1) early identification and emergency relief, (2) assessment, data collection and referral, (3) profiling beneficiaries for opportunities for sustainable socio-economic development, (4) planning and implementation of exit strategies, and (5) monitoring and evaluation (SA, 2006). In addition, both the ISDM (SA, 2006) and the FSWS (SA, 2013a) suggest that social services should be aimed at the following categories; promotion and prevention, rehabilitation and continuing care. These categories should also guide the design and promotion of social work services provided by social services organisations to adult MA users.

In support of these aims, and in addition to the ISDM (SA, 2006) and the FSWS (SA, 2013a), the South African National Drug Master Plan (NDMP) (2013–2017) sets out to combat substance abuse by providing holistic and cost-effective strategies while monitoring the resources and services available to families. Social service organisations such as non-profit organisations (NPOs) who provide substance abuse services are guided by these plans and frameworks in furthering their service delivery. NPO service providers are registered in terms of the Non-Profit Organisations Act No. 71 of 1997 (SA, 1997b) that stipulates the registration and requirements for service delivery by welfare organisations. Similarly, the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008 (SA, 2008) is aimed at combating substance abuse as well as providing **prevention, early intervention, treatment** and **reintegration/aftercare services** to deter the onset and alleviate the impact of substance abuse on families. Consequently, social work services for substance abuse are provided by government organisations

(such as the DSD) and NPOs (such as the Cape Town Drug Counselling Centre (CTDCC) who provide social work services to individuals, families and communities (SA, 2006; CTDCC, 2017).

In summary, efforts by the social welfare sector to address the recent drug pandemic in the Cape Metropole have included the establishment of various substance abuse services and programmes offered by NPOs since 2003 (South African National Council on Alcoholism and Drug Dependence [SANCA], 2017; Stevens, 2010). Literature indicates that the most effective social services for substance users are those that involve not only the individual member presenting with the problem, but also the family as a collective system (McKeganey, Barnard & McIntosh, 2002; Forrester & Harwin, 2006; Harker Burnhams, Dada & Myers, 2012). This is because substance abuse is multifaceted and complex, affecting and being affected by the substance user and their environment/ecology (Fischer & Lyness, 2005; Forrester & Harwin, 2006).

It is therefore surprising that in South African literature there are only a few studies on the nature and scope of social work services provided by NPOs to adult MA users, in the Cape Metropole. A study by Simbayi et al (2006), for example, focused on MA use and sexual risk for HIV infections in Cape Town. Myers, Louw and Fakier (2007) and Isobell (2013) investigated access to treatment for substance abuse but not specifically MA abuse. In a different study, Myers, Harker, Fakier, Kader and Mazok (2008) reviewed evidence-based intervention for the prevention and treatment of substance abuse disorders while Stevens (2010) conducted a study on the resilience of offspring exposed to parental substance abuse.

There are a few South African studies that are more closely linked to the current research study. A study by Van der Westhuizen (2010) focused on aftercare to chemically addicted adolescents in which she developed practice guidelines from a social work perspective. Similarly a study by Plüddemann and Parry (2012) focused on MA use and associated problems among adolescents in the Western Cape. While Hobkirk, Watt, Myers, Skinner and Meade (2016) explored a qualitative study of methamphetamine initiation in Cape Town. Most of the research on MA conducted in Cape Town and the

Western Cape focused on adolescent experiences and not on the nature, scope and utilisation of social work services aimed at **adult MA users**. While some of these studies focus on service provision (see Myers, Louw & Fakier, 2007; Myers et al., 2008; Van der Westhuizen, 2010; Plüddemann & Parry, 2012), they do not investigate social work services specifically provided by **NPOs in the Cape Metropole**, to adult MA users. Based on the gap identified in existing literature, there is a need to investigate **the nature, scope and utilisation of social work services rendered to adult MA users by NPOs in the Cape Metropole**.

1.2 PROBLEM STATEMENT

Since its development as a profession, social work has been concerned with intervention services relating to case work, group work and community work for families where substance abuse occurs (Bezuidenhout, 2008; Dykes, 2010). As generalist practitioners, social workers have an eclectic knowledge base, professional values, and a wide range of skills to address clients' problems holistically and from an ecological perspective. In so doing, social workers facilitate various services at micro level (case work), meso level (group work) and macro level (community work) (Yanca & Johnson, 2008; Kirst-Ashman & Hull, 2012; Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen, 2013).

Since 2003, the significant increase in MA use in South Africa has led to an increase in substance abuse services at all levels by NPOs who provide these services in the Cape Metropole (Caelers, 2005; Parry, Plüddemann, Myers, Wechsberg & Flischer, 2011). While there is policy directives for addressing substance abuse in South Africa, Parry, Myers and Plüddemann (2004) and Myers and Parry (2011) maintain that there is a need for developing a substance abuse policy to address MA use in particular. One way to ensure implementation of substance abuse policies according to the FSWF (SA, 2013a) is through the development of generic norms and standards to assess the implementation of plans and strategies to enhance and strengthen services. In particular, substance abuse services in line with the developmental approach adopted by South Africa for social welfare services since 1997.

While there has been an increase in social work services in the field of substance abuse generally in terms of **treatment** and **reintegration/aftercare services** (SANCA, 2017), from a policy perspective there has been very little research relating to social work services provided by NPOs to adult MA users (Ovens, 2006; Häefele & Ovens, 2013) in the Cape Metropole. The FSWF (SA, 2013a) has identified the need for research-based evidence for prevention and intervention strategies to improve service delivery and policy improvements. Therefore, in line with the ISDM (SA, 2006) and the FSWS (SA, 2013a), the focus of the current study is *to* **contribute to an understanding of the nature, scope and utilisation of social work services provided by NPOs in the Cape Metropole to adult MA users, from an ecological and policy perspective.**

1.3 THEORETICAL FRAMEWORK

Ecological systems theory is generally used in social work because of its focus on a person: environment fit since there is a reciprocal relationship between people and their environments (Germain, 1973; 1979; Hepworth et al., 2013). In terms of ecological systems theory, the person: environment fit or person: environment fit (the latter is the preferred phrase for this study) refers to the individual, group and community needs, rights, capabilities, aspirations and resources within their physical environment based on the unique socio-historical and cultural context (Bronfenbrenner, 1979a; Swanson, Spencer, Harpalani, Depree & Noll, 2003; McWhirter, McWhirter, McWhirter & McWhirter, 2013). The ecological environment is therefore seen "as a set of nested structures; each nested in the other" (Bronfenbrenner, 1989). The set of structures which are interactive and reciprocal are known as the **microsystem, mesosystem, exosystem, macrosystem and chronosystem**.

The **microsystem** includes family, peers and neighbourhood in the immediate social and physical environment of the individual. The microsystem impacts on the individual's life and is affected by the individual (Bronfenbrenner, 1997a). As a consequence, relationships and interactions between a set of microsystems and the individual constitute the **mesosystem** (Bronfenbrenner, 1989; McWhirter et al., 2013). Nested in this is the **exosystem** which consists of subsystems that have an indirect impact on the

individual (Bronfenbrenner, 1989; 2005). This would relate to the service user's family, social network and the neighbourhood context which in turn is nested in the **macrosystem** which is described as society's values, beliefs and norms at national and international level for a particular culture or subculture (Bronfenbrenner, 1989; 2005; Swanson et al., 2003; McWhirter et al., 2013). Finally, the **chronosystem** refers to the particular socio-historical and cultural context of the individual (McWhirter et al., 2013). It can therefore be concluded that each system is unique and thus responds to influences in the environment in different ways.

In the context of the current study, there is a reciprocal relationship between the adult MA user and their family, peers and neighbourhood on a micro level. The meso level is the interaction between the adult user of MA and a combination of the user's peers and family (subsystem), while the exosystem could be the adult MA user's employer, drug lords and social/recreational clubs in the community. The macrosystem is related to policy and legislation such as the ISDM (SA, 2006), the Prevention of and Treatment for Substance Abuse Act No. 70 (2008), the NDMP (2013–2017) and the FSWF (SA, 2013a) that guide service delivery in substance abuse such as that provided by NPOs to adult MA users. The chronosystem in this study is the specific socio-historical context of South Africa, the Western Cape Province and the Cape Metropole more specifically, that influences, impacts on and is affected by the adult MA user.

Ecological systems theory is considered appropriate for the study, as it can assist social workers in NPOs who provide services to adult MA users, by promoting a responsive environment in which these clients are supported and empowered to improve their social functioning.

1.4 RESEARCH AIM AND OBJECTIVES

Emanating from the research problem, the research question is: **What is the nature, scope and utilisation of social work services provided by NPOs to adult MA users?**

The aim of the study was to gain an understanding of the nature, scope and utilisation of social work services provided by NPOs to adult MA users. Therefore the following objectives were pursued:

- To describe how ecological systems theory can guide social work services aimed at adult MA users;

- To explain how South African policy and legislation give direction to social work services rendered to adult MA users;

- To provide a theoretical and contextual overview of the nature, scope and utilisation of social work services rendered to adult MA users;

- To investigate, from an ecological and policy perspective, the nature, scope and utilisation of social work services provided by NPOs in the Cape Metropole, to adult MA users;

- To provide recommendations, in line with current policy directives, for social work services provided by NPOs in the Cape Metropole, to adult MA users.

1.5 RESEARCH METHODOLOGY

The research methodology explains the methods and procedures undertaken to conduct the study. The decision of which methodology to use is determined by the aim and objectives of the study (Babbie & Mouton, 2007:49). The research methodology is discussed in more detail in Chapter 2.

1.5.1 Research approach

A qualitative research approach was selected for this study because the researcher wanted to engage in "a process of understanding based on distinct methodological traditions of inquiry that explore a social issue" (Creswell, 1998:15). A combination of an **exploratory and a descriptive design**, as proposed by Delport and Fouché (in De Vos, Strydom, Fouché & Delport, 2011), was utilised for the study.

Exploratory research is used when a researcher wants to gain insight and understanding of a social issue, answering "what" questions (Fouché & De Vos in De

Vos et al., 2011). In this case, the researcher wanted to know: **What is the nature and scope of social work services provided by NPOs to adult MA users?**

Descriptive research, on the other hand, is used when a researcher wants to provide in-depth descriptions of a social issue, answering "how" and "why" questions (Fouché & De Vos in De Vos et al., 2011). In the current study, the researcher wanted to answer the question of how social work services are provided in order to address adult MA use in light of current policy and legislation. Thus the aim of the study is to gain a comprehensive understanding of the nature, scope and utilisation of social work services provided by NPOs in the Cape Metropole that provide substance abuse services to adult MA users.

1.5.2 Research strategy

The research strategy refers to the approach to inquiry, meaning the strategies, traditions or methods a researcher can choose from in conducting the study (Denzin & Lincoln, 1994; Tesch, 2000; Creswell, 2007). Creswell (2007:35) refers to five traditions of inquiry, namely biography, phenomenology, grounded theory, ethnography and case study. Descriptions of all five traditions are beyond the scope of this study; nevertheless, the reason that the case study was selected as a strategy for the current research requires some explanation here.

Creswell (2007: 244) states that a case study strategy is used when a researcher studies a situation over a specific time, so it is bounded by time within a particular context, using in-depth data collection methods to provide rich information about the situation under investigation. Yin (2003:13) asserts that a case study is "an empirical inquiry that investigates a temporary phenomenon within its real life context". A case can refer to a programme or several programmes, an event, an activity, an individual or individuals or an issue bounded by time and place. As such, qualitative case studies are distinct in terms of the size of the bounded case and the intent of the case analysis (Creswell, 2007: 74–76). The aim and objectives of the current study indicated that a case study strategy would be suitable because the case under investigation was the nature, scope

and utilisation of social work services provided by NPOs to adult MA users in the Cape Metropole. Thus the case (the nature, scope and utilisation of social work services) is context-specific (NPOs providing social work services in the Cape Metropole).

Case study strategies are differentiated by means of the intent of the case (Creswell, 2007:75). Various types of case studies can be employed; this is expounded on in Chapter 2. The researcher opted for an instrumental case study strategy because it facilitates the "understanding of a particular issue" (Creswell, 2007:75). The issue in this study is the nature, scope and utilisation of social work services provided by NPOs to adult MA users, and the subjects of the study were the service providers and the service users. The setting for the case study is 10 NPOs within the Cape Metropole who provide social work services to adult MA users. Patton (2002:297) suggests that a case is made up of many "smaller cases", in other words, the narratives of specific individuals or units are "layered" by different experiences. This was also the situation in this study, as will become evident in the subsequent discussion and in Chapters 6 and 7.

Creswell (2007:196) advises that a comprehensive description of the case context is required in this type of strategy to offer the reader a holistic view of the setting and the issue being studied. The next section provides a description of the context and the sampling; the full description of the case and the issue is discussed in Chapter 2.

1.5.3 Context and sampling

The study was conducted in the low socio-economic urban communities of the Western Cape, known as the Cape Flats and predominantly populated by a Black and Coloured population group (Statistics South Africa [Stats SA], 2011). The sample was drawn from 10 NPOs in the Cape Metropole who provide substance abuse services to adult MA users. The target population was social workers and service users from the 10 selected NPOs. Purposive sampling (Strydom & Delport in De Vos, 2005) was used to select 10 social workers. The criteria for inclusion as service providers were that the prospective participants must be:

- A social worker, registered with the South African Council for Social Services Professions (SACSSP);
- Employed by an NPO in the Cape Metropole providing substance abuse services to adult MA users.

In respect of service users, the criteria were that a respondent should be:
- Older than 18 years;
- Currently using or has used MA;
- A service user at an NPO in the Cape Metropole that provides substance abuse services;
- Using social work services provided by NPOs to adult MA users.

The researcher made written requests to the management of the selected NPOs to ask permission to include the respective NPOs in the study and for the recruitment of social workers and service users (see Annexure A). The managers of the selected NPOs informed the social workers and service users about the intended research project to gage their interest. The contact details of those interested were given to the researcher with their permission. The researcher made telephonic or email contact with prospective participants. After confirmation was received from participants, information letters were disseminated to them via email or hand delivered to some of the NPOs (see Annexures B and C). Informed consent letters were obtained from the participants before the interviews were conducted. On receipt of responses, the researcher arranged individual interview sessions with participants.

1.5.4 Qualitative data collection

Individual interviews (Creswell, 1998:62) were conducted with service providers and service users. Semi-structured interview schedules were developed which were based on the theoretical framework and the literature that was reviewed. Examples of the interview schedules are attached in Annexure D (service providers), E1 (English version, service users) and E2 (Afrikaans version, service users). All the interview sessions were audio-recorded and transcribed by the researcher.

1.5.5 Qualitative data analysis

Thematic qualitative data analysis as proposed by Tesch in Creswell (1994:155) was used to analyse the data collected from participants. To enhance the data analysis process, the use of Atlas Ti (Atlas Ti, 2016) which is an electronic data analysis tool (Babbie & Mouton, 2001) was employed. With the assistance of Atlas Ti and the process of thematic analysis as proposed by Tesch (Creswell, 1994:155), the data was coded and the researcher was able to retrieve codes and excerpts from the participants' narratives in an expedient and convenient manner. Following the meticulous procedure provided in Atlas Ti (2016), the researcher was able to develop themes, sub-themes and categories. This process is discussed in Chapter 2. Following Tesch's (Creswell, 1994) steps for analysis, the researcher read the transcripts several times to get a sense of the content and to identify themes. Notes which were written using Atlas Ti, served as memos as suggested by De Vos (2005:337). The content of the transcripts was coded and themes were selected that indicated patterns. Emanating from the patterns, sub-themes and categories were developed, as presented and discussed in Chapters 6 and 7.

Qualitative data verification included asking a critical reader to check the findings against the transcriptions, which allowed for checks and balances. Guidelines by Creswell (1998) were also used for member-checking. Finally the participants were requested to review the transcriptions to check the credibility and interpretations of the findings.

This study followed a deductive approach, which according to Babbie and Mouton (2007), is used when an empirical hypothesis is derived from the general theory. In deductive reasoning, the researcher commences the research with a literature review that forms the basis for the data collection instruments that will be used. In this way, the researcher starts with a theoretical proposition that delineates the "logical connection" (Neuman, 2006:59) among concepts to gain empirical evidence (Delport & De Vos in De Vos, 2005). With reference to the current study, the literature review is based on the nature, scope and utilisation of social work services from an ecological and policy

perspective. Included in the literature review is the policy and legislation that guides social work services in South Africa. Hence the data collection instrument was based on the literature reviewed (see Annexures D, E1 and E2). Emanating from the data analysis, conclusions were drawn about the nature, scope and utilisation of social work services provided by NPOs to adult MA users.

1.5.6 Qualitative data verification within the case study inquiry

The process and quality of data collection and data analysis techniques is an important aspect of the research process because it determines the authenticity and validity of the project (Guba in Krefting, 1992:215). Verifying the data confirms that the findings accurately represent the research process from data collection to writing up the findings and research report. Therefore qualitative data verification is critical in the research process because it adds value to the research study, especially in terms of the credibility of the findings. Data verification entails a variety of methods (Creswell, 1998: 201) of which the following were used:

Ensuring **credibility and validity**, as proposed by Babbie and Mouton (2007:275), was achieved by selecting 10 NPOs and 20 participants, which resulted in triangulation. **Triangulation** is the use of multiple sources and methods of data collection to satisfy the researcher's curiosity for understanding the issue under investigation. Further to data verification, **peer examination** was used, as proposed by Babbie and Mouton (2007:277), which required asking knowledgeable colleagues to give critical feedback regarding the findings and resulting interpretations.

Member-checking (Creswell, 1998:203) was another method used to ensure **credibility**. This involved asking participants to read through their own transcripts to review the researcher's findings and interpretations of the transcripts.

In addition to these procedures, the findings of the study were verified employing the following procedures as proposed by Guba (in Krefting, 1991:214–212):

The **truth value** of a study refers to the authenticity of the statements by the researcher compared to the context of the study (Krefting, 1991:215). This requires that there should be a measure of fit between the statement and the context. Techniques such as interviewing skills, triangulations and member-checking were employed to ensure truth value. The level of truth of this study was determined also by the exploratory and descriptive research design, because rich and thick descriptions could be derived from participants' experiences of the issue under investigation. Furthermore, the responses from the participants and the context in which the study was conducted added to the truth value as participants were interviewed at the NPOs which were familiar settings to them, and where they felt comfortable. The findings were therefore true reflections of the service providers and the services users' experiences of social work services provided by NPOs in the Cape Metropole.

Applicability of the study refers to the degree to which the research is applicable to other contexts, and transferability is one strategy for example which can be employed to ensure applicability (Krefting, 1991:216). Qualitative research by its very nature is not about making generalisations, but rather about the descriptions and specific context of the study. With this in mind, applicability to other studies would depend on the design, methodology and context of the study. For this study, a qualitative exploratory and descriptive case study design was used and therefore other studies using the same designs and in a similar context may find the study applicable.

Consistency in a research study, according to Guba (in Krefting, 1991: 216), requires that, should another researcher conduct the same study, the same results should be achieved. **Dependability** is one strategy that can be employed to achieve consistency. In the current study, the description of the methodology, triangulation, member-checking and peer examination contributed to its credibility and ensured consistency

Neutrality in research refers to the degree to which the data is neutral (Guba in Krefting, 1991:216–218; Babbie & Mouton, 2007:275). This was ensured in the study by testing the data against the memos, field notes, transcripts, findings and the interpretations of the findings.

The use of Atlas Ti (Atlas Ti, 2016) assisted in auditing the transcripts, memos and field notes against the findings, interpretations and recommendations. In addition to the use of Atlas Ti, the research supervisor reviewed the findings against the research aim, question, objectives and the interview questions to ensure **conformability** of the research process and the findings. The researcher has thus provided evidence that confirms and substantiates the research findings and interpretation thereof.

The procedures for data verification that were used in this study are provided in Chapter 2.

1.6 REFLEXIVITY

Personal and intellectual bias cannot be ignored and must be acknowledged from the outset of the research process (Babbie & Mouton, 2001). The impact of MA use in the community where the researcher grew up and the devastating effects on families is one of the personal motivating factors for this study. Therefore confronting her own bias required deliberate reflection on the part of the researcher after each interview conducted. According to Mays and Pope (2000:50) the relationship between the researcher and the participants enhances the credibility of the findings, in that the distance between the researcher and the participants could influence the findings. The researcher is a social worker and lecturer at a university in the Cape Metropole.

In addition to the aforementioned the researcher's position in this study in relation to the service providers and service users must be mentioned, as this may have potentially influenced the findings of the study. For example, two service providers (social workers) who participated in the study were former students of the researcher. Two of the service providers are also student supervisors for the university where the researcher is employed. The relationship therefore between these participants and the researcher can be seen as one where the researcher is in a position of authority and power, even though this was not explicitly mentioned during the course of the engagement with them. The researcher also sensed respect and regard from the participants during their

interactions, and found that these participants were careful to give the "correct" and "academically sound" views during the interviews. Similarly, service users gave mostly positive views about social work intervention and NPOs, because they knew that the researcher is a social worker and they appreciated all the assistance they had received from the NPOs. A more detailed discussion relating to reflexivity is provided in Chapter 2.

1.7 PILOT STUDY

The purpose of the pilot study was to evaluate the semi-structured interview schedules and test their utilisation. One social worker and one service user from one of the selected NPOs who met the criteria for purposive sampling, were recruited for individual interview sessions. The data collection and analysis procedure mentioned above was used. The process and outcomes of the pilot study are discussed in Chapter 2.

1.8 ETHICAL CONSIDERATIONS

Ethics in scientific inquiry refers to the mutual agreements among researchers of what is deemed proper and improper when conducting a study (Babbie & Mouton, 2001). Ethical clearance was obtained from the Research Ethics Committee of the Stellenbosch University for this medium-risk study, where the researcher is registered for the degree of Doctor of Social Work (see Annexure F).

The study was considered of medium risk rather than high risk, as it focused on the nature, scope and utilisation of social work services, and not on the substance use, history or habits of the service users. Nor was the focus on the personal or professional skills and competencies of the social workers. In the event, however, that debriefing would have been required, participants would have been referred to a social worker at a clinic in the Cape Metropole that offers counselling services. While this service was available, no debriefing was in fact required.

In keeping with recommendations by Babbie and Mouton (2007), permission to conduct the study was requested from the 10 selected NPOs who offer substance abuse services in the Cape Metropole (see Annexure A). Written consent to participate in the study was requested from the service providers and service users who participated in the study. Informed consent, in response to an explanation of the ethical considerations and guidelines for participation in the study (see Annexure B and C) was obtained from the participants. In addition, participants were informed that participation was voluntary, and that anonymity in reporting the findings of the study would be maintained.

Participants were assured that no private and personal information would be disclosed in the final research report or in publications emanating from the research project. In addition, participants were informed that confidentiality was assured as far as the research report was concerned.

On a final note, the researcher is registered with the South African Council for Social Services Professions (SACSSP) and therefore subscribes to the professional code of ethics which include accountability when conducting research.

1.9 STRUCTURE OF THE STUDY

The research report is divided into eight chapters:

Chapter 1 included an introduction and background to the study, which led to the research gaols, objectives and the research question. The ethical considerations, reflexivity and limitations of the study are also addressed in the first chapter.

Chapter 2 describes the research design and methodology.
Chapter 3 explains the ecological perspective as theoretical framework guiding social work services aimed at adult MA users.

Chapter 4 describes how international and South African policy and legislation give direction to social work services provided by NPOs to adult MA users.

Chapter 5 provides a literature review of the nature, scope and utilisation of social work services provided by NPOs to adult MA users. The levels of social work intervention and the methods of social work are elaborated on.

Chapter 6 presents the experiences of service providers who are offering social work services provided by NPOs in the Cape Metropole.

Chapter 7 presents the findings related to the experiences of adult MA users perceptions and experiences of social work services provided by NPOs in the Cape Metropole.

Chapter 8 provides a summary, conclusions and recommendations of the study.

A reference list and annexures are also provided at the end of the dissertation.

CHAPTER 2

RESEARCH METHODOLOGY

2.1 INTRODUCTION

In Chapter 1 some introductory comments were made regarding the research methodology. This chapter describes the process undertaken in conducting the research project. First, the methodological research approach is detailed, followed by a discussion of the research design. Next the research setting, population and sampling strategy is presented. This is followed by a discussion of the methods and processes for data collection and data analysis that were utilised. Also included in this chapter is the rationale and process followed in conducting a pilot study. Finally the steps for qualitative data verification procedures are discussed. The chapter also presents the limitations and delimitations of the study and the ethical procedures adhered to. The chapter is concluded by way of a summary.

The methodological approach is discussed next.

2.2 THE RESEARCH METHODOLOGY

The methodological approach to research refers to the process and the particular way in which a researcher conceptualises the scientific process (Creswell, 2007:17). This involves the rules and procedures followed during the research process to gain knowledge about the phenomenon. The research methodology thus explains the logic behind the process and steps taken to answer the research questions in meeting the research aim and objectives (Babbie & Mouton, 2007:49).

2.3 THE LITERATURE REVIEW

To gain knowledge about the phenomenon under investigation, the researcher embarked on a review of the literature to gauge what other scholars have written on the

topic and to establish some of the identified gaps in knowledge. Not only did the literature review place the research in context, but it also assisted in the development of the interview schedules.   Additionally, the reviewed literature assisted in framing the research question, which is: **What is the nature, scope and utilisation of social work services provided by NPOs to adult MA users?**

The literature review is often presented in Chapter 2 of a dissertation for various reasons, such as to showcase the researcher's extensive knowledge on the topic or to locate the topic in existing knowledge (Shank, in De Vos et al., 2011:300). However in the current study, the literature review is presented in Chapters 4 and 5. This means that the reader is presented with the research problem and plan (research methodology), instead of being initially provided with an overview of what is known about the topic.

The research approach and purpose determine the place of the literature review (Wilcott 2001 in De Vos et al., 2011: 300–301). Bearing in mind that the purpose of this study was to explore and describe the nature and scope of social work services provided by NPOs to adult MA users. Therefore, two literature review chapters emerged. Chapter 4 covers the policies and legislation that give direction to substance abuse services globally and in South Africa, while Chapter 5 discusses previous research done on the nature and scope of social work services in the field of substance abuse, particularly focusing on adult MA use.

2.4 THE RESEARCH APPROACH

There are two main approaches to research: a quantitative and a qualitative approach (Babbie & Mouton, 2001:49–53, 270, 368). Quantitative research is characterised by the quantification of hypotheses or theories and the significance of variables in the research findings. In this approach, hypotheses are formulated and tested against the data collected; as such, this approach is deductive in nature (Babbie & Mouton, 2007:49–54). In deductive research, meaning is deducted from the theory or from literature. Quantitative research involves a formal and structured approach through which data is collected by using questionnaires that are statistically analysed and presented. The

focus is on outcomes or results (De Vos, Fouché & Venter, 2002:3 64). Qualitative research, on the other hand, is conducted in natural settings of the participants and the focus is on the perspectives and lived experiences of participants aimed at obtaining thick and rich descriptions and understanding of participants' experiences (Babbie & Mouton, 2007: 49–54). In this way, qualitative research seeks to understand rather than explain a social phenomenon from an insider perspective (Creswell, 2009).

Creswell (2007:37) defines qualitative research as follows:

> *Qualitative research begins with assumptions, a world view, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problem. To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a qualitative natural setting sensitive to the people and places under study, and data analysis that is inductive and establishes patterns or themes. The final written report … includes the voices of participants, the reflexivity of the researcher, and a complex description and interpretation of the problem and it extends the literature or signals a call for action.*

Based on these assertions, it is evident that this approach is data-driven and therefore inductive in nature because the research findings and conclusions are derived from the data collected and substantiated by literature reviewed (Babbie & Mouton, 2007:49–54). There are therefore distinct differences between quantitative and qualitative research. The aim and research question of this study pointed to the selection of a **qualitative research approach** because the researcher wanted to obtain detailed and comprehensive data about the participants' experiences of the nature, scope and utilisation of social work services provided by NPOs to adult MA users.

This study chose the **ecological systems theory** as a lens to understand the meaning service providers and service users ascribe to social worker services provided by NPOs. Further to this, to achieve the research aim, a qualitative research approach was considered appropriate to get an insider perspective that would allow for thick and rich descriptions of the experiences of the people most closely involved in the social phenomenon. The selection of a qualitative approach was also influenced by the

researcher's view that there are multiple perspectives of reality and truth, and that knowledge will derive from the participants' experiences. It was therefore necessary to get close to the participants in order to explore and describe their perspectives and experience of the nature, scope and utilisation of social work services provided by NPOs to adult MA users.

Relying on an **interpretative inquiry** (Babbie & Mouton, 2001:28–31) the researcher endeavoured to understand rather than to find explanations for participants' experiences of the nature, scope and utilisation of social work services provided by NPOs to adult MA users. The study followed a **deductive approach** which, according to Babbie and Mouton (2007), is used when empirical hypothesis is derived from the general theory or from the literature reviewed. The theoretical framework is discussed in Chapter 3. The two literature chapters are presented in Chapter 4 (the policies and legislation that guide substance abuse services and social work services (globally and in South Africa) and Chapter 5 (the nature and scope of social work services provided to adult MA users). The three chapters (3, 4 and 5) formed the basis for developing the interview schedules that were used as the data collection instruments (see Annexure D, E1 and E2) and which were tested by conducting a pilot study. In using a deductive approach the researcher preferred to start with a given theory (Chapter 3) about the nature, scope and utilisation of social work services provided to adult MA users (Chapter 4 and 5) – and from the findings, develop themes, sub-themes and categories from the empirical data (discussed in Chapters 6 and 7). The researcher chose to allow emergent themes to develop rather than having predetermined themes derived from the theoretical framework and the literature review.

In choosing a qualitative approach, the study was influenced by the researcher's **ontological assumption** that there are multiple perspectives of the nature, scope and utilisation of social work services provided by NPOs to adult MA users. Ontology refers to the beliefs and ideas held by a researcher based on the researcher's experience in practice (which is not scientific or evidence-based) on the issue being studied (D' Cruz & Jones, 2004:49–50), in this case the nature, scope and utilisation of social work services provided by NPOs to adult MA users. The ontological assumptions of this study

are based on the researcher's own experience as a social worker and a lecturer with regard to social work services to adult MA users. The researcher's experience led to her opinion that social work services provided by NPOs to adult MA users have an impact on the person's environment (sees Chapter 3 and demonstrated by way of a case study in the same chapter). This assumption is further confirmed by previous research which is mentioned in Chapter 5 and in the literature reviewed in Chapter 4. The researcher's ontological assumptions therefore are derivatives of her own understanding of the nature, scope and utilisation of social work services provided by NPOs to adult MA users.

In comparison with ontology, epistemology is the philosophy of the nature of understanding or knowledge, or of how a phenomenon is explained and understood (Babbie & Mouton, 2007:4). The researcher's **epistemological assumptions** about social work services provided to adult MA users allowed for an understanding of concepts related to the research problem which is based on empirical findings. Theories are then used to explain the phenomenon (the nature, scope and utilisation of social work services provided by NPOs to adult MA users) in a structured, causal or interpretative manner.

Chapter 5 provides some explanations of the cause (MA use) that leads to the effect (disequilibrium in the person's environment). All other influences (social work services provided by NPOs) in relation to the cause and effect on the person's environment are reflected. Similarly, structural explanations describe how interrelated phenomena relate to the whole. Therefore, the use of MA impacts on the person's environment, affecting and being affected by the other systems within his/her environment.

The researcher endeavoured to **explore and describe** the experiences and perspectives of participants regarding the nature, scope and utilisation of social work services provided by NPOs to adult MA users. This resulted in interpretative explanations from an insider perspective. Interpretative explanations are the meaning ascribed to a context in order to gain understanding (Babbie & Mouton, 2001). The epistemological assumption therefore is that the research should rely on interpretative inquiry, deductive analysis and the meaning that participants hold on the nature, scope

and utilisation of social work services provided by NPOs to adult MA users – while at the same time exploring and describing the depth, richness and complexity that this issue holds.

2.4.1 Research design

The research design refers to a variety of methods with which a research study can be conducted (Creswell, 2007; Denzin & Lincoln, 1994). Babbie and Mouton (2001:278–287) highlight three design types in qualitative research which are ethnographic studies, life histories and case studies. Each has specific characteristics which guide a researcher in choosing which design will best suit their study. From a qualitative point of view, the three are similar in that they all involve the researcher providing a detailed description of the issue being studied and that the emphasis is on studying the issue in the natural setting of the subjects and from their perspective (Babbie & Mouton, 2001:278).

Other features that the three designs have in common are that they allow for a detailed encounter with the subject of study, a small number of cases are selected to be studied, there is a multi-method approach to data collection, and there is flexibility in the design, allowing for changes to be effected when and where necessary during the research process. The main difference between the three designs concerns their boundaries. Ethnographic studies, for example, examine large units of analysis such as communities or cultural groups, while life story studies examine the life history of one or more persons. Case studies are used to study specific individuals, groups, organisations and programmes bounded in space and time (Babbie & Mouton, 2001:279).

The aim of this study is to explore and describe the perceptions and experiences of social workers and adult MA users who provide and make use of substance abuse services provided by NPOs in the Cape Metropole. After careful consideration of the commonly used designs in qualitative research, the **case study design** was selected for this research as it is generally used to study a situation over a period of time within a

particular context using in-depth data collection methods that is rich in context (Creswell, 2007:74).

2.4.2 Types of case study designs

Qualitative case studies are distinctive in two ways: first, in the size of the bounded case and second, according to the intent of the case analysis (Creswell, 2007:74–76). Case studies are also distinguished in terms of intent of the case, meaning what is being studied. Babbie and Mouton (2001:281) distinguish between six types of cases which are presented in Table 2.1 below.

TABLE 2.1: Types of cases

Type of case	Description
Individual case study	Study of an individual person
Community studies	Study of one or more communities; describes pattern and relations of community life
Social group studies	Studies small (direct contact) groups such as families) and large (diffuse) groups such as occupational groups
Studies of organisations or institutions	Study business and management such as a company, firm, trade union; includes best practice, policy evaluation and implementation, human resources, management and organisational culture or matters concerning the organisation
Studies of an issue, events, roles and relationships	Study a specific event such as disasters, crimes, incidences, client-worker relationships
Studies of countries and nations	Studies international and comparative politics, foreign policy; focusing on a country or group of countries e.g. BREXIT /SADEC

Source: Babbie and Mouton (2001:281)

In Table 2.1 it is evident that a case can refer to an individual, an issue(s), one or more communities, a group(s), an organisation(s), an event(s), roles or relationships, or a country/countries (Babbie & Mouton, 2001:281; Yin, 2003:13). Fouché and Schurink (in De Vos et al., 2011:320–312) concur that case study design is about what is being studied and what can be learnt from the case. Using such a design, the researcher wanted to understand the meaning the subject(s) hold about lived experiences. The

researcher engages with the subjects to become familiar with their social world, seeking patterns in the subjects' lives and actions within the case context. In addition to the types of cases presented in Table 2.1 above, Table 2.2 below provides a description of three types of case study designs in line with assertions by Creswell (2009), Yin (2003) and Babbie and Mouton (2001).

TABLE 2.2: Types of case study designs

Type of case study design	Characteristics
The descriptive case/Intrinsic case study	Describes, analyses and interprets a particular phenomenon; a unique case that warrants investigation, one or more small number of occurrences are investigated to gain understanding of the specifics of that phenomenon
The instrumental case/ explanatory case study	Used to build theory and testing theory, useful to produce theory and new knowledge (for policy development), investigating complex processes, can provide theoretical insight based on lived experiences of the subjects, knowledge is gained about the specific issue being studied, can be used for theory testing, testing a proposition, extend, support, refute a theory/understanding of a phenomenon/issue
Collective case study	Extended case study involving two or more cases; Comparisons are made between cases; used to extend and validate theories

Source: Stake (1995); Fouché and Schurink in De Vos et al. (2011)

Table 2.2 presents three types of case study designs. The intrinsic case study focuses on exploration on the case, seeking explanation for the intrinsic features of the case, to know more about the case (individual, occupation and so forth) (Creswell, 2007:272–290). The instrumental or exploratory case study facilitates the understanding of a particular situation over time (Creswell, 2007:272). The collective or multiple case study approaches several situations or programmes over a specific period of time, providing thick descriptions of each individual case, comparing and contrasting the cases.

After careful consideration regarding the suitability of the research design, the instrumental (or exploratory) case study was selected for this study because it can be used strategically to study the social work services and programmes of NPOs offering substance abuse services over a specific period within a particular setting. The case has time boundaries (September 2016–May 2017) and is therefore rich in context, in that a

descriptive account of the setting (10 NPOs in the Cape Metropole offering substance abuse services to adult MA users) is provided.

Additionally the design was selected because its intent is to understand a social phenomenon, issue, activity or programme. The issue to be understood in this study is the nature, scope and utilisation of social work services provided by NPOs to adult MA users. Patton (2002: 297) indicates that an in-depth understanding can be gained from an instrumental case study when the researcher obtains the stories of specific individuals (or units of analysis) which are layered by different experiences. This was the situation in the current study as the researcher was able to collect the narratives of 20 participants. Creswell (2007:196) recommends that in writing up the case study research, an extensive description of the case and its context must be provided to give the reader a comprehensive picture of the setting and the issue. Accordingly, a description of the case is discussed next.

2.5 THE CASE AND RESEARCH SETTING

In qualitative case study research it is imperative to provide a detailed description of the case to contextualise the research problem (Creswell, 2007:196). A comprehensive description of the case setting provides background information that explains how the research fits into the setting (Creswell, 1998:153). Figure 2.1 below is a map of the Cape Metropole and indicates where the Cape Flats where the 10 NPOs are situated.

FIGURE 2.1: Map of the Cape Metropole, the Cape Flats
Source: Maps of Cape Town, Online (2011)

Figure 2.1 above is a map of the Cape Metropole in the Western Cape province of South Africa where the research was conducted. South Africa is a developing country and as such the economic growth of this country is slow which is characteristic of developing countries (Stats SA, 2016). The Western Cape is a coastal province (as can be seen from Figure 2.1) with a predominantly urban population (Stats SA, 2016). The study was conducted in the low socio-economic urban communities of the Western Cape, known as the Cape Flats, and predominantly populated by a Black and Coloured population group.

The Cape Flats was established during the 1960s when non-white people were removed from their homes near the city centre in terms of the Group Areas Act No. 41 of 1950 (SA, 1950) which was legislation implemented by the apartheid government of the time (South African History Online, 2017). The forced removals led to communities being established further away from the cities. Although apartheid and its associated segregating policies and laws have since been abolished, its remnants linger on in these previously disadvantaged communities. Currently the Cape Flats is characterised by high levels of poverty, unemployment, overcrowded homes, low income, crime, gangsterism and substance abuse (South African History Online, 2017). The present study was conducted at 10 selected NPOs situated in various Cape Flats communities which included Athlone, Khayalitsha, Mitchell's Plain, Elsies River, Hanover Park, and

Bonteheuwel. Socio-economic issues experienced in these communities are interrelated and cannot be viewed in isolation.

Twenty NPOs in the Cape Flats were approached to participate in the study, half of whom agreed to take part. The 10 NPOs that agreed to participate in the study, offer social work services to adult MA users. While substance abuse services are not the core service of all the participating NPOs, nine do specialise in substance abuse services. The NPOs are registered in terms of the NPO Act No. 17 of 1997 (SA, 1997b), employ social workers and offer substance abuse services in case work, group work and community work in the communities where they are situated.

When a researcher seeks an in-depth understanding of a single case, the case is likely to be made up of many smaller cases, referring to the experiences and perceptions of specific individuals, units and groups or critical incidents layered by different experiences (Babbie & Mouton, 2001:280–282). This was the case in the current study. Similarly, in qualitative case studies, an extensive description of the setting and its context is required in order to contextualise the setting and the situation being studied (Yin, 2003:13). In this study, **the case** is **the nature, scope and utilisation of social work services provided by NPOs to adult MA users.**

In order to understand the case being studied, a description of the (case) context (Cape Metropole and Cape Flats) was provided above. What follows is a presentation of the NPOs as case setting where the study was conducted.

2.5.1 Demographic profile of NPOs

In a qualitative case study, it is necessary to provide a case context (Creswell, 2007) to contextualise the bounded system within which the study is located. Accordingly, the 10 NPOs who participated in this study will now be described.

Nine of the NPOs specialise in substance abuse services and one is a shelter for homeless persons. While not all of the NPOs specialise in substance abuse services,

they all offer services to adult MA users. Three NPOs are faith-based organisations and seven are community-based. Faith-based organisations are guided by moral and religious ethos or philosophy while community-based organisations are more diverse and are normally established in a community based on the community's needs (Akintola, Gwelo, Labonté, & Appadu, 2016). Eight of the NPOs offer out-patient services while two offer in-patient services. The differences between in-patient and out-patient treatment services are discussed in Chapter 5.

The population of the study consisted of service providers who are social workers employed at the 10 NPOs, together with service users who are adult MA users. The participants were all recruited from the population of the 10 NPOs.

2.5.2 The research population and sampling

The population and sample of the study refers to the collective factors of a geographical setting and the characteristics that people or objects have in common (Babbie & Mouton, 2001:175).

2.5.2.1 The population of the study

Twenty participants from the 10 NPOs were selected to provide their perceptions and experiences regarding the issue (social work services provided to adult MA users). The NPOs are all situated in previously disadvantaged communities across the Cape Metropole. The communities in which these NPOs are situated are characterised by low socio-economic circumstances with a great deal of poverty, unemployment, crime, gangsterism and substance abuse. Social workers at the 10 NPOs deal with individuals, families and communities with a vast array of interrelated social ills that impact adversely on the individual, family and community's wellbeing.

The population of the study comprises all of the social workers who are service providers, as well as all of the adult MA users who are service users, at the 10 respective NPOs in the Cape Metropole who offer social work services. Twenty NPOs in the Cape Metropole

were selected from an electronic list on the DSD's website, of whom 10 agreed to participate in the study, as previously noted. Most of those who declined were already involved in some research with other institutions, while others did not want the exposure, stating that they did not collaborate with other stakeholders and that their programmes were "in-house."

2.5.2.2 Qualitative sampling

The sample in a research study refers to the selection and decision of the persons or objects representative of the research population (Babbie & Mouton, 2001:164–165). Those in the sample are not necessarily representative of all aspects, but must represent at least one aspect of those relevant to the study. For example, not all of the service users at the 10 NPOs are MA users; the NPOs offer help for abuse of a wide range of substances of which MA is one. The element that was considered for selection in this particular study was MA use. Therefore purposive sampling (Babbie & Mouton, 2001:166) was used in this research because participants selected in this way are able to provide rich descriptions of an issue; the participants having been selected based on their experience of the issue. The sample of 10 NPOs for this study was selected from the 20 NPOs offering substance abuse services in the Cape Metropole. Purposive sampling was used to select 10 social workers and 10 service users who are adult MA users, one from each of the 10 NPOs.

The criteria for inclusion in the sample of service providers were that the prospective participant must be:
- A social worker, registered with the SACSSP;
- Employed by an NPO in the Cape Metropole that provides either in-patient or out-patient services to adult MA users.

In respect of service users, the criteria for inclusion were that the participant must be:
- Older than 18 years;
- Currently using or has used MA;

- A service user at an NPO in the Cape Metropole providing either in-patient or out-patient services to adult MA users;

- Using social work services provided to adult MA users.

While developing the research proposal, telephonic and email contact was made with the managers of 20 NPOs to ascertain interest to participation in the research study. Ten NPOs agreed to participate in the study. After completion of the research proposal and after ethical clearance to conduct the study was obtained from Stellenbosch University Ethics Committee, written communication was sent to the managers of the selected NPOs to request entry and access to prospective participants. After permission was granted by managers, participant letters were disseminated to the prospective participants at the respective NPOs. The managers of the selected NPOs were requested to allow the researcher to conduct an information session with all social workers employed at the organisation, to give each social worker an opportunity to decide whether they wanted to participate in the study. This was a more objective process than asking managers to identify social workers. In this way, social workers did not feel obliged to participate as the request came from the researcher rather than from the management of the NPO.

Written requests were made to the managers of the NPOs asking to conduct an information session with adult MA users who made use of services at the respective NPOs. The reason for the information session with service users was to explain the purpose of the study in order to recruit study participants. In some instances the managers of the NPOs arranged for information sessions with service providers and service users, while in other instances, the social workers who participated in the study requested service users to meet with the researcher for the information session.

Some of the service users were clients of the service providers who participated in the study. However the researcher made it clear that service users were free to decline, as she did not want them to feel obliged to participate in the study purely because the service provider had identified them as possible participants. All the participants had up to two weeks to respond the researcher's request to participate in the study, either

telephonically or via email. In some instances the researcher returned to the NPOs to meet with participants and get their responses to participate in the study. On receipt of responses by the prospective participants, individual interview sessions were scheduled via telephone calls and email contact for the purpose of data collection.

2.6 QUALITATIVE DATA COLLECTION

The research methodology (qualitative approach) and design (exploratory and descriptive case study) determines the methods and process for data collection (Delport & Greef in De Vos et al., 2002:171–291). A qualitative study is characterised by methods such as interviews, observations, documents and audio-visual materials (Creswell: 2007:130). The researcher chose to conduct individual interviews with the respective participants owing to the sensitive nature of the research topic.

Informed consent letters were obtained from the participants, examples of which are included in Annexures B and C. Semi-structured interview schedules were developed by the researcher based on the literature reviewed and the theoretical framework. Copies of these interview schedules for service providers (Annexure D) and for service users (Annexures E1 and E2) are included.

Initially the interviews were scheduled for January 2016 to April 2016. However the researcher required more time to study the literature, since the literature review chapters informed the interview schedules. The researcher and the supervisor agreed that more time on the literature chapters was required to accurately align the literature with the interview schedules. Another challenge experienced was the availability of service providers who agreed on a date, only to cancel a day before the scheduled interview, or on the day itself. As a result the last three interviews with service providers were concluded at the end of May 2017. Fortunately none of the service user participants cancelled interviews and none of the 20 participants who finally agreed to participate, dropped out of the process. All 20 interviews were concluded in the first week of June 2017.

Once agreement to participate in the study was received, the researcher arranged for a suitable date, time and venue with the managers and social workers of the respective NPOs to conduct the interviews. The researcher then scheduled the appointments with the participants at a date and time that was convenient to them. The duration of the interviews varied from 45 minutes to 90 minutes. All participants agreed that the interviews could be audio-recorded. The recorded interviews were subsequently transcribed by the researcher; these are filed electronically, protected by a password on the researcher's computer which is kept at the researcher's place of employment. Only the researcher has access to the password-protected documents.

Participants were required to provide their names, surnames and signatures on the consent letters; no other personal details were required. Alpha numerical codes were used to identify audio recordings and transcripts. These documents are filed and protected in the same manner as the interview transcripts.

An additional challenge experienced during the data collection process was in dealing with the vague responses from a number of service providers and service users. Although this was not the case with many responses, it nonetheless required the researcher to probe – which could potentially result in asking leading question and contaminating the findings – which the researcher wanted to avoid. In order to minimise any such bias, the researcher asked the questions in different ways and managed to obtain clarity from the participants' responses. This will be elaborated on in Chapter 6, which presents the findings relating to service providers' experiences of the nature and scope of social work services provided to adult MA users.

In retrospect, the pilot study (see 2.9 below) could have included two service providers and two service users instead of one, to test and evaluate the questions in the interview schedule. Nevertheless, thick and rich descriptions were obtained, as will be seen in the subsequent Chapters 6 and 7. In addition, having too large a pilot study could potentially result in data saturation early in the study which was also a situation the researcher wished to avoid.

2.7 QUALITATIVE DATA ANALYSIS

Data analysis is the process of bringing order, structure and meaning to the data collected (De Vos in De Vos et al., 2005:333). According to Creswell (2007:172) in a qualitative case study, a context and description of the case should be provided. This chapter provided a description of the research setting or context (the 10 NPOs who participated in the study), as well as the population and sample. In addition to this, codes for the themes that emerged from the samples and for the assertions and generalisations from the samples should also be provided. Semi-structured one-on-one interviews were conducted with 20 participants and subsequently transcribed, as discussed previously in this chapter.

The data analysis was conducted following the eight steps proposed by Tesch (in Creswell, 2009), in combination with Atlas Ti (Babbie & Mouton, 2001: 509) which is a computer assisted qualitative data analysis tool. The process of analysing the 20 transcriptions was conducted as follows:

Step 1 involved the researcher reading the transcripts several times to get a sense of the content and themes. This took several days sifting through transcripts looking for underlying meaning and significant perceptions and experiences that were unique and or similar to other interviews with participants.

Step 2 involved making memos as suggested by De Vos (2005:337). These memos were made electronically with the assistance of Atlas Ti. The memos were used to find underlying meaning in what participants said, asking questions such as: What is this perception about? The memos helped with the identification of patterns.

Step 3 was the identification of patterns. From the patterns, literally hundreds of codes emerged. The researcher provided definitions for some of the codes, which were based on the literature reviewed in Chapters 3, 4 and 5, using the text box provided by the Atlas Ti tool.

Step 4 was the process of developing codes. Different colours (see Figure 2.2 and 2.3) were used to identify different codes. The codes were then grouped into themes (similar topics) using Atlas Ti.

Step 5 involved developing themes. This process was conducted using Atlas Ti during which the researcher created "families" meaning developing themes, sub-themes and categories. This is similar to suggestions according to Tesch (in Creswell, 2007), however done through Atlas Ti computer assisted programme. In this instance the researcher developed what is known in Atlas as 'code trees.' Figure 2.2 is an example of a code tree. It represents a main theme (Theme 1) with the associated sub-themes and categories which indicate 'tree branches" which are the sub-themes and categories associated with Theme 1 of the data collected during interviews with participants. This process was followed throughout, using Atlas Ti for all the data collected in this study.
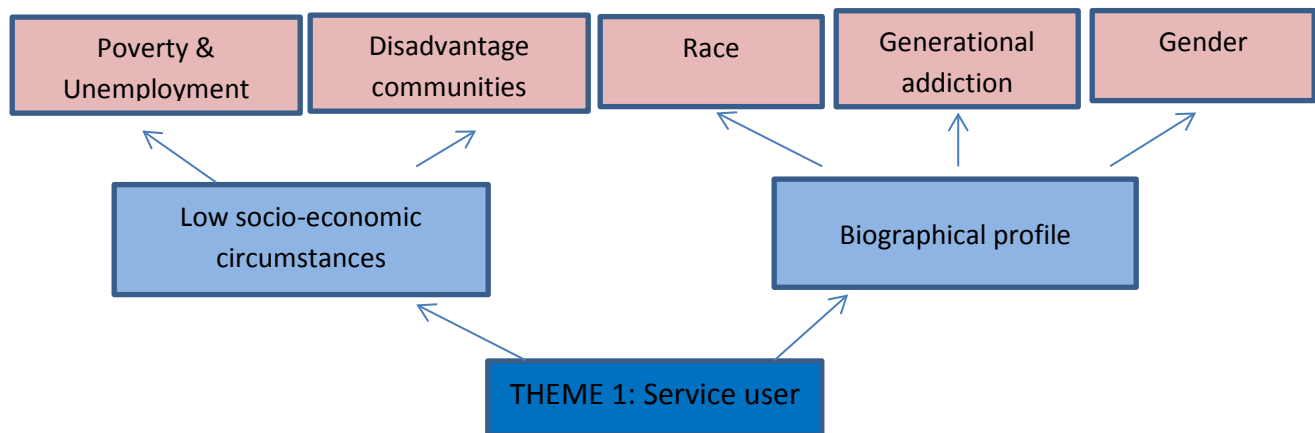
FIGURE 2.2: Code tree
Source: Researcher's own construction with Atlas Ti assistance

Step 6 required labelling codes using descriptive phrases in line with the theoretical framework (Chapter 3), policies and legislation that guide substance abuse (social work) services (Chapter 4) and the literature reviewed in Chapter 5 (see Figure 2.2). During this process the researcher typed memos and definitions for codes which were deducted from the literature reviewed.

Step 7 involved subdividing the themes into sub-themes and categories. The sub-themes and categories also corresponded with and were labelled according to the

theoretical framework, policies and legislation that guides substance abuse (social work) services and the literature reviewed on the nature and scope of social work services (see Figure 2.3 below). During this step in the data analysis process the researcher made code-to-code linkages. In so doing family groups (or themes, sub-themes and categories) emerged (see Figure 2.2 and 2.3).

Step 8 entailed renaming or changing some labels to be more in line with the theoretical framework. The Atlas Ti tool was useful in that it highlighted sections of the transcript that referred to each theme, sub-theme or category. This enabled the researcher to easily search under a specific theme, sub-theme or category to locate and select relevant excerpts from the transcripts.

Figure 2.3 below is a presentation of the data, known in Atlas Ti as a "code forest" (Atlas Ti Online, 2017), which is placing the code trees (see Figure 2.2) side by side. Thus the code forest (Figure 2.3), presents the data analysis in a hierarchical manner, indicating the code-to-code linkages as well as the "families".

The procedures described in these steps were undertaken as a means to manage the large amount of data collected and was useful in organising and segmenting the data.

The data analysis process was not chronological; it necessitated retracing movement between the steps as themes, sub-themes and categories kept changing in order to align with the theoretical framework and the literature review. This is indicative of deductive research, as will be seen in Chapters 6 and 7. Conclusions were drawn and were substantiated by previous research and literature relating to the research topic and the theoretical framework, which also verified the findings.
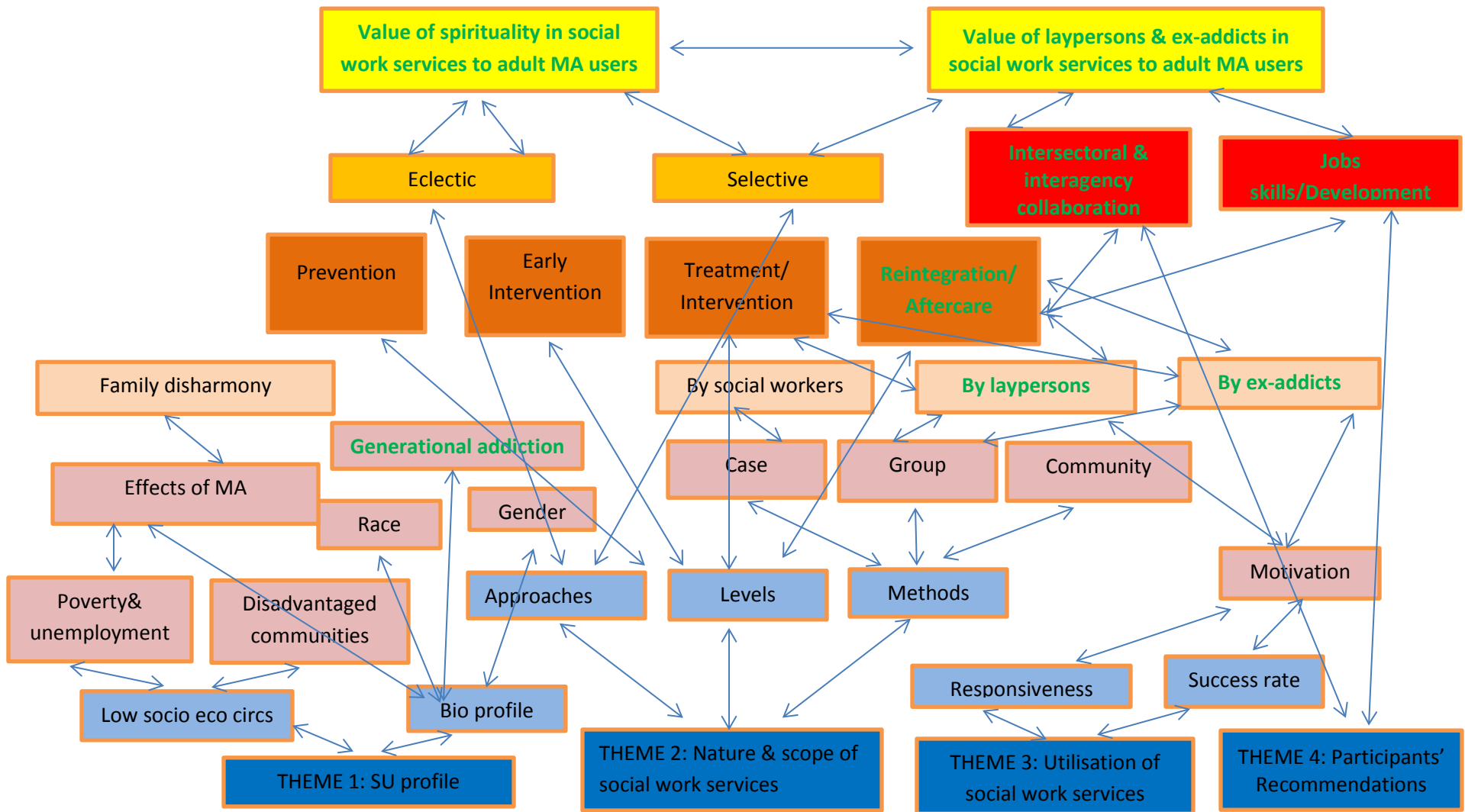
FIGURE 2.3 Code Forest

Source: Researcher's own construction, with Atlas Ti assistance

2.8 QUALITATIVE DATA VERIFICATION

Qualitative data verification entails a variety of procedures (Creswell, 1998:201) to ensure **trustworthiness**, meaning that the findings can be trusted as true and credible which adds value to a study. The following procedures as proposed by Guba (in Krefting, 1991:214–212) were used for verifying the findings of this study: **truth value**, **applicability**, **consistenc**y and **neutrality**. These procedures for trustworthiness of the research findings are presented in Figure 2.4 below.
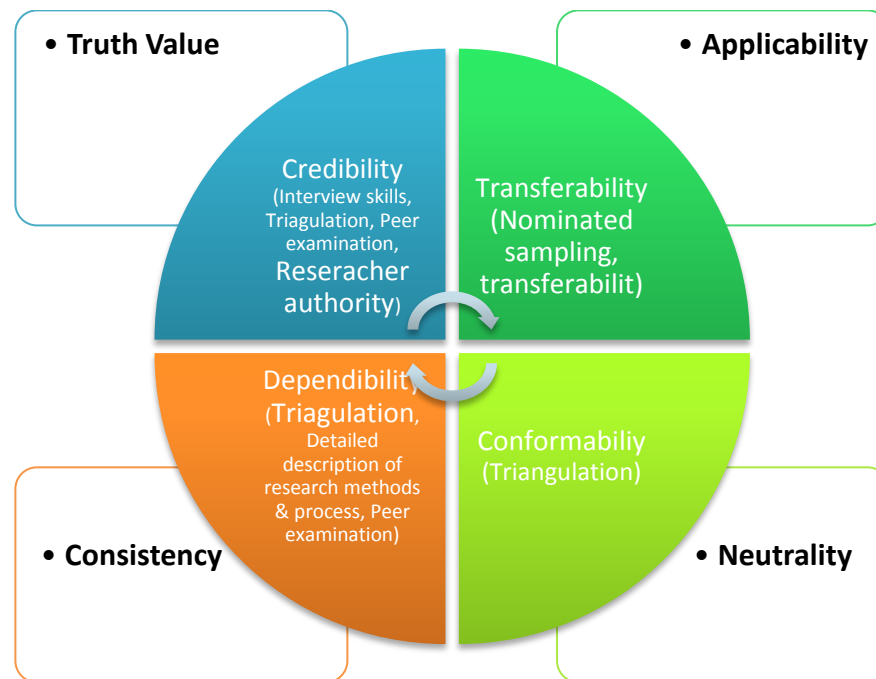
FIGURE 2.4: Qualitative data verification
Source: Guba in Krefting, 1991:212–214

In Figure 2.4 **truth value** relates to the confidence the researcher has regarding the findings, the research design, participants and the context of the study in relation to these (Krefting, 1991:215). In this study the findings are a reflection of the participants' perception and experiences of social work services provided by NPOs to adult MA users. This was ensured by the researcher making use of interviewing skills such as probing, clarifying, focusing and summarising. In addition to interviewing skills, the different perspectives of participants and perusing the literature proved valuable in terms of assuring **trustworthiness**. Furthermore, **triangulation** (the use of multiple sources and

methods of data collection) was achieved through liaising with several mangers of the 10 NPOs, semi-structured interviews with the 20 participants and making use of memos, journaling and field notes.

In addition to triangulation, **peer examination** was used (Babbie & Mouton, 2007:277), which is the use of knowledgeable colleagues to give critical feedback regarding the findings and interpretation thereof. In this case, the research supervisor and one of the researcher's colleagues who are experienced in qualitative case study research and in the field of substance abuse services provided valuable feedback which the researcher could draw from. Linked to the aforementioned, **truth value**, according to Guba (in Krefting, 1991:212-214) relates to **credibility** of the study, which refers to the degree to which the research methods and findings can be trusted. As was previously discussed in Chapter 1, the use of semi-structured interviews, peer examination and triangulation all enhanced credibility of the findings.

The **authority of the researcher** (knowledge and experience of the subject matter and research process) brings a degree of expertise to the research process and should therefore not be underestimated (Krefting, 1991: 212-215). In the case of this study, the researcher has a wealth of experience as a practitioner and as a lecturer in the field of social work and therefore these experiences will influence the research findings. It is for this reason that Welman, Kruger and Mitchell (2005:3) caution that evidence on which findings are based cannot rely on the **researcher's authority** only but must be tested for **credibility**. The latter also has implications for **maintaining objectivity** and an important aspect to consider in any study to ensure unbiased findings and recommendations. Objectivity was maintained by writing extensive journals and field notes after liaising with NPO managers and after each interview with participants. The researcher used journaling in particular to distance herself from the study both as a social worker, lecturer and someone who has witnessed a family member struggle with MA addiction. As such a reflective narrative is provided later in this chapter.

Another important aspect in qualitative research is the fact that the purpose is not to make generalisations. In case studies in particular, the findings will not necessarily be

applicable to other or similar settings because of the unique context and bounded system. However in this study, **transferability** was enhanced by providing thick, rich descriptions of the case contexts (10 NPOs offering social work services to adult MA users) and the participants (as will be seen in Chapters 6 and 7). Schurink, Fouché and De Vos (2011:420) quotes Lincoln and Guba who assert that **transferability** depends more on the researcher seeking to transfer a study rather than the original investigator. Closely linked to transferability of a study is the **applicability** of a study, which depends on the context and the investigator wishing to transfer the research. **Transferability** is therefore closely linked to **consistency**, which is the next aspect in data verification as proposed by Krefting (1991:216).

Consistency in a qualitative study refers to the fact that if the research process is repeated in a similar context or with the same participants, it should yield the same results. **Consistency** can be achieved through **dependability** (Schurink et al., 2011: 421). In other words, the findings were achieved through following a rigorous logical scientific process which is well documented. The findings in this study can be regarded as true and valid because thick, rich descriptions based on theory reviewed, semi-structured interviews and peer examination are all common methods that were used to establish **consistency and credibility**.

 Relying on the various methods of data collection, memos, field notes, journaling and in particular on the narratives of the participants, assisted in achieving **neutrality**. **Neutrality** in qualitative research is the degree to which the findings are free from bias (Babbie & Mouton, 2007:275; Krefting, 1991:221). **Conformability** (whether the study can be confirmed by an objective other) entailed using Atlas Ti (Atlas Ti, 2016) to audit transcripts, memos and field notes against the findings, interpretations and recommendations as proposed by Babbie and Mouton (2007) and Krefting (1991). In addition to the use of Atlas Ti, the research supervisor checking the findings against the research question, objectives and the interview questions to ensure confirmability of the findings. The researcher has thus provided evidence that confirms and substantiates the research findings and interpretation thereof.

In addition to the aforementioned, **member-checking** (Creswell, 1998:203) was also used to ensure **confirmability** and **credibility**. Participants were contacted after the interviews were transcribed and the data analysed, and asked to read through their own transcripts to review the findings and interpretations. At this point, some preliminary analysis of the data had been done and participants were asked to provide feedback on the descriptions of the themes and whether there were any matters that may have been overlooked. Unfortunately not all service users were contactable as some had terminated with the programme. However nine of the 10 service providers and two service users were contactable, and were asked to confirm or disconfirm the authenticity of the transcriptions. Five service providers and two service users provided feedback and agreed that the transcriptions reflected their narratives during the individual interviews and that the themes reflected their experiences. However, the final themes, sub-themes and categories were not disseminated to the participants for member-checking as the researcher was concerned that the findings may be disclosed prior to submission of the thesis.

2.9 THE PILOT STUDY

A pilot study was conducted, which proved useful to evaluate the interview schedule and to test the data collection tool (Strydom, in De Vos et al., 2011: 236). The purpose of the pilot study was to evaluate and test the utilisation of the semi-structured interview schedules for both participant samples. One social worker and one service user from one of the selected NPOs who met the criteria for purposive sampling were recruited for individual interviews. The data collection and analysis procedure mentioned above was used.

After the pilot study was conducted, a few amendments were made to the interview schedule for both the service providers and the service users to align it more specifically to the theoretical framework (Chapter 3) and literature reviewed (Chapters 3 and 5). After transcribing the pilot interviews and analysing the data of the pilot samples, the researcher reviewed the literature chapters (3, 4 and 5), and searched the literature again to align the final interview schedule to the literature more accurately as she felt

that the pilot interviews were not adequately aligned with the theoretical framework, the ISDM (2006) and the FSWS (2013). Additionally, the pilot interview schedules had included unnecessary biographical details that were not relevant in terms of the research question and the objectives. The final interview schedules (Annexures D, E1 and E2) were an improvement and better suited to answer the research question and objectives.

2.10 ETHICAL CONSIDERATIONS

Ethics in a scientific inquiry is essential in terms of the mutual agreements among researchers of what is deemed proper and improper when conducting a study (Strydom in De Vos et al., 2011: 114–129). Ethical clearance was obtained from the Research Ethics Committee of Stellenbosch University, where the researcher is registered for the degree of Doctor of Social Work (see Annexure F).

In keeping with assertions by Strydom (in De Vos et al., 2011: 114–129), written permission to conduct the study was requested from the 10 NPOs who offer substance abuse services in the Cape Metropole. Written consent to participate in the study was requested from the service providers and service users who were recruited for the study. Informed consent (Annexures B and C) as proposed by Strydom (in De Vos et al., 2011:117) was obtained from the participants indicating that they had a full understanding of the ethical considerations and guidelines for participation in the study. In addition, participants were informed that participation was voluntary and that anonymity in reporting the findings of the study would be maintained.

Participants were informed that their private and personal information will not be disclosed in the final research report or publications that may emanate from the research project. Participants were also informed that confidentiality is assured as far as the research report is concerned. There was an element of medium risk for participants in the study which is linked to the fact that the study focuses on the nature, scope and utilisation of social work services provided by NPOs to adult MA users and not on the participants' history of substance use, or associated behaviour during substance abuse. In regard to social work participants, the focus is on their experiences in providing

services to adult MA users and not on the personal or professional skills and competencies of the social workers as service providers. The researcher was however proactive and arranged for the services of a social worker at a clinic in the Cape Metropole that offers counselling services in the event that participants would have required debriefing. There were no participants that required debriefing.

Finally, the researcher is registered with the SACSSP and therefore subscribes to the professional code of ethics which include accountability when conducting research.

2.11 LIMITATIONS OF THE STUDY

The research is a qualitative exploratory and descriptive case study conducted at 10 NPOs in the Cape Metropole in the Western Cape province of South Africa. It is thus specific to the research context and setting. Generalisations cannot be made because of the small size of the samples. Furthermore, the study was conducted with participants who are social workers and adult MA users; therefore using the same methods with a different group of professionals and adults whose substance of choice is other than MA could yield different results.

The study findings will be useful specifically for the 10 NPOs in which the study was conducted, in terms of evidence-based practice and organisational development, as well as continuous professional development for social work staff. The study findings will also be of benefit for social services professions in the field of substance abuse with regard to policy development, as will be seen from the recommendations based on the findings in Chapter 8.

2.12 REFLEXIVITY

Creswell (2003) confirms that the topic must appeal to the researcher's personal interest. Researchers often elect to conduct research on a topic that is of personal and professional interest to them. This was no different in the selection of the topic for the current study. The researcher's personal interest stems from her experience of growing

up on the Cape Flats and having seen the devastating effects of marijuana in the early 1980s, mandrax in the 1990s and MA in during the 2000s on families, including family members of the researcher herself. However, personal interest is not sufficient reason in itself to engage in a research project. The research topic must be researchable (Babbie & Mouton, 2001), meaning that there must be evidence in the literature that the proposed topic is relevant and in need of scrutiny. Therefore a comprehensive search of the literature ensued and various previous studies were sourced to validate the selection of the topic for this study.

With the input of the supervisor and sourcing different policy documents in line with the issue of substance abuse – namely the White Paper for Social Welfare No. 1108 (SA, 1997a), the Central Drug Authority policy document 2013–2017 (SA, 2013b), WHO reports (2010–2014) and South African Community Epidemiology Network on Drug Use (SACENDU) (2015) – there was no doubt that the topic is not only relevant but also necessary for investigation in order to address the gap in existing research about social work services provided to adult MA users. This is confirmed by Creswell (2003) in that a topic is researchable when sufficient time and resources can be spent in conducting the research, and that data would be available and accessible.

In addition to this, other disciplines such as psychology, nursing, sociology and anthropology added significantly to the body of literature that was sourced on the topic. With the aforementioned in mind, and the knowledge that MA use in the Cape Metropole is rife, as well as the awareness that there is a wealth of data and information in the literature to draw from, the research project was indeed considered necessary and feasible.

Owing to extensive experience both as a practitioner and an educator in social work at a university in the Cape Metropole, the researcher was aware of the sensitive nature of the topic under study and highly valued the input provided by the participants – who ultimately are the experts in their own lives and lived experiences. Having said this, the researcher was keenly aware of her own influence as a social worker and educator, and the influence of this position in relation to the topic and the participants. Therefore her

own personal and intellectual bias was acknowledged from the outset of the research process (Babbie & Mouton, 2001). She firstly confronted her personal biases regarding the motivation for the topic by journaling her thoughts and feelings about her personal experience of a family member's struggle with MA use. This is linked to suggestions by Mays and Pope (2000:50) that the relationship between the researcher and the participants enhances credibility of the findings in that the distance between the researcher and the participants could influence the findings. Therefore to reduce such bias journaling allowed the researcher to distance herself from the study emotionally; which did not happen automatically but required deliberate thought and reflection after each interview. One key reflexive question that guided journaling was: How did this interview make me feel? This was followed by: How does this affect my feelings/attitude towards service users/service providers?

As mentioned in Chapter 1, two service user participants were former students of the researcher and two are currently student supervisors at the university where the researcher is employed. Hence they know the researcher in her capacity as lecturer for the Bachelor of Social Work degree. As a result, the relationship between the researcher and these specific participants can be seen as one where the researcher is perceived by them as an expert. While this was not mentioned overtly the researcher noticed the level of esteem from these participants. The same sentiment was sensed with all the participants, but more so with the participants who knows the researcher, prior to the research process. The researcher felt that the participants were cautious in giving the 'right' and 'academically sound' responses in the interviews. Likewise service users were mostly affirmative about social work intervention and the NPOs. This could be due to the fact that they knew that the researcher is a social worker and also they appreciated the assistance they received from the NPOs. So they showed a sense of loyalty towards the social workers and the NPOs.

The researcher's years as a social worker and first-hand experience (as a relative of an MA user) of the enormity and devastating consequences of MA use in the Cape Metropole has influenced the conceptualisation of this research project. The researcher's experience as an educator and involvement in research at a university in

the Cape Metropole has also assisted her with the literature review and in conducting the empirical study, in that it is familiar territory for her. As such she felt reasonably confident and not out of her depth.

In regard to the significance of the study, every NPO involved in the study requested a copy of the findings, which the researcher agreed to provide by way of a seminar once the study has been examined and feedback has been received. It is anticipated that the DSD, the MRC and SACENDU could make use of the findings of the study in addressing the scourge of MA use in the Cape Metropole and in the broader South African context.

2.13 SUMMARY

This chapter described the rationale for the selected research methodology. It also discussed the processes followed for data collection, analysis and verification and reflected on the research experience in conducting the study. The data collection, data analysis, interpretation of the data and writing up the findings was at times simultaneously done. This highlights one of the significant differences between qualitative and quantitative data analysis. In quantitative analysis, the researcher must complete the collection of all data before analysis can be conducted. While there is no customary procedure for qualitative data analysis, it nonetheless involves scientific organised and meticulous processing as was described in this chapter.

The instrumental case study was selected as the research strategy for this study. This is not a methodological approach but is instead a choice of what is being studied – which in this case is the nature, scope and utilisations of social work services provided by NPOs to adult MA users. The purpose of the study was not to compare and contrast perceptions and experiences of the participants, but rather to investigate their perceptions and experiences in order to gain an understanding of the nature, scope and utilisation of social work services.

CHAPTER 3

THEORETICAL FRAMEWORK: ECOLOGICAL SYSTEMS THEORY

3.1 INTRODUCTION

The previous chapter provided an overview of the research plan. Central to the research plan is the theoretical framework for the study, which is presented in this chapter. The theoretical framework is used as a basis for understanding social work services provided by NPOs to adult MA users. Specifically, its purpose is to:

- Provide an explanation for the phenomenon under investigation;
- Provide an overarching perspective of the phenomenon being studied;
- Present and organise the data;
- Understand and interrogate the researcher's views on the phenomenon (Shank, 2006 in De Vos et al., 2011:299–301).

The selection of a theoretical framework and its placement in a qualitative study depends on the type of qualitative design and the purpose of including theory in the study (Shank, 2006 in De Vos et al., 2011:299). In this study, the researcher opted for what Grbich (2007 in De Vos et al., 2011:299) refers to as a pre-chosen theoretical position that informs the topic and against which the findings were substantiated and justified.

The Ecological Systems Theory (EST) was chosen as the theoretical framework for the study. In line with the study's aim, this chapter describes EST and its suitability to explain the phenomenon of social work services in the field of substance abuse, with specific reference to MA services provided by NPOs to adults users. This chapter therefore addresses Objective 1, which is to describe how EST can guide social work services provided by NPOs to adult MA users.

Literature reviews vary, depending on what the researcher wants to achieve. A narrative literature review as defined by Monette, Sullivan and De Jong (2008), provides background, context and detail of what is known about a topic. For the current study, a

narrative literature review is provided in this chapter as follows: first, EST is described in terms of its philosophical underpinnings and the main concepts of the theory are presented. This is followed by an analysis of the relevance of EST for social work practice and services. The chapter is concluded by way of a case study illustrating the application of ecological thinking in social work services in the field of substance abuse.

3.2   ECOLOGICAL SYSTEMS THEORY

EST has its origins in bio-ecological science which studies an organism in its natural environment/ecology (Bronfenbrenner, 1979a). In human and social sciences, the concept of ecology is used metaphorically, built on the foundation that there is an interdependent reliance between the person and their environment.

EST is based on the principle that people and environments are a unitary system within a historical and cultural context (Germain & Gitterman, 1980; Bronfenbrenner, 2005). This theory assumes that the relationship between the person and their environment can only be understood in terms of the reciprocal nature of the person-environment relationship.

EST has been selected and utilised as the appropriate theoretical framework to explain the complex phenomena of the experiences of social workers and clients (adult MA users) in terms of the reactions to external and internal changes in the MA user's ecology. In this study, EST is used in a practical manner to allow social workers and clients to determine how these changes affect them and what is needed to create and adapt to changes in their environments. It stands to reason therefore that EST is not abstract, and that problems as well as solutions are the result of many factors within the ecology, concluding that there is no simple explanation for complex social phenomena.

The ecological metaphor in this theory refers to the positive, negative and neutral person: environment relationship (Bronfenbrenner, 2005). The main assumption is that people interact with each other and their environments on multiple levels or structures (Germain, 1973, 1976a, 1991). A mis-fit of the person and environment can bring about a distorted

sense of self or disequilibrium in terms of physical and psychosocial needs not being met, leading to stress in a person's life (Germain, 1979; Germain & Gitterman, 1980; Gitterman & Germain, 2008). Interactive reciprocal relationships are further complicated by the other systems within a person's ecology such as family members or events at a person's place of employment. According to the EST the relationship between the person and environment is further complicated by policies and beliefs, as well as social conditions and the timing of events in a person's life (Germain & Gitterman, 1980, Duerden & Witt, 2010; Leonard, 2011). Hence EST was selected for this study to understand the complexity of the interactive reciprocal relationships of social work services provided by NPOs to adult MA users.

3.3 STRUCTURE OF THE ECOLOGICAL SYSTEM

From an ecological perspective, the world of the adult MA user could consist of four levels or structures also referred to as systems. These systems include the microsystem, mesosystem, exosystem and macrosystem. Figure 3.1 is a presentation of the original ecological system as proposed by Bronfenbrenner (1979) and presented next. This is followed by a description of the different dimensions of the system followed by a presentation and discussion of the revised ecological system.
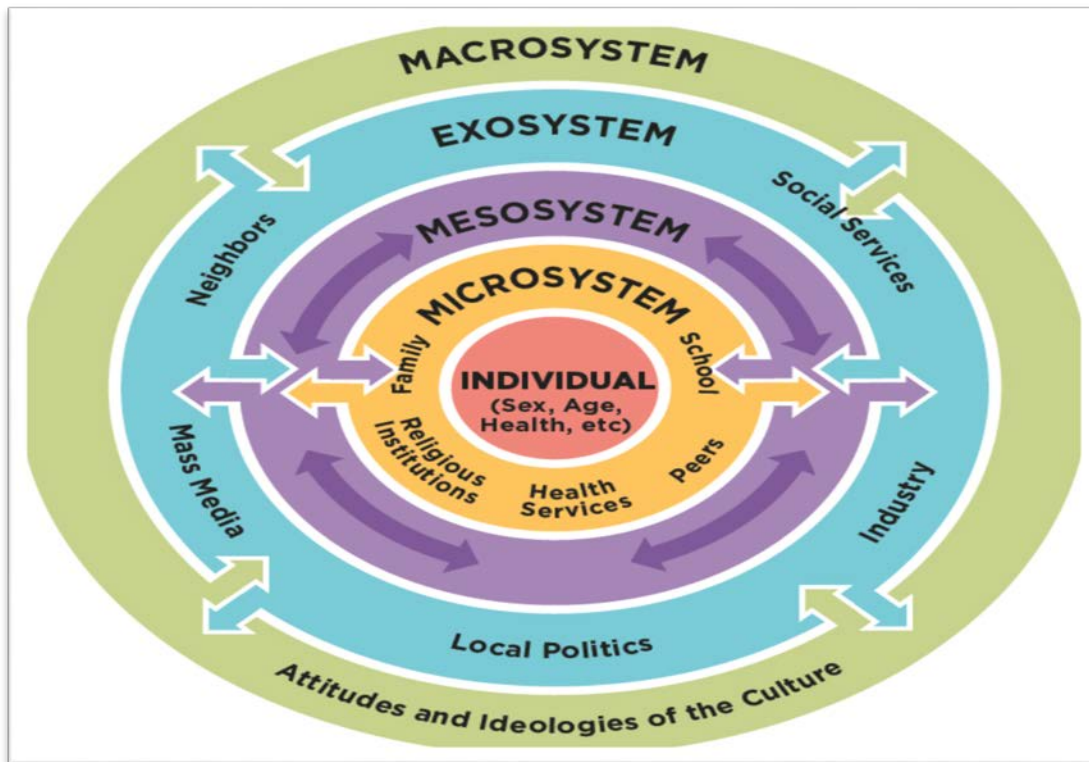
FIGURE 3.1: Bronfenbrenner's original ecological systems theory
Source: Bronfenbrenner (1979b)

3.3.1 The microsystem

Looking at Figure 3.1, it is evident that the microsystem consists of relationships and interactions that a person, such as an adult MA user, has in their environment. The structures in the microsystem will involve all persons and events in the person's immediate environment such as family, neighbourhood or a protective environment. Relations in the microsystem are two-way, from and to the person (Gitterman & Germain, 2008). For instance, expectations and behaviour of a spouse/partner have an impact on the individual and the individual also influences the expectations and behaviour of the spouse/partner. Bidirectional influences are stronger at the microsystem level than at the other levels and have a greater impact on the person concerned (Germain, 1976a, 1991).

For the adult MA user, those in the user's direct environment such as family in the household environment make up the microsystem. Social work services at this level

could entail case work (Hepworth et al., 2013) with microsystems in the person's ecology, such as a spouse, partner, children, parents, family members, friends and colleagues with close ties to the adult MA user. Such relationships according to EST have bidirectional influences on a micro level. Understanding the bidirectional influences in the microsystem helps social workers working with adult MA users for instance, to understand how the person's behaviour continuously influences other systems and is simultaneously influenced or shaped by these environmental systems. These are multivariate microsystems which are reciprocal in nature and operate at the level of the second structure, which is the mesosystem.

3.3.2 The mesosystem

The mesosystem (see Figure 3.1) consists of a number of social systems indicated in the micro circle (people, family, groups, and institutions) that all have a direct influence on the person and with whom the person has direct contact on a continuous, frequent and consistent basis, whether daily, weekly or monthly (Bronfenbrenner, 1979). These interactions indicated in by the yellow and purple arrows occur within the mesosystem and are characterised by connections between the structures of the microsystem in the person's immediate environment. The subsystems in the mesosystem may have interaction between and among each other and may be affected by one another (Germain, 1976a; Gitterman & Shulman, 1993). The possible social systems that can make up the mesosystem of an adult MA users are spouse, partner, children, employer, work, church, peer groups and support groups who could ultimately influence the frequency and quality of the interaction the person has with these social systems. Social work services at this level entail group work (Hepworth et al., 2013).

3.3.3 The exosystem

The exosystem (see Figure 3.1) consists of the broader social system in which the person does not function directly, but which affect the person's development while interacting with some of the structures of the microsystem and mesosystem (Bronfenbrenner, 1979; 2005). In other words, these are persons, organisations and

institutions with which the person does not have direct, continuous, frequent and consistent contact with,, but they can impact on the person indirectly and or directly (Germain, 1991). For example, social systems in the exosystem of adult MA users could be, but are not limited to, a partner's work hours, family/community-based resources or referral agencies. Social work services provided at this level are group work and community work (Hepworth et al., 2013).

3.3.4 The macrosystem

The macrosystem (see Figure 3.1) includes cultural values, customs and the laws of the country (Germain, 1987a; 1985; 1991; Bronfenbrenner, 2005). The macrosystem has a reciprocal interactional effect on all the other layers in the ecological system, because factors that result from public decision-making and economic strategies have direct impact on the person and systems within the person's life (Germain, 1991). Thus the adult MA user could be influenced by the Constitution of South Africa, laws and policies such as those governing substance abuse services and social welfare services, as well as the Social Services Professions Act No. 57 of 1978. Social work services at this level are offered as community work (Hepworth et al., 2013).

3.4 STRUCTURE OF THE REVISED ECOLOGICAL SYSTEM

Two levels that were not included in Bronfenbrenner's (1973) original EST are the technosystem and the chronosystem. The original ecological system was presented in Figure 3.1 and discussed above. To avoid repetition, Figure 3.2, presented next, explains the revised ecological system focussing on the technosystem and chronosystem only.
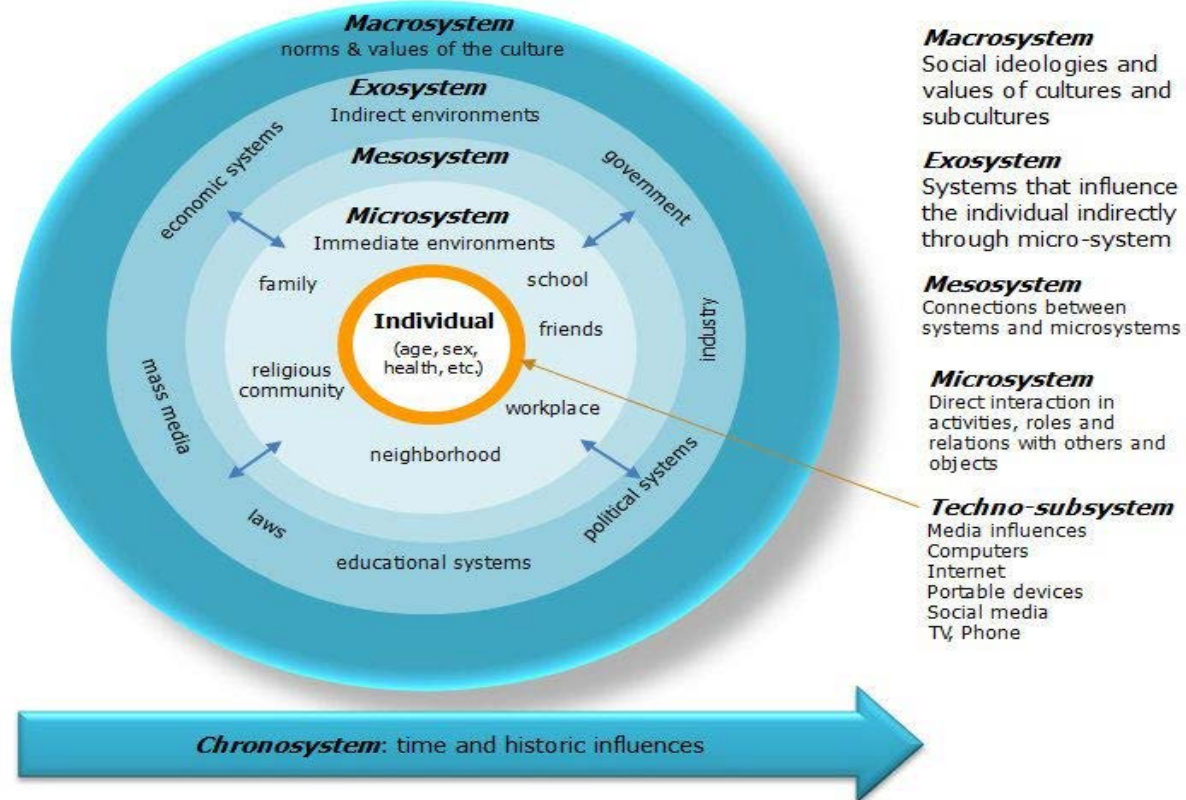
FIGURE 3.2: Structure of the revised ecological system
Source: Bronfenbrenner (1979b)

3.4.1 The techno-subsystem

In Figure 3.2 it is evident that the techno-subsystem is an important subsystem that is located in the microsystem (Johnson & Puplumpu, 2008). The techno-subsystem relates to television, and information and communication technology (ICT) such as internet spaces, for example, Facebook, WhatsApp, twitter, Instagram and U-Tube (Mishna, Bogo, Root & Fantus, 2014). ICT was not part of the original ecological system in 1970s, because technology was not as advanced as it is today. ICT has been incorporated into social work practice since the early 1980s both as an administrative tool and a therapeutic service (Chester, Glass & Lamlendola, 2010; Bullock & Colvin, 2015). Looking at the adult MA user, the techno-subsystem refers to the reciprocal relationship between the user (and others) and social worker (and others) which is facilitated through

ICTs, and the reciprocal nature of this interaction in relation to social work service provision to adult users of MA.

3.4.2 The chronosystem

The chronosystem presented in Figure 3.2 indicates the dimension of time in relation to the person's environment (Bronfenbrenner, 1989). Elements within this system may be external, such as the time the person first experienced the social problem or stressful situation. EST is based on the principle that people and environments are a unitary system within a historical and cultural context that can only be understood in terms of the reciprocal relationship (Bronfenbrenner, 1989; Pardeck, 1988; 2015). For the adult MA user, the chronosystem relates to the particular period that brought about the illicit substance use, accessibility to such substances and the type and services that developed over specific periods to address this social phenomenon. These factors are significant when conducting a study from an EST perspective because they relates to the transitions over time in a particular culture or society.

It is evident that there is a reciprocal relationship between the individual and their environment (Figures 3.1 and 3.2). It is therefore also a fair conclusion that people react differently to external and internal changes in their environment because each person and environment is unique. The EST perspective enables the person to determine how these changes affect them. Indeed EST is more concerned with the effects of person: environment interactions and how to modify maladaptive interactions, and are less concerned with the root causes of problems (Bronfenbrenner, 2005).

3.5 IMPORTANT CONCEPTS IN ECOLOGICAL SYSTEMS THEORY

There are a number of concepts that are characteristic of EST. To explain the reciprocal nature of the ecological systems thinking, a few of these concepts require clarity and are explained next.

3.5.1 Person: environment fit

The first and probably the most significant concept in ecological thinking is the person: environment fit. Person: environment fit refers to a person or group's needs, rights, capacities and goals in relation to their physical and social environment within a specific social, historical and cultural context (Germain & Gitterman, 1980).

While the social context refers to the events, social and life issues and their consequences for a family, group or community, historical context is the effect of events on different generations or birth cohorts (Gitterman & Germain, 2008). Within this context, individual time is the lived experiences of a person and the events that give meaning during a given period in the person's life in a given historical and social context. Thus stages of a person's life develop according to the social and cultural norms of society (Germain, 1973, 1976b, 1991; Gitterman & Germain, 2008). As such, an environment and a person might have a good, adequate or negative fit. A good fit represents a state of relative adaptedness (Dubos, 1978). This state is achieved when the person or group's needs, rights, capacities and goals are met in relation to their physical and social environment in a specific social, historical and cultural context. This goodness of fit is achieved through the adaptations (Germain, 1991).

Three factors are of particular importance to person: environment adaptation. These are the behaviour context, people, life situations and behaviour patterns, and structural causality, which are explained next.

3.5.2 Behaviour context

The behaviour context presupposes that there is a relationship between the person and their environment (Bronfenbrenner, 1979), and that behaviour is affected by the environment. In the case of adult MA users, a family experiencing conflict and stress, living in a community that is rife with substance abuse can impact on the adult MA user and can lead to their own experience of stress, trauma and low self-esteem. Similarly, the absence of stressors in the user's environment can have the opposite effect. To

illustrate, adaptation to an environment is not entirely determined by the environment itself; the behaviour of the person within the environment contributes to the subsequent problems a person may experience. There is thus a link between people, the physical setting, time, other people and behavioural patterns in the environment (Germain, 1973, 1976a;b & 1991).

3.5.3 People, life situations and behaviour patterns

The second concept is the ecosystem that consists of people, life situations and behaviour patterns (Germain, 1991). In social work practice, this would relate to the person–problem–situation as a unit. So, a person functions in more than one level of the ecology at a time because their ecosystem involves an interrelationship between ecologies. In the case of a substance user, their ecology will consist of the person, spouse/partner, children, work, drug dealer, social worker and community. The person is intimately associated with the ecological system. Additionally, psychosocial development or social functioning[2] is a result of transactions or exchanges between the person and the ecology (social systems) or environment (Germain & Gittterman, 2008). There is a reciprocal mutual and sequential exchange of influence between the person and their environment.

3.5.4 Structural causality

The third concept is the structural causality or multilevel causal factors that assist social workers in making sense of the person: environment fit (Bronfenbrenner, 2005). Unlike traditional models of social work that view the client as the problem and view clients as emotionally or psychologically troubled (Saleebey, 2006), EST does not view the problem to be a result of personal pathology. Instead, EST regards the systems within the ecology as contributing to the problem *and* the solution to such problems. In other words, the emotional and psychological dysfunction is a result of maladaptation between the environment and the person. In this way, problems are reciprocal, dynamic

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[2] Social functioning is the capacities and capabilities in the relationships that utilise internal and external resources in an integrated manner in order to achieve a good person–environment fit (Germain, 1991).

interactive forces at work in and between the person and the ecosystem (Pardeck, 1996; 2015). EST thus views problems as stemming from multilevel causal factors at work in a person's life. This is particularly true when focusing on social work services to adult MA users. Substance abuse generally is multifaceted and complex by its very nature. The way in which the problems and solutions are managed depends on the individual's adaptation to the environment.

3.5.5 Adaptations

Adaptations are the ways in which people behave, perceive and feel to endure or enhance the level of fit between themselves and their environment (Bronfenbrenner, 2005). Adaptations are the continuous actions by people to adjust either to the environment or to themselves, or to both, in order to have positive social functioning. Adaptations also involve the person adapting to changes that they have made, or changes within the environment. Consequently, adaptations can lead to positive development, adequate social functioning and enhancement and sustainability in the environment. Additionally, adaptedness is a reflection of positive or good person: environment interchange over time. Moreover, person: environment interchange is not fixed but fluctuates in relation to reciprocal interaction and exchange. Also, development and social functioning is negative if exchanges over time are negative. The opposite is equally true, resulting in good person: environment fit as a result of adaptations to life stressors (Gitterman & Germain, 2008). This is an important concept in this study. It relates to the experiences of social workers and adult MA users with regard to offering and making use of social work services. It also relates to experiences both in terms of the ability of service providers and service users to adapt to the environment (namely, the social work services provided by NPOs).

3.5.6 Life stressors

Life stressors relate to harm, loss and a sense of vulnerability caused by critical life experiences that are beyond the person's control, or for which the person or the environment lack the required capacity (Lazarus & Folkman, 1984; Gitterman &

Germain, 2008). One life stressor can also impact on other life stressors. Likewise, people experience life stressors differently based on their unique personal, environmental and cultural context. Some may experience a life stressor as a challenge, while others may regard it as overwhelming to master and overcome (Lazarus & Folkman, 1984; 1986). Examples of life stressors could be poverty, death of a partner/close relation, natural disasters and substance abuse.

3.5.7 Stress

Stress is a state of internalised emotion such as depression, despair, helplessness and powerlessness as a result of life stressors. When stress is prolonged without effective coping resources, it generally results in a dysfunctional psychosocial situation. However, stress can also lead to a person feeling hopeful as a consequence of discovering positive coping resources in their environment and relationships with others (Lazarus & Folkman, 1984; 1986). A person having to receive in-patient care for substance abuse, or losing their job owing to absenteeism as a result of substance abuse, are both possible situations leading to stress. Similarly, social workers may experience stress resulting from high workloads and the many challenges associated with NPOs such as a lack of resources (Akintola, Gwelo, Labonté & Appadu, 2016).

3.5.8 Coping measures

Coping measures are ways of behaving to manage stressful situations and periods in a person's life. They involve problem-solving techniques and efforts to manage negative emotions. Such measures are deliberate efforts to influence the environment and utilise personal resources. Coping is subject to the resources within the environment and to what is available to the person. Therefore to cope requires adjusting the quality of person: environment fit to enhance the levels of fit (Lazarus & Folkman, 1984). For the adult MA user, coping measures are assumed to be provided by the social worker once the client is part of the helping relationship. Other forms of coping measures could be therapeutic support groups which are provided at meso level.

3.5.9   Belonging/relatedness

Belonging refers to the attachments that a person has with significant others, such as family, peers, kinship and positive support networks such as a substance abuse support group (Germain, 1976a). Belonging or relatedness is linked to Bowlby's (1973) concept of attachment. This concept is often used in social work intervention with families which emphasises the innate capacity of people and human need to belong/have meaningful relationships (Germain & Gitterman, 1980). In terms of adult MA users in this study, belonging could be enhanced and established through micro and meso level services with significant others in the client's life (SANCA, 2017; Matrix Institute, 2008).

3.5.10 Mastery/competence

Mastery refers to the inherent motivation of people to succeed to impact their environments (Germain, 1976a). This motivation to influence the environment is referred to as effectance (in other words, to effect change). Effectance requires an opportunity (provided by social workers, for example) in the environment for a person to bring about change. The more a person is able to affect their environment, the more motivated they will be. It suggests that motivation to have an impact on the environment can be mobilised by practitioners such as social workers, in addition to the person involved (Germain & Gitterman, 1980). Someone who is seeking social work services for MA addiction will be exposed to an environment that will enhance their motivation to bring about positive change in their environment. Looking at adult MA users, mastery could entail maintaining sobriety or making amends to loved ones for past hurts caused by the user's destructive behaviour. This process would be facilitated at a micro level of intervention.

3.5.11 Self-esteem

Self-esteem is an important component of the person: environment context (and, from a social worker's point of view, is a key factor in the helping process with clients) as it is characteristic of the person's feelings of worth and competence. Self-esteem influences

the way the person behaves, perceives and responds to situations and the environment they live in (Myers, Fakier & Louw, 2009. Good self-esteem is characterised by positive feelings about self in contrast to negative self-esteem that can lead to feelings of worthlessness, depression and helplessness. A good self-esteem enhances independence and self-direction (Lazarus & Folkman, 1984). For the adult MA user whose self-esteem is destroyed by the destructive nature of MA use (which is discussed in Chapter 5), self-esteem can be restored through the facilitation of micro level intervention as well as therapeutic treatment groups at meso level.

3.5.12 Independence/self-direction

Independence refers to efforts made by a person to take control of situations and life stressors, and in so doing, taking responsibility for their own behaviour and decisions. Power is critical in this instance, as people who are already marginalised and/or disadvantaged may experience further oppression and a sense of powerlessness in response to a lack of opportunities and resources in their environment (Myers et al., 2009). A lack of resources (as is often the case in the communities of social work clients and NPOs) and a lack of support structures threaten self-direction, leaving individuals such as adult MA users disempowered and marginalised (Watt, Meade, Kimani, MacFarlane, Choi & Skinner, 2014). However, in an environment where opportunities do exist, adult MA users can regain independence and self-direction through the facilitation of micro level intervention, treatment groups and skills development at a meso level.

3.5.13 Habitat and niche

Habitat refers to the physical surroundings in which the person usually spends their time. For the adult MA user, habitat can be the family home, workplace, religious building or social work organisation. A person's habitat is subject to the person's socio-economic status, culture, age, gender, personality and experience (Bronfenbrenner, 1979). Niche is the position that the person occupies; this is linked to the person's status in the family, at the workplace and in the community. Oppressive niches are linked to power issues (Gitterman & Germain, 2008). To place this in context, adult MA users are often

marginalised in their communities owing to the destructive nature of the behaviour associated with substance abuse (which is discussed in Chapter 5). Even receiving social work services puts a stigma on the adult MA user, as many relapse (also discussed in Chapter 5). The community may, therefore, have very little faith in genuine rehabilitation and sobriety. This is the extent of the nature of the cycle of substance abuse in society. Changes in habitat could be both positive and negative depending on the adult MA user, the environment and the reciprocal nature of the systems involved.

As EST has developed in recent years, additional concepts have become useful in amplifying the theory. These are discussed next.

3.6 ADDITIONAL CONCEPTS IN ECOLOGICAL SYSTEMS THEORY

In addition to the original concepts, three new concepts were included which are coercive power, exploitative power and life courses (Bronfenbrenner, 2005). These concepts warrant some mention in light of the current study.

The first additional concept is coercive power, which is the withholding of power from marginalised and vulnerable groups based on personal and cultural biases. Exerting coercive power leads to oppression that maintains racism, poverty, gender bias, barriers to community participation. The second is exploitative power, which is the exploitation by the dominant group that leads to negative person: environment relationships and is characterised by injustices and suffering of vulnerable and oppressed groups. The third concept is life course, which refers to the bio-psychosocial development unique to each person from birth to old age. The life course in the ecological sense acknowledges that life stages are unique in terms of a particular society, time, culture and environment influenced further by the values, beliefs and ideas of a particular community and society (Gitterman & Germain, 2008).

It is fair to conclude therefore that life cycles and life course are unique to the individual in their particular environment, because factors such as culture, society, social and historical context all play a role in one's ecology. It would also seem that life cycles are

not fixed or static and are thus unpredictable. This is particularly relevant for adult MA users because each person's ecological context is unique in terms of their experience, using social work services provided by NPOs in the field of substance abuse.

3.7 RELEVANCE OF ECOLOGICAL SYSTEMS THEORY TO SOCIAL WORK SERVICES

There is a wealth of literature confirming that EST can be used to explain social problems (Germain, 1973; Germain & Gitterman, 1980; Duerden & Witt, 2010; Leonard, 2011). The social work profession has frequently drawn on EST in the sense of understanding and explaining the biological nature of problems with the use of structural metaphors to articulate the client's social functioning (Germain & Gitterman, 1980). EST provides a theoretical framework for social work practice and focuses on the person: environment perspective to make sense of people's problems in relation to their interaction with other persons, institutions and their environment (Germain, 1973).

Because the goals of EST are similar to the goals of social work intervention (Hepworth et al., 2013; Kirst-Ashman & Hull, 2013), EST is an appropriate theoretical framework for this study in considering the phenomenon of social work services provided by NPOs to adult MA users within the social work services milieu. In addition, EST is the preferred theoretical framework for this study because of its holistic and socially sensitive nature with regard to assessment and intervention. Specifically, EST enables social workers and their clients to determine how changes in the person and in the environment affect clients and what is needed to create hope for possibilities that something can be done to adapt to these changes (Germain & Gitterman, 1980). In this sense, EST is not an abstract conceptualisation because problems experienced by people are seen as a result of many factors within the ecology, and there is no simple explanation for complex social phenomena.

Ecological thinking is less concerned with the root causes of problems than with the effects of person: environment interaction. EST also addresses how maladaptive interactions can be modified (Germain, 2005). It is therefore suitable for this study because the goal is not to understand why adult MA users are using or have used MA,

but rather to explore and describe their experiences of social work services. Similarly, with regard to social work service providers, the goal is not to seek explanations of why services provided to adult MA users are effective or not, but instead to explore and describe social workers' experience of the services provided by NPOs to MA users.

In utilising ecological reasoning to understand social work services provided by NPOs to adult MA users, social workers view the situation and context of the adult MA user holistically. Social workers can take action to reduce stress and enhance their clients' social functioning through awareness, prevention, early intervention, treatment and reintegration services, as set out in policy documents such as the ISDM (2006) which will be discussed in the next chapter.

As mentioned previously in this chapter, EST is a philosophy that consists of interrelated ideas that provide explanations of a particular phenomenon (in this case, substance abuse services given to adult MA users). The ecological systems approach is used in this study to explain this complex phenomenon. Various intervention strategies can be applied using EST. Of these, the Ecological Strategy of Assessment-Intervention (ESAI) requires some explanation here, in that it developed from EST specifically to provide intervention strategies that could be used by social workers who embrace EST.

3.8 THE ECOLOGICAL STRATEGY OF ASSESSMENT – INTERVENTION FOR SOCIAL WORK PRACTICE

The ESAI is a model derived from the EST process (Murphy, Pardeck, & Callaghan, 2012; Pardeck, 2015). It focuses on two aspects of the ecosystem impacting on goodness of fit. The first is sources of conflict and strengths within the ecosystem. The second is the required changes within the environment that will lead to goal attainment and change. Similar to traditional intervention theories in social work, the ESAI consists of several stages in the intervention process (Murphy et al., 2012).

3.8.1   Entering the system

The first stage in the ESAI is to enter the system, which involves assessing the relationships in the client's (service user's) life at the point at which the social worker (service provider) enters the client's life. Essentially, this is an initial interview between the social worker and the client which may include the client's family members or significant others. The purpose of entering the client system is to identify the strengths and developmental areas in the client's life (Pardeck, 1988; Murphy et al., 2012).

3.8.2   Mapping the ecology

The next stage is mapping the ecology. At this stage in the process, the subsystems are analysed to determine factors that impact on the client behaviour and feelings, both positively and negatively. In other words, people and events positively or adversely affecting the client and the client's environment are identified (Pardeck 1996; Murphy et al., 2012). The social worker analyses these relationships to determine the dynamics that impact on the client's behaviour and feelings. An example in the life of an adult MA user would be the reactions and perceptions of relationships between the user and significant others, for example family members, friends and drug dealer.

3.8.3   Assessing the ecology

The third stage is assessing the ecology. This is the stage where the social worker undertakes to make sense of the information gathered by making interpretations. At this point, the social worker determines with the client what the most pressing issues are and what the main sources of strengths are within the ecosystem. Crucial in this stage are the relationships and recurring factors in the client's life (Pardeck, 1988; Murphy et al., 2012). An example in the life of an adult MA user would be the impact of the user's behaviour on their family and their family's response to the substance-using behaviour.

3.8.4   Creating the vision for change

Creating the vision for change is the central stage in the ESAI. Here the social worker identifies the areas that need to change in order to strengthen the client's social functioning. The social worker considers the entire ecology and all the possibilities for change, and builds on the client's strengths to effect change (Pardeck, 1988; Murphy et al., 2012). An example would be the application of social work intervention strategies where the adult MA user imagines their life without MA. This is done in an effort to help the client see possibilities of a life without drugs. This stage is about empowerment (Murphy et al., 2012; Pardeck, 2015).

3.8.5   Coordinating and communicating

Coordination of the process together with open and honest communication are important in the relationship between social worker and client. This sets the tone for establishing rapport not only between the client and the social worker but also between the social worker and the family members, and vice versa. Change is the responsibility of everybody in the client's ecology. Therefore the social worker coordinates and communicates with everybody in that ecology. In so doing, the social worker offers support and facilitates change through interviews, consultations and frequent sessions with all the role players involved. Intervention strategies may have to be modified on a case-to-case basis in line with the dynamics experienced by the persons concerned (Murphy et al., 2012). The approach is holistic because it not only engages the client (in this case, the adult MA user) experiencing the problem, but also all of the significant others in that person's life.

3.8.6   Re-assessing

Re-assessing is the stage that describes the process in which the social worker and client engage, to assess whether the intervention has been effective in meeting the client's needs and whether efforts have been successful overall. The social worker will need to be flexible for remapping the client's needs. This is done in collaboration with all

significant persons in the client's ecology and is concerned with the outcomes of the intervention process (Pardeck, 1988; 1996; 2015). Re-assessing the ecology happens towards the end of the intervention process to determine whether the goals of intervention have been met. The goal in the case of an adult MA user would be abstinence and sobriety.

3.8.7 Evaluation

Evaluation is the process whereby the social worker and client consider the intervention process, from the time of entering the system through to re-assessing the outcomes. This process is facilitated by way of informal discussions with the client and significant persons in the client's ecology. It can also be done through a formal process, through research and through the use of questionnaires or standardised agency evaluation forms (Murphy et al., 2012; Pardeck, 2015).

Similar to traditional intervention strategies, the ESAI consists of several stages or steps that are interlinked; these steps are not necessarily conducted in a linear fashion, but may overlap. The social worker allows for flexibility in collaboration with the client. In the ESAI, the social worker is not regarded as the expert, but instead acts as a guide while the client is encouraged to explore their own ecology.
To illustrate the application of the ESAI, a case study is now presented.

3.9 CASE STUDY ILLUSTRATION OF ECOLOGICAL SYSTEMS THEORY AND ECOLOGICAL STRATEGY OF ASSESSMENT- INTERVENTION

Figure 3.3 is a case study illustration of the aplication of EST and the ESAI as it relates to social work services provided by NPOs to adult MA users.

The illustration shows the interrelated systems that impact and is impacted by the service user and the social worker. An explanation of the illustration is provided in the case study that follows next. The case study demonstrates the application of EST (indicated in italics), and ESAI (indicated in bold) in social work services provided to an adult MA user.
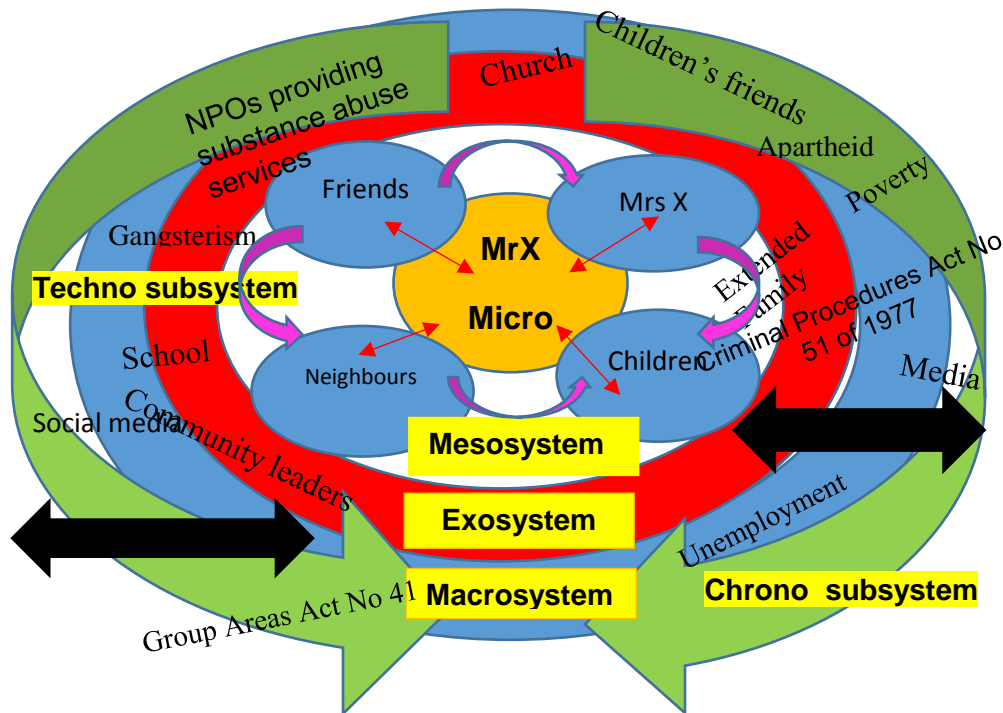
FIGURE 3.3: Case study illustration
Source: Researcher's own construction

Figure 3.3 presents the ecology of Mr X (59 years of age) who grew up in Bo-Kaap in Cape Town during the 1950s and 1960s *(chronosystem: socio-historical context, habitat)* but his family *(microsystem)* was forcefully removed during apartheid owing to the Group Areas Act No. 41 of 1950 *(chronosystem: socio-historical context).* Mr X has been living in his current community in a two-bedroom house *(habitat)* for the past 50 years. Mr X has been married to Mrs X (45 years of age) *(microsystem)* for 23 years. They have three children aged 8, 18 and 25 years *(microsystem).* The youngest and eldest child is from different *birth cohorts,* as can be seen from the age gap.

The family lives in a so-called coloured township *(chronosystem: socio-historical context)* which is characterised by poverty, unemployment, gang violence and substance abuse *(social context).* Mr X used to buy illicit drugs from a drug dealer in his community and used the drugs with friends and colleagues at his place of employment **(***microsystems that forms part of the mesosystem).* Mr X lost his job *(microsystem that is part of the mesosystem)* owing to frequent absences from work. The 18-year-old child started acting out at school. The parents were requested to attend a meeting at the school *(exosystem).* However the 18-year-old does not want Mr X to attend the meeting as he feels embarrassed by his neglected appearance (*self-esteem*).

Mr X is in constant arguments with his wife and children *(stress).* Recently he resorted to physical abuse *(behaviour context)* when he experienced withdrawal systems after a week of not using drugs because the drug dealer *(a microsystem that forms part of the mesosystem)* has been jailed *(macrosystem)* for distribution of illicit substances. Mr X has also been arrested for possession of drugs in terms of the Criminal Procedures Act No. 51 of 1977 *(macrosystem).* The community *(macrosystem)* regards Mr X as a "junkie" *(oppressive niche).* The family has also distanced *(belonging)* themselves from extended relatives, church and friends *(mesosystem)* as they feel ostracised *(oppressive structures)* by these once supportive systems.

Mrs X *(microsystem)* has given her husband an ultimatum to stop his substance abuse, otherwise she will divorce him *(life stressor).* Mr X has been in treatment for substance abuse *(adaptation)* with a social worker *(microsystem)* at an NPO in his community *(mesosystem).* The social worker took all these factors into consideration when she first met with Mr X **(entering the system)**.

The social worker has met with the family (microsystem) to inform them of the nature and scope of intervention services **(mapping the ecology)**. She has individual interviews *(microsystem)* as well as family sessions *(microsystem and mesosystem)* with the family *(adaptation)* **(coordinating and communication)**. The family experience stress as a result of Mr X's MA use and the family struggles to cope with the aggression and violence *(stress)* associated with drug use. Mr X is motivated to go for individual counselling *(self-esteem)* and group counselling *(coping measures)* where his goal is to have a life without drugs **(creating a vision for change)**.

Mr X has already been in an MA substance abuse programme provided by an NPO in his community *(adaptation and niche)*. He abstained from MA use for three weeks. During this treatment he only engaged in individual counselling sessions with the social worker; he did not want to join a support group with other MA users as he felt his problem was not severe enough to warrant support from other addicts. However he has relapsed, and in **re-assessing** the intervention plan, Mr X and the social worker agreed that he

would join the support group once a week. For the past 18 months during which he has been part of the support group, the social worker has had weekly sessions with the family *(meso level)* to determine the changes and achievements thus far **(re-assessing, coordinating, communication).** Subsequent to assessing whether the goals for intervention have been met, the social worker and Mr X will **evaluate** the intervention process by having informal discussions which will include Mrs X and the children and significant others where necessary *(mesosystem).*

The case study above was developed by the researcher to demonstrate EST and the ESAI as it applies to social work services in relation to substance abuse. The case study demonstrates the reciprocal nature of the different levels of the individual's ecology, both in terms of the social worker and the client.

3.10 LIMITATIONS OF THE ECOLOGICAL SYSTEMS THEORY FOR SOCIAL WORK PRACTICE

EST is one theoretical perspective in which the issue in this research can be understood. There are many other theoretical lenses that could have been selected to make sense of social work services provided by NPOS to adult MA users.

Some of the main limitations of EST for social work practice are that it is difficult to evaluate all the factors in each of the levels of the ecology holistically because there are too many factors on each level impacting and being impacted by the client (Taylor, 2016). This makes it difficult to apply the EST as it requires comprehensive detail to make sense of all the factors in the client's environment.

The systems in the ecology are not linear (Henderson, 1994) as can be seen from the case study described above. It lacks specific steps and procedures for assessment and intervention (Taylor, 2016). In response to this critique, Meinert, Pardeck and Sullivan (1994) and Pardeck (2015) suggest the ESAI. However, the ESAI is too broad to narrow down a specific plan of intervention because there may be too many levels in the person's ecology that need attention. Also both EST and ESAI are not explicit in terms

of severe psychiatric problems that clients may experience such as psychosis for example.

Another critical factor is that it is less concerned with the root causes of problems (Henderson, 1994; Taylor, 2016). There is an over emphasis on creating a state of equilibrium, and less focus on the root cause of problems (Taylor, 2016). The latter can be especially problematic in cases such as psychosis which is common occurrence in substance abuse treatment.

Furthermore, EST negates that variables of social life are perpetually interchanging and therefore an inconsequential variable can change a system and inevitably the client's ecology (Taylor, 2016). This has implications for the assessment and plan for intervention because it has to be reviewed constantly and, or changed to create equilibrium. In a climate of scarce resources in NPOs and high rates of substance abuse, this would seem counterproductive in terms of client empowerment.

One of the main critiques perhaps of EST and relevant to this study in particular, is that it does not address the stages of development discourse associated with theorist such as Erikson (1968) and Piaget (1990). Therefore, EST has little consideration of biological and cognitive factors in the client's life which is such a fundamental aspect in substance abuse services.

3.11 SUMMARY

This chapter describes the use of the EST as a theoretical lens to understanding social work services provided to adult MA users. Ecological reasoning provides explanations for complex social problems such as social work services to adult MA users. Additionally, because ecological thinking assumes that relationships are shaped, influenced and change over time, for example in the process of social work service provision, it is most suited for this study.

The revised EST as illustrated in Figure 3.2 is selected, as opposed to Bronfenbrenner's (1979) original EST (see Figure 3.1). The revised EST is the preferred option for this study because it includes all the elements or systems to frame this specific study. This choice is further validated because in the current digital, social and political environment, the influence of technology and the transitional nature of substance abuse services in South Africa cannot be ignored. Additionally because of its concern with the effects of person: environment interaction and how to modify maladaptive interactions rather than the root causes of problems, the EST is an obvious choice for this study.

The next chapter explains the macrosystem (policy and legislation) that gives guidance to substance abuse services globally and in South Africa and the Western Cape specifically.

CHAPTER 4

POLICY AND LEGISLATION FOR SUBSTANCE ABUSE SERVICES

4.1 INTRODUCTION

The previous chapter described EST as the theoretical framework that serves as a foundation to contextualise the study. Emanating from the aim of the study, the current chapter is in line with the study's second objective (see Chapter 1 and 2) which aims to explain how international treaties and South African policies and legislation give direction to social work practice in relation to substance abuse services. International treaties and South African policies and legislation, as well as numerous electronic sources were explored in writing this chapter. The key search terms were "international drug treaties", "National Development Plan", "Integrated Services Delivery Model", "The Drug Master Plan", "Substance Abuse Act", "National Institute on Drug Abuse" and "Central Drug Authority".

As with Chapter 2, the narrative literature review method as proposed by Monette et al (2008) was employed. The structure of this chapter is as follows: first an overview is provided of the international treaties which South Africa is signatory to that address substance abuse intervention. This is followed by the main South African policies and legislation that give direction to substance abuse services. In addition, specific policies and legislation that give mandate for substance abuse services in the Cape Metropole are described because this is where the study is located. The chapter concludes with a summary of the main themes that frame policy and legislation in terms of substance abuse intervention services by NPOs.

4.2 INTERNATIONAL TREATIES GIVING DIRECTION TO SOCIAL WORK SERVICES TO ADDRESS SUBSTANCE ABUSE

Several international treaties on substance abuse exist, most of which are beyond the scope of this study. The provisions of United Nations (UN) treaties are executed by the UN's Economic and Social Council (ECOSOC) which is an organ established by the UN Charter (1946). ECOSOC is responsible for the coordination, review and implementation of policies and its purpose is to engage member states, academics, parliamentarians, interest groups, government and non-government sectors in debates around economic, social and environmental matters of international concern (United Nations, 1945).

These treaties pertain to South Africa, as a member of ECOSOC. Figure 4.1 illustrates the three UN international conventions aimed at substance abuse intervention which are relevant to this study.

FIGURE 4.1 United Nations Substance Abuse Conventions
Source: Researcher's own construction

4.2.1 The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol

Figure 4.1 illustrates the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol is an international agreement between member states. The aim of the Convention is to combat substance abuse internationally by using a twofold strategy. First, the aim is to reduce the manufacturing, trade, distribution, export and possession of illicit substances. Second, the Convention aims to combat internal drug trafficking (United Nations Office on Drugs and Crime [UNODC], 2015).

Five resolutions are contained in the Convention. The first relates to special arrangements for technical assistance with narcotic drug control between member states. To this end, special arrangements between member states are agreed upon to assist with the technical arrangement for narcotics control. These include collaborative efforts with the International Criminal Police Organisation (ICPO) in efforts to execute such technical assistance. Resources will be provided to member states on request, to assist in combating drug trafficking and the training of officials in this regard (UNODC, 2015).

The second resolution relates to substance abuse treatment and is perhaps the most relevant to this study, as it deals with services to clients. In this regard, the Convention affirms that the most effective treatment for addiction is in hospital settings and that countries with the resources to provide such facilities should do so.

The third resolution contains updated records on international traffickers. These are records that should be kept by the ICPO. The Convention foresees that member states cooperate on detailed record-keeping regarding illicit traffickers. The fourth resolution relates to the increase in membership of the commission on narcotic drugs. The fifth resolution stipulates the commitment to execute the international control machinery (the structures and processes) in an effective and efficient manner. The execution of agreements between member states rests UNESCO (UNODC, 2015).

4.2.2 The Convention on Psychotropic Substances of 1971

The Convention on Psychotropic Substances of 1971 is an international agreement between member states that is aimed at limiting the abuse of certain psychotropic substances that affect the central nervous system. In terms of this Convention, the use of psychotropic substances must be for medical and scientific research only; the production of these substances should therefore be limited. The challenge faced is that there continues to be an increase in the illegal manufacturing and abuse of psychotropic substances across the globe. Additionally, it is becoming increasingly difficult to establish effective international control systems over the diverse and wide spectrum of substances being manufactured and abused (UNODC, 2015).

4.2.3 The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances was established in 1988. The aim of the Convention is to promote cooperation between member states in order to address trafficking of illicit and psychotropic substances (UNODC, 2015).

Three resolutions were adopted. The first is exchange of information between member states, other stakeholders and the ICPO with regard to tracking down illicit traffickers. There is therefore agreement between member states, stakeholders and the ICPO for the swift exchange of information relating to criminal investigations into illicit substance trafficking. In so doing, the Convention recommends that information systems of the ICPO should be utilised in order to achieve the objectives of the Convention (UNODC, 2015).

The second resolution is the provisional application of the UN Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances. The Convention urged member states to speed up the processes necessary to ratify decisions made. In terms

of this resolution, member states that are able to, are encouraged to implement measures provided by the Convention (UN Convention, 1988).

The third resolution is the provision of necessary resources to the Division of Narcotic Drugs and the Secretariat of the International Narcotics Control Board to enable them to discharge the tasks entrusted to them under the international drug control treaties. In terms of this resolution the Convention provides obligations and financial guidelines for governments, the Commission on Narcotic Drugs, the International Narcotics Control Board, as well as secretariats to address the international substance abuse pandemic (UNODC, 2015).

The challenge remains the increase in the supply and demand for illicit substances. Additionally, the Convention notes the human resource and financial constraints which impact on the capacity of the Division of Narcotic Drugs and the International Narcotics Control Board to carry out their mandate (UNODC, 2015). It appears that it is difficult to establish effective international control systems that could effectively address the wide spectrum of illicit substances on supply and demand.

4.2.4 The United Nations Office on Drugs and Crime

The UNODC is an international body of member states endeavouring to address the bio-psychosocial and economic challenges associated with the manufacturing, trafficking, use of illicit substances and interventions (UNODC, 2015). Statistics of and efforts to address substance abuse globally are collated and disseminated in an annual World Drug Report (WDR) that is available on the internet, forming the basis for discussion at international and local substance abuse conferences. The information in the annual WDR gives direction to policy and research development in the field of substance abuse globally (UNODC, 2015).

While a WDR does not specially address social work services, social workers can draw on the information contained in this document, to aid in addressing the global agenda for social work services and social development in respect of substance abuse.

4.3 THE GLOBAL AGENDA FOR SOCIAL WELFARE AND SOCIAL DEVELOPMENT

The Global Agenda for Social Work and Social Development (2012) (hereafter referred to as Global Agenda) is a forum for social workers, academics and social development workers under the auspices of the International Federation of Social Work (IFSW), the International Association of Social Work (IASSW) and the International Council of Social Work (ICSW) (Lombard, 2013). The three aforementioned bodies have worked collaboratively with UNODC and various UN agencies. The Global Agenda (2012) addresses the following concerns: 1) social and economic equality, 2) dignity and worth of the person, 3) sustainable and environmental sensitive development, 4) wellbeing through sustainable human relationships, and 5) appropriate environments for practice and education. These five agenda obligations are interlinked and should therefore not be seen in isolation (Nadkarni & Lombard, 2016:564–565).

The Global Agenda (2012) relates to this study in terms of its holistic and interlinked view of social problems. It will not be discussed in more detail, but is mentioned here because of the interlink between social phenomena and policy and legislation, which is at the core of this study. Efforts to address the current substance abuse pandemic in South Africa require collaborative engagement with international stakeholders such as those mentioned, in order to give direction to social work services aimed at substance abuse intervention.

4.4 SOUTH AFRICAN POLICIES AND LEGISLATION GIVING DIRECTION TO SOCIAL WELFARE SERVICES

In line with the international community, the South African government has several policies and legislation guiding social welfare services. It is a well-known fact that South Africa has one of the most progressive, person-centred constitutions in the world. South African legislation and policies, in line with the Constitution of the Republic of South Africa (CSA) of 1996, promote equitable, fair and accessible resources and services to

its citizens (CSA, 1996). Figure 4.2 is a hierarchal illustration of the legislation pertaining to social welfare in South Africa, which is subject to the CSA (CSA, 1996).
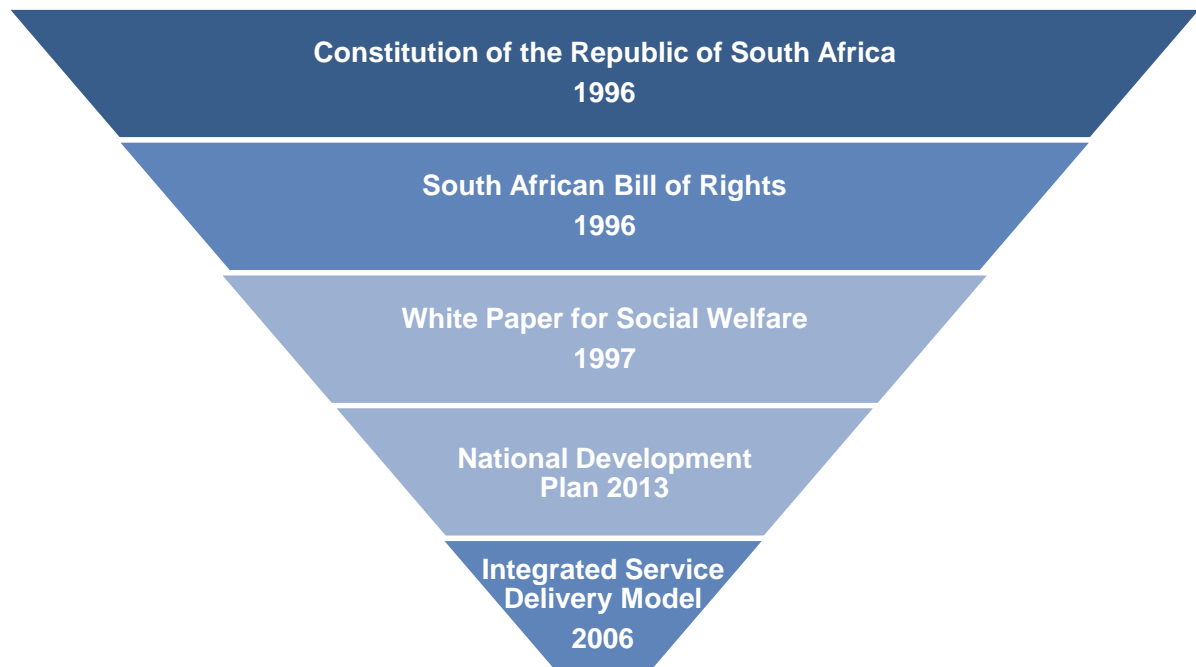
FIGURE 4.2: South African social welfare policies and legislation
Source: Researcher's own construction

4.4.1 Constitution of the Republic of South Africa (1996)

Figure 4.2 presents the policies and legislation in South Africa of which chief in the hierarchy is the CSA (CSA, 1996) which is the supreme law of the country. The Constitution sets the foundation for all other laws in the country, and is built on four core values: 1) respect for human dignity and equality, 2) upholding racial and gender tolerance, 3) devotion to the Constitution and the law of the country and 4) the right to vote in a democratic multi-party government system (CSA, 1996). The Constitution sets out the rights and obligations of government and citizens contained in the various policies and legislation of which the Bill of Rights is the basis of South African democracy.

The Bill of Rights is contained in the Constitution and sets out the rights of South African citizens, affirming the democratic values of human dignity, equality and freedom on

which the Constitution is built. It is the government's responsibility to promote, protect and respect these rights (CSA, 1996).

With regard to the current study, respect for the human dignity and equality is of particular importance because of the discrimination associated with the stigma of MA addiction. Similarly, the right to an environment that is not harmful to the health and wellbeing of the person is important. This relates to communities on the Cape Flats who are plagued by MA use, and to the efforts by government, both nationally and provincially, to address such social ills (SACENDU, 2016).

4.4.2 White Paper for Social Welfare (1997)

Subject to the CSA (CSA, 1996) is the White Paper for Social Welfare (1997). In line with the United Nations World Summit for Social Development (1995), the purpose of this policy is to set out the principles, guidelines, recommendations, proposed policies and programmes for developmental social welfare in South Africa (SA, 1997a). The White Paper for Social Welfare (SA, 1997a) is a framework for the national developmental strategy for social welfare. It outlines the institutional arrangements, and the human and financial resources required to implement the national strategy. It also identifies the legislation relevant for such implementation. Additionally the White Paper (SA, 1997a) explains how service delivery will be effected which includes social security and enhancing social integration. The focus of service delivery is on the family, women, persons with disabilities and persons with special needs and problems (such as substance addiction). To this end, the goal of developmental social welfare is to establish a caring society, uphold the welfare rights of all South Africans and meet people's basic human needs (SA, 1997a; Patel, 2009).

Linking with the current study, developmental social welfare seeks to help people to overcome their problems and achieve their aspirations, build human capacity and self-reliance, and for people to participate fully in all spheres of social, economic and political life. As such, the White Paper (SA, 1997a) outlines how access to social welfare as well

as access to social services could potentially be facilitated in a democratic South Africa (SA, 1997a).

However, despite the White Paper's grand vision, challenges continue to exist with regard to the implementation of this policy (SA, 2013a; Patel, 2015). Under review and relating to the current study, is the fact that welfare services are not always accessible to underprivileged communities (Myers, Petersen, Kader & and Parry, 2012; Patel, 2015). Information regarding relevance and legitimacy, services for example is not always available and results in inappropriate or inadequate service delivery. This is because not all citizens and stakeholders participate in decisions about how welfare services must be structured (SA, 2013a). In addition, there is fragmentation in service delivery, due to welfare services being provided in terms of specialisations, meaning that there gaps in terms of collaborative efforts between, for example, the DSD and the Department of Health (SACENDU, 2012; Patel, 2015). It is in this context that appropriate policies should be enforced by service providers, such as substance abuse services, to offer appropriate social work services to adult MA users.

4.4.3 The National Development Plan: Vision for 2030 (2011)

In May 2010, President Zuma appointed the National Planning Commission, which is an advisory body, to draft a national development plan. Consequently in June 2011 the Commission provided a diagnostic report which identified South Africa's achievements and challenges since the dawn of its democracy in 1994. The diagnostic report resulted in the National Development Plan: Vision for 2030 (SA, 2011), the purpose of which was to eliminate poverty and reduce inequality by 2030. It was envisaged that this would be realised by uniting South Africans, unleashing the strengths of its citizens, growing an inclusive economy, building capabilities, and enhancing the capability of the state and leaders working together to solve complex problems (SA, 2011).

Key challenges facing the Plan's vision are the failure to implement welfare policies and the lack of partnerships between state, civil society and the private sector. The National Planning Commission cited these as reasons for the slow progress in advancing the

goals set out by the White Paper for Social Welfare (SA, 1997a). Relevant to this study, the Commission's findings included the identification of poorly located, inadequate and under-maintained infrastructure, an inadequate public health system, and unequal and inadequate public services (SA, 2013a).

The Plan sets out four themes; namely building the rural economy, providing adequate social protection, keeping abreast with regional and world affairs, and community safety (SA, 2013a). Key areas which relate to this study are keeping abreast of and addressing regional and world affairs. The ever-increasing demand for and supply of MA (UNODC, 2015) and the implications of this for social welfare services (SACENDU, 2016) are noteworthy in terms of addressing substance abuse service delivery by government and NPOs in the country. To address the associated social ills of substance abuse in South Africa, the Prevention of and Treatment for Substance Abuse Act No. 70 was passed in 2008, which will be discussed later in this chapter.

4.4.4 Integrated Services Delivery Model (2006)

The ISDM (SA, 2006) is a framework for developmental social services delivery in the country. The framework provides norms and standards for the efficient and effective delivery of social services. Additionally this framework provides the basis for funding and for the monitoring and evaluation of services. The purpose of the ISDM (SA, 2006) is to provide comprehensive efficient, effective quality services that will result in service users being self-reliant. It addresses five main areas for the design and provision of social services which are (1) early identification and emergency relief; (2) assessment, data collection and referral; (3) profiling beneficiaries for opportunities for sustainable socio-economic development; (4) planning and implementation of exit strategies; (5) monitoring and evaluation (SA, 2006). These constitute an integrated cohesive process in terms of service delivery.

According to the ISDM (SA, 2006) social services should be aimed at the promotion and prevention, rehabilitation and continuing care of service users. Practitioners such as social workers are key role players in combating substance abuse in South Africa and

are guided by the ISDM (SA, 2006). The levels of intervention mentioned in the document also guide the design and promotion for social work services provided by social services organisations to adult users of MA. A single social service organisation (or NPO) would for example provide prevention, rehabilitation and continuing care services (SACENDU, 2016; Cape Town Drug Counselling Centre, 2017; SANCA, 2017).

Social welfare services as described in the ISDM (SA, 2006) are also set out in the FSWS (SA, 2013a), is presented in Figure 4.3.
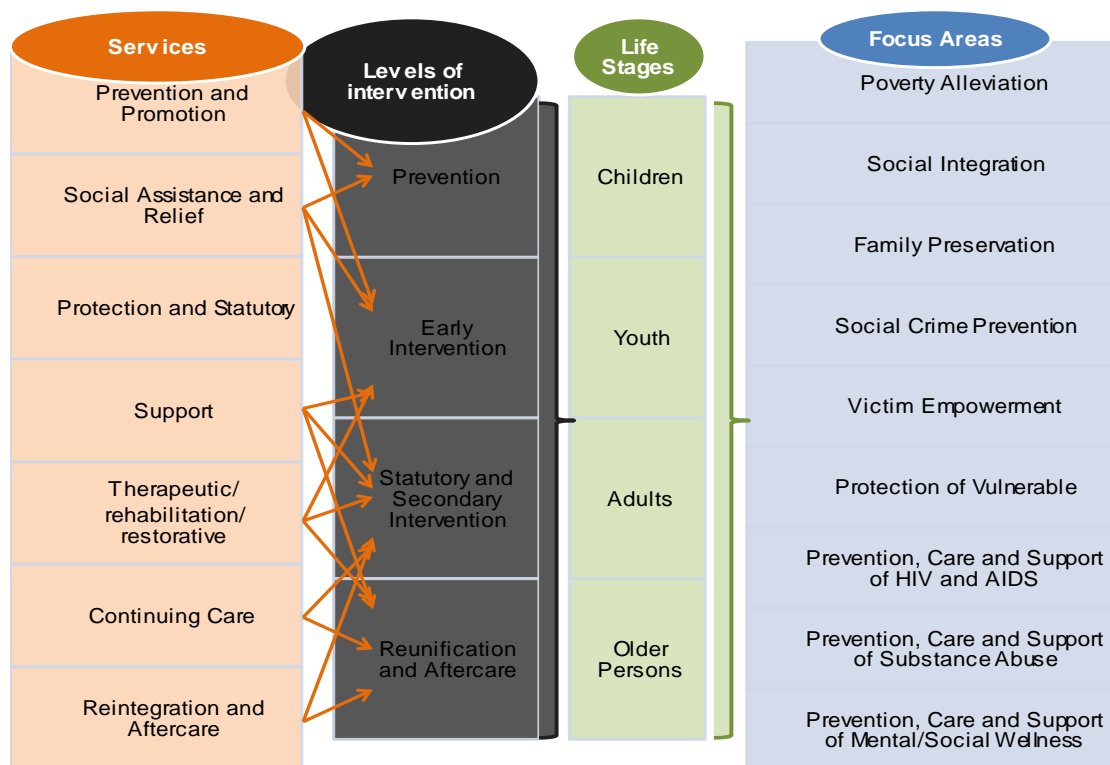
FIGURE 4.3: South African Social Welfare Framework
Source: Department of Social Development (SA, 2013a)

Figure 4.3 presents the South African social welfare framework which is the array of services and programmes provided by government and non-government institutions aimed at enhancing and supporting the capacity of citizens to address the causes and consequences of poverty and vulnerability. Such services are rendered throughout the life stages of vulnerable persons through case work (micro level), group work (meso level) and community development (macro level) services (SA, 2006).

Social welfare programmes are provided by social services organisations such as NPOs in this study, and are based on needs analysis, goals, objectives and targets identified by service users and service providers aimed at impacting positively on the quality of life and wellbeing of citizens. Services are rendered through a process of social planning implemented by social services practitioners; in this case social workers, to address at the micro, meso and macro levels, the needs of service users (SA, 2006). The levels of social work services according to the ISDM (2006) and the FSWS (SA, 2013a), with a focus on substance abuse services, are presented next in Table 4.1.

TABLE 4.1: Levels of social work services according to the ISDM

Source: Matrix (2008); Meyer et al (2008); UNODC (2015); SACENDU (2016)

Measures	Prevention services	Early intervention services	Treatment services	Reintegration and aftercare services
Client level of readiness	At an adequate level.	At the level of experimentation & recreational use.	At the level of problematic use, abuse, addiction or dependence.	In the process of rehabilitation, needing on-going support services.
Type of service or programme	Awareness-raising in low-income communities with high levels of poverty, unemployment & lack of resources.	A referral basis for self, family or employer. May include work-base/employee assistance programmes.	In-patient programmes such as hospitalisation or substance abuse rehabilitation facility. Also out-patient treatment where the client attends counselling sessions	Includes the person with the addiction as well as family members affected by the addiction.
Intervention methods	Community work (macro practice).	Case work (micro practice) & group work (meso practice).	Case work & group work.	Case work, group work & community work.
Aim of services	Capacity & strengths towards self-reliance.	Development & therapeutic intervention (counselling services). Reducing & minimising the risk of substance abuse so that statutory intervention would not be required.	The client & family owing to the complex nature of substance abuse.	The client's capacity & need for coping resources and ongoing support services. Services are aimed at capacity building and self-reliance to increase the client & family's chances of sustained and optimal psychosocial functioning.

Table 4.1 indicates the measures, types, intervention methods and aims of each level of services in the ISDM (SA, 2006) and the FSWS (SA, 2013a). In the case of substance abuse services, prevention relates to the non-use stage of addiction, while early intervention will apply to the stage of use. The level of intervention at these two stages is generally a macro level where organisations engage in awareness programmes alerting communities and services users of the dangers of substances such as MA. Treatment involves services that may include in-patient programmes or out-patient programmes. Also, services are not specifically aimed at one primary addiction; one programme may include people addicted to different kinds of substances. The current study relates to treatment and aftercare/reintegration services, which, in terms of the ISDM (SA, 2006) and the FSWS (SA, 2013a), are primarily at micro and meso levels, although these services also involve the establishment of services on a broader community-level scale.

4.4.5 Prevention of and Treatment for Substance Abuse Act No. 70 of 2008

The Prevention of and Treatment for Substance Abuse Act No. 70 of 2008(SA, 2008), was constituted in line with the Constitution (CSA, 1996), the Bill of Rights (CSA, 1996) and the White Paper for Social Welfare (SA, 1997a) in terms of the government's responsibility towards the right of access to services.

- **Purpose**

The purpose of this Act (SA, 2008) is to provide for a comprehensive national response in combating substance abuse. The Act further provides for mechanisms aimed at reducing the demand and harm caused by substance abuse. This is to be achieved through prevention, early intervention, treatment and reintegration programmes which are in line with the developmental social welfare approach outlined in the White Paper for Social Welfare (SA, 1997a), the ISDM (SA, 2006) and the FSWS (SA, 2013a), as discussed in previous sections of this chapter. As such, provision is made for the committal of persons to and from treatment centres and for the treatment, rehabilitation and skills development in such treatment centres. The Act also provides for the

establishment of the Central Drug Authority (CDA) and for matters related to the CDA (SA, 2008).

- **Function**

The Act provides strategies and principles for reducing the demand for, and harm caused by substance abuse (SA, 2008). The purpose, criteria and conditions for prevention and early intervention treatment services are also made explicit in the Act. Additionally, the Act provides guidelines for the establishment of community-based services, including the registration of mental health services. The establishment, registration and criteria for service delivery of in-patient and out-patient treatment services, including half-way houses, are all contained in the Act (SA, 2008).

A significant challenge identified however, is that as more non-governmental organisations develop, there seems to be less funding by government and the private sector (SACENDU, 2014). Central to the plight of NPOs is accessing funding and managing resources to ensure sustainability (Smit, 2014). It is important that NPOs such as substance abuse organisations are monitored and evaluated as the competition for funding and scarce resources escalates. Furthermore, the significance of the Act in relation to the current study is that it provides understanding in relation to substance abuse services in South Africa. The efforts of NPOs (to be discussed in subsequent chapters) form part of the national comprehensive response to combat substance abuse and to improve harm-reduction strategies. Through prevention, early intervention treatment and aftercare services offered by NPOs to adult MA users, the purpose of the Act is achieved. Table 4.2 is a presentation of the provisions under the Act in terms of its purpose, challenges and achievements.

TABLE 4.2: Policies and structures under the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008

	Central Drug Authority (CDA)	National Drug Master Plan (NDMP 2013–2017)	Local drug action committees (LDACs)
PURPOSE	To eradicate substance abuse and promote a substance-abuse-free country.	To eradicate substance abuse and promote a substance-abuse-free country.	To give effect to the plans and strategies of the NDMP.
FUNCTION	Attend regional Provincial Substance Abuse Forum (PSAF) meetings. Monitor the efforts by PSAFs, submit annual reports to the Minister of Social Development who in turn submits reports to Parliament on an annual basis.	Furthering the national agenda to address substance abuse. Combat substance abuse through providing holistic and cost-effective strategies; monitoring the resources and services of national and provincial government departments. Focus is on intervention that is evidence-based.	Support the work by the PSAFs. Responsible for the achievements of the goals of the NDMP. Compile an action plan that is unique to the needs of the respective municipality to combat substance abuse in cooperation with provincial and local government. Provide reports to the relevant PSAF and CDA from time to time.
CHALLENGES	Lack of partnerships between state, civil society and the private sector to work collaboratively.	Fails to give equal weight to harm reduction strategies. Not adequately focused on prevention, early intervention, aftercare/reintegration services. Inadequate provision for monitoring and evaluation of policy or treatment.	A lack of inter-sectoral cooperation.

Source: National Drug Master Plan (2013 - 2017)

4.4.6 Central Drug Authority (2013 - 2017)

Table 4.2 presents the policies and structures that are subject to the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008. The first structure in terms of the Act is the CDA.

- **Purpose**

The CDA is an advisory body (SA, 2009). Its purpose is to assist in eradicating substance abuse and promoting a substance-abuse-free country. It is required to direct, guide and coordinate, as well as monitor and evaluate initiatives and efforts by national and provincial government departments (SA, 2009).

- **Function**

Owing to the increase in the demand for more services to eradicating substance abuse, it is imperative that the policies, protocols and structures regulating substance abuse services should be carefully considered in order for it to give effect to the mission and purpose of the CDA. The challenges, however, remain the lack of partnerships between state, civil society and the private sector to work collaboratively to meet the goals of the CDA (SACENDU, 2015).

4.4.7 National Drug Master Plan (2013–2017)

The NDMP (2013–2017) is the current blueprint for the prevention and reduction of substance abuse.

- **Purpose**

This Plan needs to meet the requirements of the international bodies concerned; at the same time, it addresses the specific needs of South African communities, which sometimes differ from those of other countries (NDMP, 2013–2017). In association with the Inter-Ministerial Committee on Alcohol and Substance Abuse, its purpose is to develop laws, policies and to guide and coordinate strategies for ensuring a

substance-abuse-free society. The NDMP (2013–2017) is aimed at furthering the agenda to address substance abuse. The NDMP (2013–2017) further sets out to combat substance abuse through providing holistic and cost effective strategies while monitoring the resources and services available to national and provincial government departments. The strengths of the NDMP (2013–2017) are its multi-sectoral approach, bridging the micro-macro divide, and the provision for vulnerable groups with the emphasis on youth and children who are the most vulnerable in our society (SACENDU, 2015).

- **Function**

The NDMP (2013-2017) sets out the role of national and provincial government departments to address the country's substance abuse problem and to create a substance abuse free society according to the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008. A review of the earlier NDMP (2006–2011) highlighted the key areas needing attention in the current NDMP. These are:

- Reduction of the bio-psycho-social and economic impact of substance abuse and related illnesses on the South African population;
- Ability of all people in South Africa to deal with problems related to substance abuse within communities;
- Recreational facilities and diversion programmes that prevent vulnerable populations from becoming substance abusers/dependents;
- Reduced availability of dependence-forming substances/drugs, including alcoholic beverages;
- Development and implementation of multi-disciplinary and multi-modal protocols and practices for integrated diagnosis and treatment of substance dependence and co-occurring disorders and for funding such diagnosis and treatment;
- Harmonisation and enforcement of laws and policies to facilitate effective governance of the supply chain with regard to alcohol and other drugs;
- Creation of job opportunities in the field of combating substance abuse. (NDMP 2013 - 2017).

Based on the aforementioned it is suffice to say that, first, solutions must be devised from the bottom up rather than from the top down. Second, there needs to be a shift from a national to a community approach in devising strategies (in other words, finding a strategy that provides a community-specific solution). There must also be a shift from supply reduction focus to primary prevention in an integrated strategy. And lastly, evidence-based solutions should be applied wherever possible.

It is equally important to introduce a monitoring and evaluation approach for the formulation of the results to be achieved (i.e. impact, outcomes, outputs and targets). Furthermore there needs appropriate alignment between the Plan and national and provincial department drug master plans with this approach. Crucial to the NDMP (2013–2017) is the application of research and development to meet predicted needs and future changes in the field of substance abuse. It is essential to report in terms of monitoring and evaluation needs instead of activities carried out, and to extend the reporting base beyond the CDA and its supporting infrastructure by including non-CDA sources and linked databases (NDMP, 2013–2017; SACENDU, 2015). Included in this mandate is the reduction and prevention of the adverse social and economic effects of substance abuse on South African society.

The NDMP (2013–2017) is built on the basis laid down by the Programme of Action on Alcohol and Substance Abuse. Social services organisations such as NPOs and community-based organisations providing substance abuse services are guided by the NDMP (2013–2017).

The challenges of the NDMP (2013–2017) are that its strategic framework fails to give equal weight to harm reduction strategies. Greater emphasis is placed on demand and supply reduction strategies than on prevention and early intervention strategies in line with international treaties. Furthermore, the Plan does not make adequate provision for monitoring and evaluation of policy or treatment (SACENDU, 2015).

It is clear that the focus of the focus of the NDMP is on evidence-based practices that are aimed at meeting the specific needs identified by the communities experiencing challenges; it is context-specific and person-centred. Policies and legislation provide the mandate for NPOs to render services to adult MA users. In

view of the policies and legislation guiding social services, this study therefore addresses the continuum of intervention from the perspectives of service providers (who are social workers) and service users (who are adult MA users).

4.5 PROVINCIAL POLICY AND LEGISLATION GIVING DIRECTION TO SUBSTANCE ABUSE SERVICES

According to the national mandate, provincial policy and legislation addresses the needs identified by each respective province. For the Cape Metropole, a policy known as The City of Cape Town Prevention and Early Intervention of Alcohol and other Drug Use Policy (2014-2017) provide guidelines to address the difficulties of substance abuse experienced by communities, particularly on the Cape Flats.

4.5.1 City of Cape Town Prevention and Early Intervention of Alcohol and other Drug Use Policy (2014–2017)

The City of Cape Town's Prevention and Early Intervention of Alcohol and other Drug Use Policy (2014–2017) – referred to as the Policy – is a five-year plan aimed at reducing and mitigating the harm associated with alcohol and other drug use in the province.

- **Purpose**

The purpose of the Policy is to coordinate and facilitate awareness initiatives by government and NPOs and other stakeholders. The Policy also addresses prevention initiatives at primary, secondary and tertiary levels of intervention. At a primary level, it focuses on harm reduction in terms of individual and environmental risks factors, while at a secondary level, the purpose is early detection of vulnerability to substance abuse. At a tertiary level, the Policy focuses on treatment to address increased and continuous substance abuse. For this, the DSD requires a multilevel, multi-system integrated approach to intervention. In responding to this requirement, the Policy's aim is to develop and implement innovative holistic prevention services targeting high risk groups (such as township communities). Additionally, it makes provision for establishing an expert advisory group of substance abuse experts that include researchers, academics, practitioners,

representatives of the South African Police Services and policymakers (Western Cape Government, 2011).

The Policy offers a coordinated, integrated and holistic approach to address substance abuse in the Cape Town area. It is a collaborative approach in partnership with provincial and local government as well as with non-government stakeholders which defines priorities in prevention, early intervention and treatment services.

The Policy proposes using the city's resources, efforts and assets in a strategic manner to create enabling environments for individuals to improve their own quality of life as well as that of the community at large. It is envisaged that the implementation of the Policy will affect increased awareness of the negative socio-economic impact of substance abuse. So, in accordance with the White Paper for Social Welfare (1997), the ISDM (2006) and the FSWS (2013a, the Policy emphasises substance abuse intervention programmes that promote self-reliance while taking into consideration the implications for the environment.

- **Function**

In pursuit of the Policy's objectives, local drug action committees (LDACs) in the Cape Metropole are divided into eight sub-committees whose function is set out in the Prevention of and Treatment for Substance Abuse Act No. 70 (2008). LDACs work in collaboration with other spheres of government, NPOs and the private sector to provide information regarding prevention and treatment programmes. Each subcommittee is responsible for the implementation of the Policy. The Policy is reviewed every two years, or intermittently if the outcomes are not achieved. It also provides guidelines for substance abuse services provided by NPOs (Western Cape Government, 2011).

All laws, policies and legislation discussed hitherto are subject to the CSA (SA, 1996 and emphasises respect for the worth and dignity of all people.

4.6 NON-PROFIT ORGANISATIONS OFFERING SOCIAL WORK SERVICES TO ADDRESS SUBSTANCE ABUSE

Social work services are offered in the context of an organisation. An organisation is a social arrangement for achieving controlled performance in pursuit of collective goals and has a specific purpose and function (Dyck & Neubert, 2009; Rankin & Engelbrecht, 2014). Social service organisations are therefore consciously coordinated entities, with relatively identifiable boundaries and function on a relatively continuous basis to achieve common goals (Taylor & Felten, 1993).

Social welfare service organisations are staffed by people from a range of occupations and disciplines that deal with personal and social challenges (Hughes & Wearing, 2016). These include nursing and health care, social work and social care, youth and community work, probation and social justice, counselling, mediation and advocacy. These organisations are part of a formal sector whose aim is to enhance social, emotional, physical and intellectual wellbeing. Two significant characteristics of social welfare service organisations are a) that people who become clients who are transformed or changed in some specified manner and b) that these organisations are mandated by society to serve the interests of clients and society (Dyck & Neubert, 2009:116).

Social work processes in social welfare organisations are managed externally (policy and legislation), internally (supervision) and through service rendering (practice) with service users (Rankin & Engelbrecht, 2014: 11). A well-managed organisation has a clear vision, practices with integrity, has effective communication processes and commitment to service users. Such an organisation values its workforce and fosters a learning environment that manages its resources so that the organisation is sustainable and effective in service delivery. Effective social service organisations value the ethos of social care and critical awareness of disadvantaged, vulnerable, marginalised and excluded people and communities. Such organisations are able to respond appropriately to human and social needs.

Organisations that are effective are characterised by a culture of shared beliefs, values, goals and objectives in an environment where new ideas and methods are explored and employed. Services offered by these organisations are based on

research and new evidence. Furthermore, such organisations have an infrastructure of effective information systems, policies and procedures governed by principles of human rights and social justice in policies such as those in the CSA (SA, 1996) and the White Paper for Social Welfare (SA, 1997a). Effective organisations are serious about human resources development and supervision as well as monitoring and evaluation of its services.

In South Africa, formal organisations such as social services organisations are required to be registered in terms of the Companies Act No. 61 of 1973 upon which they receive a certificate of incorporation. Most social services organisations in South Africa are NPOs. According to the Non-Profit Organisations Act No. 17 of 1997, NPOs are organisations who serve society's interests and whose income and assets are not for distribution to the organisation's members, except as a means of supplying reasonable remuneration for services rendered. NPOs are often Section 21 companies, which mean that their income and assets are used only for the purpose of meeting the organisation's main objectives. The main objectives of NPOs are often to promote and enhance cultural, social and community interests (Non-Profit Organisations Act No. 17 of 1997).

NPOs who offer substance abuse services are part of the CDA and include faith-based organisations, and community organisations such as the Cape SANCA and Town Drug Counselling Centre. These organisations generally receive a subsidy from the DSD and are therefore also subject to monitoring and evaluation by the DSD on an annual basis (NDMP 2013–2017).

In terms of the current study, it should be noted that social work organisations do not exclusively provide services to MA users/addicts. Service users are generally people who are at various stages of substance use. This will include persons who use MA and/or another substance (SACENDU, 2010). Intervention services generally involve any activity intended to prevent, stop or delay the onset of substance use and abuse. Intervention targets individuals, peers, families and communities (Myer et al., 2008). In the Cape Metropole, there are approximately 55 NPOs who provide substance abuse intervention services, of which some are registered with the DSD. Services are not specifically aimed at MA users, but are generic in terms of intervention services relating to different types of substance

abuse (Western Cape Government, 2011; SACENDU, 2014). For the purposes of the current study, the aim of social work services provided by NPOs is to reduce the negative psychosocial consequences associated with MA use and abuse.

4.7 SUMMARY

It is evident from various literature sources and policies reviewed that substance abuse adversely affects communities at large, resulting in greater demand for effective social services, placing strain on the country's economy and health services.

None of the policies and legislation mentioned in this chapter speaks directly to MA use, addiction and treatment but instead refers to substance abuse in a general sense. They all advocate for evidence-based prevention services to build coping skills and knowledge on the harmful effects of substance abuse. They also advocate for effective evidence-based treatment programmes.

The infrastructure of the City of Cape Town is gravely under-resourced. Consequently, the City of Cape Town Prevention and Early Intervention of Alcohol and other Drug Use Policy (2014–2017) was implemented to utilise resources, efforts and assets strategically in an effort to create enabling environments in which individuals are able to improve their own quality of life as well as that of the community at large. Supported by the White Paper on Social Welfare (SA, 1997), the ISDM (SA, 2006) and the FSWS (SA, 2013a), the Policy emphasises sustainable intervention programmes that promote self-reliance.

With a strong focus on prevention, the Policy provides guidelines for the prioritisation and arrangements for services in order to minimise the onset and progression of substance abuse. The Policy covers all four phases of intervention (prevention, early intervention, treatment and reintegration / aftercare). Additionally, it recognises that resources and services must be geared towards prevention programmes, and advocates for awareness and prevention programmes to be evidence-based and suitable for meeting the needs of the province's context.

This chapter provided a contextual overview of South African policy and legislation giving direction to social work services offered by NPOs to adult users of MA. The

next chapter describes the nature and scope of social work services for adult MA users.

CHAPTER 5

THE NATURE AND SCOPE OF SOCIAL WORK SERVICES FOR ADULT METHAMPHETAMINE USERS

5.1 INTRODUCTION

A narrative literature review as described by Monette et al. (2008) was conducted to provide an overview of the nature and scope of social work intervention in relation to substance abuse services.

In line with the third objective (see Chapter 1 and 2) of the study, this chapter provides a brief overview of perspectives on substance abuse, with specific reference to MA globally and to its abuse in South Africa and the Western Cape in particular. Further to the third objective, specific reference is made to the nature and scope of social work services and the most commonly used intervention models in the field of substance abuse. With this in mind, numerous books were sourced as well as electronic data bases which included EBSCOHOST Academic Search Premier, E-Journals, Google Scholar, NEXUS, SABINET online, SAGE and Science Direct. The key search terms that were used to narrow down the literature search were "addiction", "adult methamphetamine users", "substance abuse services" and "substance/drug abuse".

5.2 OVERVIEW OF THE NATURE OF SUBSTANCE ABUSE

The nature and scope of substance abuse has been widely documented (SACENDU, 2015; UNODC, 2015), as well as the effects and implications of substance abuse (Dykes, 2010; SACENDU, 2015; UNODC, 2015). Currently there are approximately 24 400 different types of substances which can easily be purchased via internet websites known as the "Dark Net". The Dark Net are internet sites that sell illicit substances that the potential user would otherwise not have access to, and would not have been familiar with (UNODC, 2014).

The most commonly abused illicit substances in the world, in order of prevalence, are cannabis, opioids, opiates, cocaine, and finally ecstasy together with amphetamine-type stimulants (ATS). ATS is a group of substances composed of

synthetic stimulants (amphetamine, MA, methcathinone and ecstasy). MA or "tik", as it is commonly known in South Africa, is the most widely used in the group of ATS (UNODC, 2014).

5.2.1 Descriptions of substance abuse

From the literature reviewed it seems that there is no consistent definition of problematic substance use of illicit substances. The general terms used are substance addiction, substance abuse, substance misuse and addiction. Definitions vary according to the field of study. For example, from a **sociological perspective**, a definition would include the intake of legal or illegal substances in a manner that is socially unacceptable and that could potentially be harmful to the user's social, physical, psychological health and wellbeing, to that individual's relationships with significant others, to education and employment and it could potentially lead to conflict with the law (Moleko & Visser, 2005:186).

From a **psychological perspective**, the definition is derived from the Diagnostic and Statistical Manual of Mental Health Disorders (American Psychiatric Association) of which DSM-IV-TR in particular relates to the degree to which substance use interferes with the user's day-to-day life (Barlow & Durand, 2005:381). From a **criminological perspective**, the definition for problematic use includes the use of illegal substances that may alter the user's mood, mind and behaviour and may cause damaging effects on the user that could lead to anti-social behaviour such as crime and violence.

Substance abuse from a **social welfare perspective** is defined as the sustained or sporadic excessive use of substances and includes any use of illicit substances and the unlawful use of substances that negatively impact on the user's overall wellbeing. For the purpose of this study, which is located in the field of social work in South Africa, this social welfare definition, as described in the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008 (discussed in the previous chapter) is considered the most appropriate.

5.2.2 Stages of substance abuse

The stages of substance use are universal and involve a continuum ranging from no use to addiction, and often including relapse. It is important to note that not all people who use substances are addicted to substances. The continuum of stages is illustrated in Figure 5.1.
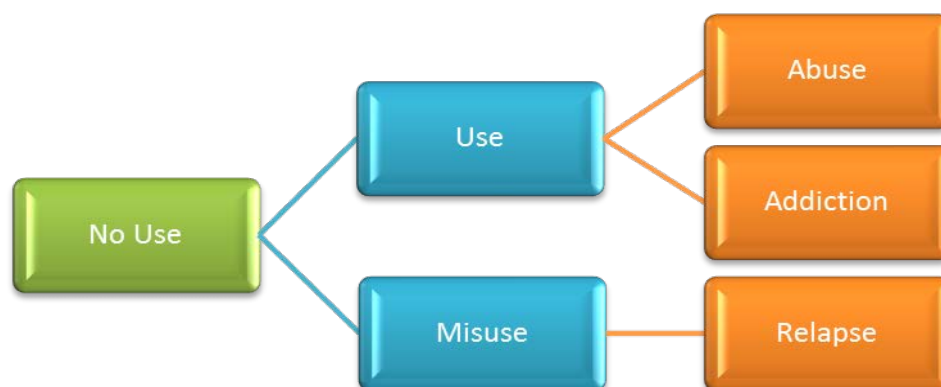
FIGURE 5.1: Stages of substance abuse
Source: American Psychiatric Association (1994)

With reference to Figure 5.1 above, **no use** refers to abstinence from illicit substances. **Use** means occasional or recreational use for social reasons such as experimentation on an infrequent basis (not daily use) with the ability to stop at any time. However, **misuse** is the use of substances on a more frequent basis such as every day. This is followed by **abuse** which is associated with how often the user feels the need to use substances, also on a daily basis but with some control still remaining. **Addiction** is the inability to stop using substances without outside help; at this stage, the user is dependent on the chemical substance in order to feel normal and to function normally.

Finally, **relapse** is the use of substances after a period of abstinence, which is normally after a substance user has received treatment for addiction (American Psychiatric Association, 1994; National Institute on Drug Abuse [NIDA], 2010). There are many factors that can trigger a relapse within the person's ecology – among which socialising with friends who are substance users, a lack of coping resources after being in treatment, cravings and thoughts of using substances as

well as feelings of loneliness, boredom and isolation and life pressures may all result in relapse (Gordon, 2003; Slomski, 2014; Van der Westhuizen, Alpaslan & De Jager, 2014).

5.3 IMPLICATIONS OF SUBSTANCE ABUSE

The implications of substance use are vast (Dykes, 2010; Hepworth et al., 2013) and inevitably have negative consequences for human security in that it puts strain on the welfare, judicial and health systems of a country (Mashaba, 2005). These implications will be discussed in the following sections.

5.3.1 Implications of substance abuse use on a country's welfare system

Social welfare refers to a nation's system of programmes, benefits and services that help people meet those social, economic, education and health needs that are fundamental to the maintenance of society (Midgeley, 1997; Zastro, 1995). It involves what people can expect from society in terms of meeting their basic needs and is therefore the yardstick by which a society can measure how well it is meeting the needs of its citizens (Zastro, 2000; Kirst-Ashman-Ashman & Hull, 2012). Social welfare also involves the management of social challenges or conditions and the maximisation of opportunities to promote the common good of citizens. Social welfare is provided through government and NPOs in the form of services, programmes and benefits that assist society to meet its social, economic, education and health needs (Zastrow, 2000). For example, government provides monetary, human resources and monitoring support to NPOs who provide substance abuse services to families (Patel, 2005).

The goal of social welfare inevitably is to promote a state of human wellbeing (Midgeley, 1997). However with the increase in needed resources relating to substance abuse treatment and intervention services, this has huge financial and resource implications for a country. South Africa is no exception as one of the highest substance-abusing countries in the world (Plüdderman & Parry, 2012; UNODC, 2012, 2013, 2014). For example, parental substance abuse is a predictor of adverse childhood experiences, which include substance abuse in offspring and its associated effects such as emotional and behavioural challenges (Collings, 2006). Another example of social welfare's involvement with substance abuse

occurs when, owing to lack of parental responsibility, children are removed and placed in foster care or in a children's home which is funded by government (social welfare departments). Similarly, injuries that occur through substance addiction such as motor vehicle accidents and other forms of violence have led to substance users or family members being left physically disabled and thus dependent on welfare grants. Some forms of addiction have also been closely linked to mental illness when, again, the substance user is often declared unfit for work and is placed on a social grant (Zastrow, 2000; Hepworth et al., 2013).

Social workers often see the family life of an addicted user being disrupted, resulting in incongruence, and abusive and negligent parenting. Family conflict, divorce, poverty, disruptive living arrangements, incarceration and single parenting households are just a few repercussions of substance addiction and its effects on the family system (Phillips, Gleeson & Waites-Garrett, 2009). The aforementioned inevitably impacts on a country's welfare system as society and governments are responsible for the wellbeing of their citizens. This calls for government and NPOs to provide intervention programmes and services to meet the needs and challenges associated with substance abuse and addiction. Such intervention programmes are costly, and the cost to governments is exacerbated by the high prevalence of substance abuse and the social and economic challenges coupled with such abuse. These challenges give rise to a gap in service provision globally (UNODC, 2014).

5.3.2 Implications of substance abuse on a country's judicial system

With globalisation comes an increase in international substance trafficking, which makes substances more accessible the world over. This sad turn of events perpetuates the strong correlation between substance abuse and crime (Patel, 2009). Daily media reports confirm the nature, severity and prevalence of substance-related crimes globally. There is therefore no doubt that substance abuse has huge implication for the judicial system of a country.

The internet has become a virtual market for substance trafficking, since the inception of the Dark Net (Inter Press Service News Agency, 2014; UNODC, 2014). The WHO (2014) report highlighted the global nature and extent of the impact of the Dark Net on substance use over the past fifteen years. There is a need to enhance

cooperation between countries by sharing information and analysis with regard to the prevalence and severity of the substance crisis worldwide and the challenges related to violence and human insecurity. Furthermore, the high cost of substance abuse prevention and treatment justifies the need for more research in this field and on the impact of substance abuse on law enforcement.

5.3.3 Implications of substance abuse on a country's health system

Substance abuse problems often occur together with other health and mental health challenges. Common health conditions associated with substance abuse are chemical dependence, kidney and liver failure, diabetes, cardiac and lung complications, notwithstanding accidental injuries and homicide. In some cases substance users/addicts may need hospitalisation, in-patient care treatment at a mental health facility or out-patient treatment services (Peltzer, Malaka & Phaswana, 2002:67; Da Rocha Silva & Malaka, 2007). In addition, overdose is a primary reason for substance-related deaths, especially polysubstance use (referring to the use of two or more substances at the same time, or to consequential use of two or more substances) (UNODC, 2014; Burnhams, Laubscher, Howell, Shaw, Erasmus & Townsend, 2016). As a result of the high cost of substance treatment, there is a gap in service provision globally – so much so that in Western and Central Europe, only one in five people gain successful access to treatment while in the United States (US), one in six people gain access to treatment services. The situation for Africa is far worse, in that one in 18 people gain access to treatment (UNODC, 2014).

In 2012 there were approximately 200 000 substance-related deaths globally (UNODC, 2014). Bearing in mind that not all countries provide annual substance reports, this is an alarmingly high mortality rate due to substances. According to the UNODC (2014) continents with the highest reported figures of deaths per million people aged between 15 and 64 years were Asia (78 600), the US (44 600) and Africa (36 800) during 2012. Some of these deaths were as a result of overdose, HIV infections through substance use, and suicide and unintentional deaths and trauma caused by substance use (UNODC, 2014). It is therefore inevitable that responses to the global crisis of substance abuse require a balance in terms of

prevention and treatment relying on evidence emphasising public health care that is focused on addressing social rehabilitation and integration.

MA is at the top of the list of all illicit substances that have adverse effects on a country's welfare, judicial and health system. Several studies confirm that substance abuse puts strain on a country's health, welfare and economic system (Harker et al., 2008; Plüddemann et al., 2008; Plüddemann, 2010). This is particularly evident in South Africa where 11% of the population has a substance abuse problem (UNODC, 2014), with the highest concentration of MA abuse occurring in the Western Cape.

5.4 METHAMPHETAMINE AS ILLICIT SUBSTANCE

MA is a plant substance from the amphetamines group. Hazardous chemicals such as hydrochloric acid, battery acid, lye, dye, paraffin, antifreeze and drain cleaner are some of the commonly used products that are mixed with amphetamines in the manufacturing of MA (The Anti-Meth Site Online, 2017). Generally these products are cooked to form a crystallised substance, hence the name "crystal meth". The crystallised substance is then crushed to form a white odourless powder that is easily dissolved in water or alcohol (National Geographic, 2015).

MA is usually injected, snorted, smoked, and ingested orally or anally. The most common method of using this substance is by smoking it through a light globe from which the metal filaments have been removed. The white crystal substance is placed in the globe which is then heated with a lighter or match, and the fumes are inhaled through a straw (SACENDU, 2007). The method of use determines the "rush" that the user experiences – which is essentially the release of high levels of dopamine to the brain. When smoked or injected, the rush is almost instant; when taken through the nose, it takes approximately five minutes before the user experiences the rush, and 20 minutes when ingested orally or anally. The effects on the user's body are similar to a flight-or-fright response with increased blood pressure, increased body temperature, and an increased breathing and heart rate. The user's pupils become enlarged owing to the potency of the chemicals contained in the substance. The physical effects of the rush continue for approximately 10 to 12 hours (Rawson, Gonzales & Brethen, 2002).

5.4.1 Prevalence of methamphetamine abuse

The use of MA is a huge social problem and has indeed reached epidemic proportions worldwide. As early as 2000, the UN Office for Substance Control and Crime Prevention reported that 35 million people made regular use of MA. Table 5.1 presents a global perspective on the annual prevalence of MA use by world region.

TABLE 5.1: Annual prevalence of the use of amphetamine by region

Continent / Region	Best estimates		Lower estimates		Highest estimates	
	Number/1000s	%	Number/1000s	%	Number/1000s	%
Africa	5 200	0.9	1 360	0.2	8 950	1.5
East	-	-	-	-	-	-
North	740	0.6	260	0.2	1 122	1.5
South	610	0.7	300	0.4	830	1.0
West & Central	-	-	-	-	-	-
Americas	6 370	1.0	5 250	0.8	7 600	1.2
Caribbean	210	0.8	20	0.1	520	1.9
Central	340	1.3	340	1.3	340	1.3
North	4 410	1.4	3 710	1.2	5 100	1.6
South	1 410	0.5	1 170	0.4	1 640	0.6
Asia	19 520	0.7	4 530	0.2	34 520	1.2
Central & Transcaucasia	-	-	-	-	-	-
East & South East	8 980	0.6	3 440	0.2	20 400	1.3
Near & Middle East	440	0.2	370	0.1	820	0.3
South	-	-	-	-	-	-
Europe	2 800	0.5	2 400	0.4	3 220	0.6
East & South East	850	0.4	470	0.2	1 230	0.5
Western & Central	1 950	0.6	1 920	0.6	1 980	0.6
Oceania	510	2.1	410	1.7	530	2.2
GLOBAL	**34 400**	**0.7**	**13 900**	**0.3**	**54 800**	**1.2**

Source: UNODC Annual Substance Report (2014)

In the table above, UNODC (2014) does not provide exact estimates of MA prevalence specifically, but provides a collective estimate of ATS. With the exception of the Caribbean, Central and North America, South Africa has the highest prevalence of ATS use globally at 0.7% (best estimates). This is consistent with previous WHO reports (UNODC, 2011, 2012, 2013) which determine that Asia has the highest prevalence of substance abuse followed by the Americas and Africa.

As can be seen from Table 5.1, not all world regions have provided latest ATS figures; for example, no totals were provided for East, West and Central Africa as well as Central Asia, Transcaucasia and South Asia (UNODC, 2014). However, it appears that the rate at which ATS use is increasing, is indeed a global crisis that has adverse consequences for countries, communities and families. South Africa is no exception; in fact South Africa is among the top ten countries in the world with the highest substance abuse rates (UNODC, 2015).

In South Africa, there has been a rapid increase in MA use by persons older than 20 years; from 2005 to 2011 it reached alarming proportions, while 2008 to 2010 saw a gradual increase in MA use among all age groups. The second half of 2010 saw an even greater increase up to 2011 of which the highest increase was among persons older than 20 years (SACENDU, 2015). Table 5.2 below shows the numbers and percentages of adults seeking treatment for MA as primary substance use across provinces in South Africa.

TABLE 5.2: Adults seeking treatment for methamphetamine use in South Africa

	Western Cape	**Kwa-Zulu Natal**	**Eastern Cape**	**Gauteng Province**	**Northern Region**	**Central Region**
Centres	33	11	7	15	5	4
Clients	2 808	1 177	537	2 948	929	388
All ages	29	1	16	6	1	4
Under 20	5	< 1	10	3	< 1	6

Source: SACENDU (2017)

Table 5.2 indicates that the Western Cape remains the province with highest number of treatment facilities as well as the highest number of clients seeking treatment services for MA use compared to other provinces. Table 5.2 also reflects that Gauteng Province had the most clients for all types of primary substance use, but that only 6% of these adults were seeking services for MA treatment. In the Western Cape, 2 808 of clients sought help for all types of substance addiction, of whom 29% were for MA treatment services.

The human suffering caused by MA cannot be measured according to monetary value. MA use has devastating effects on the environment, welfare, judiciary and health system of a country, not to mention the bio-psychosocial effects on the user. In the context of this study, with EST as the chosen theoretical framework, the effects of MA use will now be discussed in terms of various levels of analysis.

5.4.2 Effects of methamphetamine abuse on the environment (macro level)

The production of MA has disastrous effects on the physical environment in which it is manufactured because of the fumes produced while cooking the chemicals. For example, in the manufacturing of 500 grams of MA, approximately 5.5 kilograms of harmful toxins are released which directly affect the environment. Even worse is the fact that waste from MA is dumped in the ocean, rivers, dams, fields, backyards and sewage systems which could potentially contaminate water supply that is used by humans and animals (Bartos, 2005). Toxic poisonous gases released during the manufacturing process fill buildings, rendering them dangerous for occupation by humans and animals. Cleaning such buildings is costly and puts a strain on property owners. Additionally, fires caused by explosions during the manufacturing of MA can have devastating effects on the ozone layer and environment generally, not to mention the dangers to humans and animals in such environments (Bartos, 2005).

Manufacturing and selling of MA breeds crime, causes damage to properties, and can lead to burglaries, theft, robberies, murder and rape. In addition, crime bosses fighting over territory is a common occurrence in any form of substance trafficking and drug smuggling (Bartos, 2005). This goes hand in hand with intimidation and retaliation between drug dealers and cartels. Sadly however, despite the environmental harm and devastation caused by MA, the human suffering it creates is perhaps the most alarming; yet its supply and demand continues to increase.

5.3.3 Effects of methamphetamine abuse on the family (meso level)

MA use affects family relationships and causes distorted attitudes among MA users and non-using family members (Häefele & Ovens, 2013; Asante & Lentoor, 2017). Associated with this are the negative economic effects of MA abuse on the family, often characterised by exploitation of significant others by the MA user (Cleaver,

Nicholson, Tarr & Cleaver, 2007). Examples of this are stealing household goods to sell to support addiction. Linked to this is conflict between family members, which often leads to physical fights that can be fatal in some cases. Similarly, MA use and abuse affects children living in such households in many ways. Usage during pregnancy may result in miscarriage, prenatal complications, premature delivery, birth defects, low birth weight and abnormal infant behaviour (Charlesworth, 2016). Similar to findings by the American Pregnancy Association (2011), Lester (2006) found that the oxygen flow to the foetus can lead to miscarriage, prenatal defects and placenta disruptions during pregnancy in MA-using mothers. Babies born to mothers who are MA users experience withdrawal symptoms that could last months. Such babies are often born addicted to MA and suffer from withdrawal symptoms associated with sleeplessness, muscle spasms, tremors and feeding difficulties (American Pregnancy Association, 2011). Long-term risks in such children include cognitive, behavioural challenges and even disability (American Pregnancy Association, 2011).

A study conducted by Lester (2006) with mothers who used MA and alcohol during pregnancy found that babies born to MA-using mothers had structural differences in their brains compared to babies of alcohol-using mothers. The study found that the part of the brain responsible for learning and memory was significantly smaller compared to the brains of babies of alcohol-using mothers. In addition, the part of the brain responsible for reasoning and problem-solving in MA babies was larger than that of babies born to alcohol-using mothers. It is inevitable therefore that such children will have challenges in terms of their cognitive development. Furthermore MA decreases the blood flow to the placenta, limiting nutrients which reach the baby in the womb, resulting in low birth weights and other prenatal complications (Lester, 2006) which could lead to possible defects in terms of their physical development.

Locally, Häefele (2011) conducted a study with MA-using mothers, teachers of children of MA-using mothers, a grandmother whose daughter was using MA and a dentist who provided services to MA users in the community of Mitchell's Plain on the Cape Flats. The study reported how these mothers struggle to break their addictive habits, and confirmed that households where MA is used by parents are characterised by instability generally associated with domestic violence, poverty, child neglect and unemployment. It is indeed sad that while parents are aware of

the adverse effects their substance use has on their unborn children and offspring, they are unwilling and most often unable to stop their substance habits.

Several studies on MA (Brecht, O'Brien, Mayrhausen & Anglin, 2004; Haight et al., 2007; Gonzales, Mooney & Rawson, 2010) have pointed out the numerous adverse effects on childhood wellbeing when one or both parents abuse this substance. Similarly there is extensive evidence that MA use is linked to domestic violence, criminal behaviour, child neglect and low self-esteem in offspring, not to mention the increased risk behaviour in such children during adolescence and the cycle of substance abuse that results (Haight et al., 2007; Gonzales et al., 2010). Parents often experience guilt about their substance use and the impact on their children and thus will seek outside help (Cleaver et al., 2007; Forrester & Harwin, 2011; Holland, Forrester, Williams & Copello, 2013).

5.3.4 Effects of methamphetamine abuse on the user (micro level)

MA interferes with neurotransmission (the flow of naturally produced chemicals by the nerve cells, which is responsible for transmitting messages to the brain) (Rusyniak, 2013). Dopamine is the main neurotransmitter that is directly attacked by MA use. The release of dopamine results in positive emotions such as contentment, feeling happy and accepted. MA use interferes with the production of dopamine in the body resulting in depression, anxiety, delusions and hallucinations (Malega, Raleigh, Stout, Lacan, Huang & Phelps, 1997). The use of MA causes a decrease in appetite and results in weight loss, talkativeness, increased energy and a false sense of wellbeing. It has a lasting effect on the brain and central nervous system. Also, MA is more potent and addictive than marijuana, mandrax or alcohol, because higher levels of MA enter the users' brain than in the case of these substances (Prakash, Tangalakis, Antonipillai, Stojanovska, Nurgali, & Apostolopoulos, 2017).

Several side effects are associated with MA use, namely cardiac arrest, anxiety, insomnia, paranoia, delusions and hallucinations (Prakash et al., 2017). It is not uncommon for users to experience an overdose of MA which may result in amphetamine psychosis. During such a psychotic episode, the user often experiences a sensation of bugs crawling under the skin (Eslami-Shahrbabaki,

Fekrat & Mazhari, 2015). Therefore MA is considered as one of the most dangerous substances in the ATS group. Side effects of the ATS group are various health problems such as depression and sleep deprivation, over-stimulation, panic attacks, violent behaviour and increased physical strength. Users experience an increase in their blood pressure and heart rate and additional side effects are teeth-grinding and jaw-clenching (MRC, 2009). The use of MA has also been associated with increased sexual risk behaviour, which increases the risk of sexually transmitted diseases such as HIV (Plüddemann & Parry, 2012).

Numerous studies confirm the devastating and damaging effects of MA use on the human brain (SACENDU, 2014; UNODC, 2014; Prakash et al., 2017). These studies have confirmed that brain functioning is affected by changes in the brain structure and brain chemistry brought about by MA use. Effects on behaviour have been previously stated and are indicative of the harmful effects on the brain.

Prolonged MA use may result in tolerance which in turn leads to increased usage and dosage – resulting in dependence and addiction. MA use more than any other substances result in permanent damage on the user's brain (Rawson et al., 2002; Prakash et al., 2017). Depression and associated cognitive impairment often occur when users discontinue the use of MA. These conditions can continue from two days to several months because MA use affects the central nervous system, brain and spinal cord which heal through long-term treatment (Simon, Domier, Carnell, Brethen, Rawson & Ling, 2000).

There is no doubt that when people initially use illicit substances, they do not imagine that they could become addicted or that they would not be able to control the use of such substances. That is why the myth of MA as a "functional" substance (meaning it can be used daily use and for years without negative effects on the user's mental and cognitive wellbeing) continues regardless of the overwhelming evidence and obvious negative consequences of its use.

The reasons adults in particular start using MA range from recreation and weight loss, to countering feelings of depression or enhancing job performance because MA enhances energy levels (Plüddemann et al., 2008; SACENDU, 2008; NIDA, 2010). A study by Brecht, O'Brien, Von Mayrhausen and Anglin (2004) also reports

an increase in the use of MA among gay men for increased sexual performance. The increase in sexual behaviour and libido has particular concerns for health risk behaviour such as sexual promiscuity and multiple sex partners. This is confirmed in a study by Brecht et al (2004) who found that MA use is closely associated with increased prevalence of health risk such as HIV risk behaviour and mental and other neurological disorders. In marital or cohabiting relationships, partners often experience guilt about the negative effects that their substance use has on the family and on their relationship with an intimate partner. They may then seek professional help. Sadly, however, this only happens several years after they have been living with the situation.

In addition, numerous vulnerabilities are associated with MA use such as polysubstance use. For example, a person may use MA and experience sleeplessness, increased energy levels and anxiety. The person may then choose to use cannabis together with mandrax or unga (a heroin-based substance) to reduce the anxiety and create a calming effect which may result in a deep sleep (McNeece & DeNito, 1998; Plüddemann, 2010; Wang, Min, Krebs, Evans, Huang, Liu, Hser & Nosyk, 2017). As a consequence of MA's many side effects, it is rare that someone with a substance problem will only use one substance.

MA users commonly believe that they can control their substance habit and can stop at any time; they are frequently in denial that they are daily users, preferring to consider themselves as recreational users. MA users often believe that they do not need or want intervention (Maxwell, 2014; Wang et al., 2017).
Substance abuse intervention in South Africa is generic in nature, meaning that one organisation would provide services for a variety of clients. Thus, services are not specific to one primary substance of abuse but include most illicit substances (SACENDU, 2014; SANCA, 2017).

5.4 NATURE AND SCOPE OF SOCIAL WORK SERVICES IN THE FIELD OF SUBSTANCE ABUSE

Since its development as a profession, social work has been associated with poverty alleviation and substance abuse intervention – at micro level initially, and later as the profession grew, at meso and macro levels in terms of the context of

the EST approach (Bezuidenhout, 2008; Kirst-Ashman & Hull, 2012, Hepworth et al., 2013). The focus of social work is still on meeting people's human needs and building people's capacity (Kirst-Ashman, 2013). This is evident in the global definition for social work:

> Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing (IASSW, 2014; IFSW, 2014).

It is thus appropriate that the mission of social work is to enhance human wellbeing by helping to meet the basic needs and rights of people, especially those who are marginalised, oppressed, living in poverty, vulnerable and who are socially excluded (Hepworth et al., 2013). In South Africa, social work is guided by the White Paper for Social Welfare (1997), the ISDM (SA, 2006) and the FSWS (SA, 2013). Social work gets its mandate from the public and private sector to provide services in a variety of social welfare settings. Specific to this study is the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008 which guides substance abuse services.

5.4.1 Purpose of social work

Linked to the global definition, the purpose of social work is to help clients (also referred to as client system[s] which means the service user[s] in the context of their environment) to move towards accomplishing specific goals and objectives (Hepworth et al., 2013). How the goals and objectives of clients are met is unique to the client's needs and to the mandate of the organisation employing social workers. According to the American Council on Social Work Education (2002), social work has six purposes. These are to:

- Enhance human wellbeing and alleviate poverty, oppression and social justice;

- Enhance the social functioning of client systems on micro, meso and macro levels through mutual participation in achieving goals, developing resources and the prevention and alleviation of poverty and distress;

- Plan, formulate and implement social policies, services, resources and programmes required to empower people and to meet their basic human needs;

- Formulate and implement social policies, services and programmes aimed at meeting basic human needs and capacity-building;

- Pursue policies, services and resources through advocacy and social or political actions that promote social and economic justice;

- Develop and test professional knowledge and skills associated with its core purposes.

The purpose of social work is twofold. First, it guides the achievements of clients' goals and objectives. Second, it structures and guides social work practice. For adult MA users, their wellbeing and social functioning is addressed through planned interventions based on the specific welfare policies and legislation that were discussed in Chapter 3, that give direction to the substance abuse services provided by NPOs. It stands to reason that social workers should therefore engage in continuous development in the area of substance abuse to expand their knowledge and skills to best meet clients' needs – thus fulfilling the purpose of the profession. The purpose of social work is derived from the profession's value system, which is similar to societal values (Hepworth et al., 2013).

5.4.2 Value base of social work

In the pursuance of its purpose, social work like other professions has a specific value base (meaning strong views and beliefs about the world, people and life) (IFSW, 2014). The values of social work are closely associated with human rights, empowerment and self-determination. In keeping with these social work values, positive regard for individual worth and dignity is paramount. First, this means that all people should be treated equally regardless of race, ethnicity, religion, sexual orientation and age. Second, respect for the client's right to self-determination involves the client's right to make their own decisions about the problem and their life.

The third value is to assist clients to receive the needed resources. This involves helping clients meet their needs by linking them to appropriate resources to this end. The fourth value is to make social institutions more humane and responsive to meet human needs. In this sense the social worker may need to advocate on behalf of clients regarding institutional and governmental policies that may prevent or impact on clients' needs not being met (IASSW, 2014; IFSW, 2014). The final value is respect and acceptance of diversity (NASW, 1996; Global Agenda on Social Work and Social Development, 2012). Similar to the first, this fifth value involves the acceptance of and respect for client systems regardless of class, race, ethnicity, religion, sexual orientation and age. As such, the combination of social work's purpose and values makes it unique to the profession.

A social worker whose views and beliefs about the world, people and life are guided by the ecological perspective will know that, when providing services to an MA user, such a client may experience stress, and a lack of belonging and that their person: environment fit is in a state of disequilibrium. Therefore, a non-judgmental attitude and acceptance of clients as they are will prove an invaluable approach for the social worker dealing with adult MA users. Respecting the worth and dignity of a client can win the client's trust – which is important in the client–worker relationship in order for the client to maintain sobriety.

5.4.3 The role of the social worker

Social workers facilitate multiple professional roles during the intervention process with client systems whether on a micro, meso or macro level (Kirst-Ashman, 2013). As a case manager, a social worker will coordinate services on behalf of the client system while, as a facilitator, the social worker guides meso systems' (see Chapter 3) and facilitates interaction (Kirst-Ashman, 2013). The work of the social worker as an enabler is to assist or promote empowerment of the client systems by means of creating and enhancing opportunities in the clients' environment (Parsons, cited in Patel, 2005). In the role of a broker, the social worker would link client systems to needed resources (Kirst-Ashman, 2013) and as a conferee, the social worker participates in problem-solving with client systems, sharing ideas and making decisions for action (Parsons, in Patel, 2005).

As mobilisers for action, social workers identify and convene macro systems and resources to identify needs and effect changes that empower the client system, while as mediators; they resolve arguments or disagreements among micro, meso and macro systems. Additionally, as counsellor, the social worker provides guidance to clients and assists them in a process of planned change or problem-solving (Kirst-Ashman, 2013). Finally as social protectors, social workers strive to protect the human rights of marginalised groups (i.e. children, aged, poor and needy) (Parsons, in Patel, 2005).

As much as the purpose, value base and the role of the social worker is important to the helping process, the type of programme that social workers and clients engage in during this process is of vital importance in attaining the client's goals in service provision. The next section discusses some of the most commonly used substance abuse programmes in order to learn what constitutes an effective programme for substance abuse.

5.5 SELECTED PROGRAMMES IN THE FIELD OF SUBSTANCE ABUSE

Literature indicates that there are several programmes that can guide substance abuse services, and that one organisation can provide social work services for users of a variety of substances. Services are not specifically aimed at one primary substance of abuse but include most illicit substances. Some of the commonly used programmes are in-patient and out-patient treatment programmes or a combination of the two.

Generally, substance abuse services (whether in-patient, out-patient or a combination) range from 8–18 months, followed by aftercare services (Gordon, 2003; SANCA, 2017). For the purpose of this study, the selection of three programmes was based on those that are in alignment with the EST approach, the ISDM (SA, 2006) and the FSWS (SA, 2013) that guides social welfare services.

5.5.1 The 12-step model

The 12-step model is the most widely known model for programmes of substance abuse intervention in South Africa. It is growing in popularity owing to the

overwhelming evidence of its effectiveness globally and locally Alcoholic Anonymous Online, 2015). Originating in 1933 in the US and based on spiritual principles, the 12-step model offers programmes such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Methamphetamine Anonymous (MAA) to address substance abuse. This model acknowledges belief in a higher power as key in recovery from substance abuse, when addicts admit that they have no control over their addiction (Alcoholics Anonymous Online, 2015; Narcotics Anonymous, Online, 2016).

In the early years, the model was characterised by members getting together to pray, believing that prayer would make retribution for their addictive habits and restore their emotional and spiritual state; there are still AA groups who subscribe to the original method of prayer. However, there are also groups who are not religious and who believe that they have the inherent power to heal themselves if they follow the 12 basic steps (Alcoholic Anonymous Online, 2015).

The 12-step model is aimed at helping substance users to build ways to establish a new experience of life without illicit substances. Programmes within the 12-step model involve people of different ages in different stages of recovery, who gather in groups in the community where they live, ether in community halls or religious buildings. Members of the group who have maintained sobriety are assigned as mentors to those in the early stages of recovery. The model is based on self-change and therefore it would be difficult for someone who is in denial of their addiction to make progress, because one of the main principles is that the addicts must admit their addiction. Listening to the experiences of others in the group helps the individual to identify with others and to know that they are not alone in this challenge. In this way, 12-step programmes provide support, encouragement from and for individuals who want to maintain sobriety, and a network of friends and methods to restore and build confidence in their quest for sobriety. The 12-step model helps members to deal with cravings, and with unsupportive family or friends. It also provides help in maintaining sobriety and in how to handle encounters with those who are still addicted, as well as giving guidance to regain and restore one's reputation as a productive member of society (Addiction Recovery Online, 2016).

Chrystal Meth Anonymous, for example, uses the 12-step model which entails a process of introspection and adopting a positive attitude towards recovery and sobriety. It requires the user to admit that they are powerless over the drug and that their lives had become unmanageable. The model is built on the belief that a power greater than themselves can restore their emotional and spiritual sanity. In addition, members should be willing to turn their will and lives over to the care of a God of their understanding. Members are required to make a "searching and fearless moral inventory" of their lives admitting to God, themselves and another human being the exact nature of the wrongs they committed as a result of their addictive behaviour. Further, they should be completely prepared to have God remove the defects from their character and thus seek of God to remove their weaknesses (Addiction Recovery Online, 2016).

Additionally, persons in such programmes are required to make a list of all persons they have harmed and be willing to make amends to such persons wherever possible, except when to do so would injure such persons or others. Also they must continuously take personal inventory and when wrong, admit it. Members should through prayer and meditation consciously communicate with God as they understand it to be. This prayer entails praying for the knowledge of God's will for their lives, and for the power to carry out that will. Through this spiritual awakening, members relay this message to other crystal meth addicts, and so practise the principles of the 12-step programme in all areas of their lives (Miller, 2008; Addiction Recovery Online, 2016).

While the 12-step model is a well-recognised model in substance abuse treatment, it is not a universal solution. However, it does have a proven track record spanning over 80 years as being effective in helping addicts on their road to recovery. Programmes in this model are provided using mainly group work at the meso level and case work at the micro level in terms of the EST (Miller, 2008). Most likely the reason for the success of this model is the scientific and evidence-based research of the benefits and workings of the model. It stands to reason that any programme addressing substance abuse addiction should be rooted in research if practitioners and users are to buy into such a programme.

5.5.2 The Matrix model

The Matrix Model Intensive Out-patient Alcohol and Drug Treatment Model emerged in the late 1980s as an intervention model to address cocaine treatment services at the time. Developed by the Matrix Institute on Addictions in the US, the goal of the model is to assist the client to become drug-free, remain in a treatment programme for 12 months, and learn about addiction and relapse. The 12-month programme is guided and supported by a trained therapist, who could be a social worker. In addition to the training of therapists in the Matrix model, organisations offering the programme must be registered with the Matrix Institute in the US (Matrix, 2008).

Educational sessions for family members of adult MA users who are affected by the addiction, are part of the 12-month programme. The model includes self-help programmes for the substance user, who is monitored weekly and sporadically drug-tested. The programme also requires the user to attend weekly support group meetings for six months after completing the programme, as well as drug addiction educational group sessions for family and friends of the substance user (Obert, McCann, Marinelli-Casey, Weiner, Minsky, Brethen & Rawson, 2011).

The Matrix model is based on empirical knowledge arising from substance abuse research (Rawson, Obert, McCann, Smith & Ling, 2005). In a statement by the executive Mayor of the City of Cape Town, Mrs Particia De Lille, the Matrix programme has proven to be effective in Cape Metropole (Western Cape Government, 2016). According to De Lille, 8 122 people have successfully completed the programme since it started in 2011. Some of the potential challenges with this model in the South African context could be locating funding and human resources. For example it cost the City R3000 000 to set up one Matrix programme in a township community (Western Cape Government, 2016). This is an indication of the high cost of substance abuse services in respect of infrastructure alone. There is not much research in terms of the use and effectiveness of this model in the South African context.

5.5.3 Motivational interviewing model

Another model that is commonly used in substance abuse intervention is that of motivational interviewing (MI). MI and motivational enhancement therapy (MET) are client-centred approaches that aim for change in the problem situation. The two methods focus on resolving clients' ambivalence (Wagner & Ingersroll, 2012; Miller & Rollnick, 2013). MET interventions are based on clients' motivation to work towards achieving goals. MI and MET do not represent any particular theoretical perspective and are useful to contextualise in terms of EST.

MI and MET strategies are used by therapists (including social workers) over four individual sessions, but can be used beyond four sessions depending on the client's level of motivation, and more so in the case of MET. Intervention is time-limited because it is goal-directed, the goal being that the client reaches a level of motivation to the extent that they take responsibility for their own recovery.

Additionally, the trans-theoretical stage of change model, which is often used as part of MI, recognises and addresses reluctance to change. It does not view clients as resistant, in denial or uncooperative. Instead, motivation is a state of readiness to change and people follow a predictable course when they are motivated to change. In this model there are six stages of change which are pre-contemplation, contemplation, preparation, action, maintenance and relapse (Wagner & Ingersroll, 2012). MI focuses on the first three stages (pre-contemplation, contemplation and preparation), while MET focus on the fourth (maintenance) and fifth (relapse) stage of change. Collaboration, not confrontation, is important in both models. MI does not support the use of labels such as "drug addict" or "alcoholic" but instead looks at equal, collaborative relationships between the client and the social worker (Miller & Rollnick, 2013). MI and MET contradict the 12-step model in proposing that people should not be labelled as addicts who are powerless over their addiction. Therefore establishing self-efficacy and self-determination is important, to develop the client's confidence to change.

Principles of MI are that the motivation for change is elicited from the client and not from outside forces. A client's motivation for change may be stifled by ambivalence. Furthermore, the client must take responsibility to resolve ambivalence. Motivation

to change is a result of interpersonal interaction between the client and the therapist/social worker. The therapist/social worker's feedback to the client is useful for assessing and gaging the client's ambivalence to intervention services (Wagner & Ingersroll, 2012).

MI interventions are characterised by the therapist/social worker expressing empathy, acceptance, facilitate honest dialogue and developing an awareness of discrepancies between how things are and how they should be (from the client's perspective). Finally, in MI, the therapist/social worker supports self-efficacy so that the client believes in their own potential to change (Corcoran, 2015).

These models are designed specifically for micro and meso level intervention (Rawson et al., 2002; Obert et al., 2011; Miler & Rollnick, 2013; Wagner et al., 2013), which indicates a gap in terms of macro intervention and therefore in early intervention and prevention. This could also be attributed to the high prevalence of and growing need for effective substance abuse services. What is also evident is that there is no singular practice model that can be applied in all contexts. Therefore the intervention model that social workers select is unique to the setting and client context.

5.6 SUMMARY

It is evident that there are various perspectives on substance abuse treatment. The perspective selected for this study is the social welfare perspective because it describes the phenomenon in terms of the negative impacts on the user's overall wellbeing. Linked to the study's objectives, this perspective is suited to describing the nature and scope of substance abuse. It is also evident that substance abuse has implications for the health, judicial and welfare systems of any country. There is no doubt that the magnitude of the use and abuse of MA has reached pandemic proportions in South Africa. The prevalence of MA use in the Western Cape is particularly alarming. A country like South Africa with its economic and social challenges can ill afford the health, judicial and welfare implications associated with addressing such social ills.

This chapter provided an overview of the nature, scope and utilisation of social work services aimed at adult MA users. The next chapter presents and discusses the findings relating to service providers.

CHAPTER 6

EXPERIENCES OF SERVICE PROVIDERS OFFERING SOCIAL WORK SERVICES TO ADULT METHAMPHETAMINE USERS

6.1 INTRODUCTION

This chapter presents the study's findings emanating from interviews with the social work participants who are service providers from the 10 participating NPOs introduced in Chapter 2. The findings relating to the interviews with the service users will be presented in Chapter 7.

The structure of this chapter is as follows: first, a demographic profile of the participant NPOs is presented in table form, followed by a discussion of the table. Next, a biographical profile of the service providers is similarly provided in the next table, followed by a discussion. Thereafter, the four main themes that emerged from interviews with the service providers are tabled and discussed, and the themes, sub-themes, categories and narratives of the participants are compared to and contrasted with relevant findings from the literature. The chapter is concluded by way of a summary.

6.2 DEMOGRAPHIC PROFILE OF NON-PROFIT ORGANISATIONS

Chapter 2 provided a description of the 10 NPOs participating in this study in order to explain the case context. With reference to the discussion in Chapter 2 section 2.5.1, the demographic profile of the NPOs from which the participants were drawn, is presented in Table 6.1.

TABLE 6.1: Demographic profile of non-profit organisations

NPO	Type	Programme	Service Fee	Government subsidy
NPO1	Faith-based	In-patient	Yes	Yes
NPO2	Community	Out-patient	No	Yes
NPO3	Community	Out-patient	No	Yes
NPO4	Community	In-patient	Yes	No
NPO5	Community	Out-patient	Yes	Yes
NPO6	Community	Out-patient	Yes	Yes
NPO7	Community	Out-patient	Yes	Yes
NPO8	Community	In-patient	No	No
NPO9	Faith-based	Out-patient	Yes	Yes
NPO10	Faith-based	Out-patient	No	No

In Table 6.1 it is apparent that three of the NPOs are faith-based organisations while seven are community-based. Three of the organisations provide in-patient services while seven provide out-patient services. Not shown in the table is the fact that nine of the NPOs specialise in substance abuse services, while one NPO is principally a shelter for the homeless. In addition to providing shelter, the NPO offers substance abuse services because of the prevalence of substance abuse among homeless people. All seven out-patient NPOs have a paid service structure, depending on what the service user can afford. The service fee at the three in-patient organisations is between R6 000 and R13 000 for a six-month programme. Seven of the NPOs are subsidised by the DSD while three are not.

Clearly, there are different options in terms of in-patient and out-patient services available for MA users. Also significant is the fact that some of these services are free of charge and therefore accessible to persons from low-income backgrounds. It can be concluded that substance abuse services provided by some of these NPOs have a focus on religion and/or spirituality, since they are all either community-based or faith-based. Authors such as Crisp (2017) and Nedelec, Richardson and Silver

(2017) assert that religion and spirituality has a place in the social work discourse, and particularly in the field of substance abuse. These views are in line with 12 – step programmes.

6.3 PROFILE OF SERVICE PROVIDERS

Table 6.2 presents the profile of the service providers according to their gender, age, race, qualifications and their experience first as a social worker and second as a service provider in the field of substance abuse. The names of the service providers are not used in order to protect their anonymity. Instead, alphanumerical codes are used; for example, SPP01 indicates "service provider participant no.1". Table 6.2 is chronologically presented according to the interviews first conducted. This means that SPP01 was the first participant interviewed and SPP10 was the last to be interviewed.

The following acronyms indicated by the star symbol (*) have reference to the qualifications of the social workers who participated in this study and which are presented in the Table 6.2 below:

*BSW: Bachelor of Social Work;

*PGDip: Postgraduate Diploma in Addiction;

*MFLaw: Masters in Family Law

TABLE 6.2: Profile of service providers

Participant	Gender	Age	Race	Qualification	Employed as a social worker	Employed in the field of substance abuse
SPP01	Male	26	Coloured	*BSW & *PGDip	03 Years	02 years
SPP02	Female	38	Black	BSW	08 months	08 months
SPP03	Female	28	Coloured	BSW & *MFLaw	06 years	05 months
SPP04	Female	38	Coloured	BSW	10 years	10 years
SPP05	Female	30	White	BSW	10 years	03 years
SPP06	Female	48	Coloured	BSW	20 years	12 years
SPP07	Male	44	White	BSW & PGDip	10 years	01 year
SPP08	Female	25	Black	BSW	02 year	01 year
SPP09	Female	42	Coloured	BSW & PGDip	16 years	12 years
SPP10	Female	23	Coloured	BSW	02 years	02 years

In terms of Table 6.2, eight females outnumbered the two male participants in this study. This finding is representative of caring professions where there are more female than male service providers (Dahle, 12; Galley & Parrish, 2014). The ages of the sample ranged from 23 to 48 years old. Of the 10 participants four were in their twenties, three in their thirties and three were in their forties, so the spread within the range was fairly even. The race profile of service providers is indicative of the population profile of the Western Cape Province. Of the 10 participants, two are Black, two are White and six are Coloured. All participants have a BSW degree, while three participants have an additional postgraduate diploma in substance abuse and one has a Masters in Family Law. Four of participants therefore pursued further qualifications, three of whom have postgraduate qualifications in the field of substance abuse services. The experience of service providers is presented in Figure 6.1 below.

FIGURE 6.1: Participants' years in social work practice

Four of the 10 participants had less than five years of experience as a social worker at the time of the interviews, while four had between 5 and 10 years of experience as practitioners. From the sample, two participants had more than 10 years' experience in social work practice. The collective experience of all participants as social work practitioners was approximately 79 years. The experiences shared in this study are therefore comprehensive and diverse. Service providers' experience in the field of substance abuse is presented in Figure 6.2 below.

FIGURE 6.2: Service providers' years in substance abuse services

Of the 10 participants, seven had less than five years of experience in working with adult MA users, while one had 10 years and two participants had 12 years of experience in working with adult MA users. The collective experience of participants in providing substance abuse services to adult MA users was 44 years, indicating extensive knowledge in the field of substance abuse.

6.4 THE EXPERIENCES OF SOCIAL WORKERS PROVIDING SOCIAL WORK SERVICES TO ADULT MA USERS

Four main themes emerged from the data analysis of the findings related to service provider participants. Several sub-themes and associated categories were also identified.

TABLE 6.3: Service provider themes, sub-themes and categories

THEMES	SUB-THEMES	CATEGORIES
1. Service user profile	1.1 Low socio-economic circumstances	(a) Poverty & unemployment (b) Disadvantaged communities
	1.2 Biographical profile of service users	(a) Race of service users (b) Gender of service users (c) Generational addiction
2. Nature and scope of social work services provided by NPOs to adult MA users	2.1 Intervention approaches	(a) Integrated or eclectic approach (b) Selective approach
	2.2 Levels of intervention: ISDM & FSWS	(a) Prevention (b) Early intervention (c) Intervention (d) Reintegration/aftercare
	2.3 Intervention methods	(a) Case work facilitated by service providers (b) Group work facilitated by service providers (c) Group work facilitated by ex-addicts (d) Group work facilitated by laypersons (e) Community work services
3. Utilisation of social work services provided by NPOs to adult MA users	3.1 Service users' responsiveness 3.2 Success rate	(a) Motivation and commitment
4. Service providers' suggestions to improve social work services provided by NPOs to adult MA users	4.1 Interagency cooperation	(a) Collaboration and networking

Table 6.3 provides a summary of the themes, sub-themes and categories emerging from the findings related to service providers from the 10 NPOs who participated in this study. The discussion of the themes, sub-themes and categories is structured as follows: first an explanation of the theme, substantiated by literature, will be presented, followed by an explanation of the sub-theme, substantiated by literature. This will be followed by the categories which are substantiated by excerpts from service provider participants' narratives and confirmed, compared to and/or contrasted with conclusions from the relevant literature.

The theoretical framework (Chapter 2) and the literature reviewed (Chapter 3 and Chapter 4) formed the basis for the data analysis and interpretation of the findings. Table 6.3 presents the themes, sub-themes and associated categories relating to service provider participants.

6.4.1 THEME 1: Service user profile

Participants' descriptions of the profile of service users are in line with international trends because substance abuse is a global phenomenon that affects men and women of all races, ages and socio-economic backgrounds (Bijttebier et al., 2006:126). Service providers at the respective NPOs indicated that most service users come from low socio-economic backgrounds and that most clients live in poverty and are unemployed. The following excerpt from one of the participants reflects this view:

> *We have different people here* [shelter for homeless people]*. People that came out* [of] *divorces, people that lost everything, their business, their houses, everything and then … in poverty and they land on the streets and then they come here.*

Included in this profile are the effects of unemployment on the service users' already dire situation:

> *A lot of unemployment and because of that I think substance abuse is the next best thing to escape the social issues. So a very, very serious problem.*

It is evident that the problem of substance abuse is further exacerbated when people live in poverty and lack resources to escape their low socio-economic circumstances (Smyth & Kost, 1998:67–83). This is particularly the case in South Africa (NDMP, 2013–2017:2) and confirmed by service providers in this study. The adverse socio-economic effects of substance abuse, MA in particular, were discussed in Chapter 5 and will be elaborated on when participants' experiences are discussed in subsequent sub-themes and categories.

The first sub-theme in terms of service user profile is low socio-economic status.

6.4.1.1 Sub-theme 1.1: Low socio-economic status

Participants mentioned that most service users are low-income earners and most live in poverty:

> *our target market is mostly people that are unemployed or if they do work, they don't earn that much.*

This situation is confirmed by De Jager (in Engelbrecht, 2014:98) who found that in South Africa, people who seek assistance from social welfare organisations live in impoverished communities and are faced with diverse social and economic oppression.

Education and income determine people's socio-economic status (Lynch & Kaplan, 2000:20). Consequently employment and income directly affects living conditions that are linked to a person's wellbeing. Poverty and unemployment are structural factors that are exacerbated when there is substance abuse added to these variables (Morojele, Parry & Brooks, 2009: 2). This situation makes it more difficult to address issues such as adult MA use in communities, as will be explored later in this chapter and in Chapter 7 when service users' experiences are discussed.

From service providers' statements, it can be deduced that MA use worsens the low socio-economic status of users; people who are MA users struggle to maintain employment (Venter, 2004:272–275). It can therefore be concluded that adult MA users are trapped in a cycle of poverty which potentially triggers stress. This can lead to the urge to drop out of a social services programme, which can result in relapse; inevitably, the cycle of poverty and unemployment persists.

6.4.1.1.1 Category: Poverty and unemployment

The first category under this sub-theme is poverty and unemployment. Eight participants said that service users live in poverty. One said:

> *And I think really the root is poverty because you'd find that most people that are well off, you know, like I said, the three per cent of the rich that go to these organisations, it was only three out of a one hundred. So if we could find ways to try to get the ninety-seven per cent to be able to get the resources of the three per cent, then maybe the stats would change. But also in this South Africa of ours, you know*

with the economy, it's really sad you know because it's like nothing is being done, not much can be done.

Participants' sentiments coincide with literature that South Africa continues to have high levels of poverty, especially among Black and Coloured people (Webster, 2010) who make up the majority of services users in this study. The added variable of MA use makes it even more difficult for adult MA users to find employment as employers are generally not keen to employ ex-addicts. Clearly, someone who is still in a recovery process will struggle even more to find employment. This finding correlates with a study on substance abuse in the workplace conducted by Mogorosi (2014:496–512) who cited poor work performance, inattentiveness, absence, health and workplace safety as some of the reasons why substance abusers eventually lose their jobs. Thus the cycle of poverty continues to plague the lives of adult MA users and they are at a constant disadvantage.

6.4.1.1.2 Category: Disadvantaged communities

Participants confirmed that most of the service users come from disadvantaged communities, and are faced with the many social ills that are characteristic of such communities. The following statements in relation to the profile of service users are offered by two service providers:

> *You know the vision of the organisation is to provide a safe space for young people in areas where young people … you know are disadvantaged because of gangsterism, crime, violence and substance abuse.*

> *Because the centre is in the middle of the Cape Flats, we would go out within the Cape Flats and teach people, you know give them documents on the consequences of using drugs. This one time we went to the Sassa* [South African Social Security Agency] *pay point and we were talking to people there about the effects of drugs.*

As was mentioned in the previous chapter, nine of the NPOs in this study are situated in the Cape Flats: a low socio-economic residential area that was established under apartheid during the forced removals of Black and Coloured people from the inner city areas in Cape Town (South African History Online, 2017). These communities still suffer from the remnants of apartheid, characterised by unemployment, poverty, gangsterism and substance abuse, owing to a lack of

resources such as job opportunities (Jooste, 2012; Bouwers, 2014; Akintola, Gwelo, Labonté, Appadu, 2016). Cleaver et al (2007) and Bouwers (2014) confirm that in such communities, substance abuse is associated with crime and violence. The increased use of MA (and other illicit substances) is linked to high levels of poverty, gangsterism and family dysfunction (Simbayi et al., 2006). These social ills are common in disadvantaged communities on the Cape Flats (Caelers, 2005), as confirmed by the experiences of participants in this study.

6.4.1.2 Sub-theme 1.2: Biographical profile of service users

Service provider participants commented that they render services to a mix of service users of different races, gender and ages**.** This confirms the views of Bijttebier et al. (2006:126–130) and SACENDU (2016:2) that substance abuse affects people of diverse backgrounds regardless of race, gender and age. In the Western Cape the Coloured population has the highest percentage of MA users and those seeking rehabilitation services (SACENDU, 2016:2). Participants confirmed that while people of all races made use of the services, the Coloured population constituted the majority of clients seeking social work services.

6.4.1.2.1 Category: Racial profile of service users

All participants reported that the NPOs have a diverse client base in terms of race:

> *So we have all races that attend. I think we predominantly have a Coloured attendance, but not only. We have black Africans, we have whites, we have probably had Asian, but I don't think the Asian demographic is very big in this part.*

Participants' accounts of the racial profile are supported by literature (Bijttebier et al., 2006:126) that people of all races abuse substances. More specific to South Africa, SACENDU (2016:1) reports that of the service users in treatment for MA addiction in 2017, 32% were from the Western Cape – of which 92% were Coloured, 7% White, 0.5% Indian/Asian and 0.5% Black Africans. The findings therefore concur with established literature and previous research (Myers, Pasche & Adam, 2010; Harker, Burnhams, Myers, Fakier, Parry & Carelse, 2011) that people of all races seek treatment for substance abuse and that in the Cape Metropole, MA abuse is most prevalent among the Coloured population.

6.4.1.2.2 Category: Gender profile of service users

Nine participants reported a mix of males and females in the client base at the respective NPOs but some views were mixed regarding which was in the majority. The following excerpts have reference:

> *It's difficult to also distinguish which gender* [makes up the larger percentage of the client base]*; I would be interested to see those stats, because we have quite a good mix of male and female, so I'm not sure.*

> *Most clients are male, even though females are also coming.*

> *And funny enough the people that will reach out for intervention are usually the female clients … Funny enough, we have more female clients, you know, that will seek some kind of treatment.*

According to UNODC (2016:1), men are three times more likely to abuse MA than women. The findings of this study therefore are in contrast to most of the literature reviewed, in that there was an equal representation of male and female clients in the programmes offered by the 10 NPOs in this study. This result could be owing to the small sample that was used in this study as only 10 NPOs were selected of approximately 20 NPOs in the Cape Metropole that offer substance abuse services. The sample of NPOs was limited to the Cape Flats. Harker et al (2008) also found that between 2000-2007 more Coloured males in the Western Cape accessed substance abuse treatment facilities than their female counterparts..   It can therefore be assumed that more males use MA, more than their counterparts, although, more females seek social work services compared to their male counterparts. Hence participants' account that there is an equal representation of males and females who seek social work services. Thus the high prevalence of male MA use is not reflected in the number of males seeking social work services.

6.4.1.2.3 Category: Generational addicts

Participants reported that it was common for parents and their offspring (youth and adults) to both be service users at the NPO:

> *I found out grandmother does meth, son does meth and child does meth. So it's a cultural thing. It's like alcohol in certain communities, it's a cultural thing.*

This finding correlates with research conducted by Stevens (2010) and Herbert (2015) that children of substance-abusing adults will often abuse substances themselves. The participant's observation above regarding the cultural nature of drug habits suggests that MA use has become a norm in some communities where the cycle of substance abuse continues from one generation to the next.

6.4.2 THEME 2: The nature and scope of social work services provided by non-profit organisations to adult methamphetamine users

Theme 2 emerged in relation to the discussion about the nature and scope of social work services provided by NPOs to adult MA users. Three sub-themes emerged from this main theme, namely approaches and methods of social work services; levels of service delivery according to the ISDM (2006) and the FSWS (2013); and finally, levels of intervention.

6.4.2.1   Sub-theme 2.1: Intervention approaches

When discussing their own approaches and methods as service providers, participants in this study spoke of two approaches that were most often used in their respective NPOs: an eclectic approach and a selective approach.

As discussed in Chapter 5, different intervention approaches and methods can be used for substance abuse services. One organisation may, for instance, use two or more intervention approaches for a variety of substances used by adults. Payne (2014:39) distinguishes between eclecticism and selectivity as being the two main theoretical approaches to intervention (also discussed in Chapter 4).

When social workers use theory selectively, they review a range of theories and then choose a group of theories that becomes the foundation from which they practise. In such instances, service providers may select a theory that is suited to the organisation, to the service user and which is evidence-based. This is common practice in fields of specialisation (Payne, 2014:39), as is the case with nine NPOs selected in this study. Eclecticism, on the other hand, is the combination of ideas

from a range of theories that the practitioner selects that suits their skills level and the organisation's scope of practice (Payne, 2014:40).

6.4.2.1.1 Category: Eclectic (integrated) approach

Eight participants reported that they use an integrated or eclectic approach for substance abuse services to adult MA users. One participant said:

> *Look here, I'd rather say that we use an integrated approach because we take from the Matrix and the social model, and the cognitive behavioural … And then there's also a very Christian programme, the American programme … So we use motivational interview you know … So ja, I think we take a little bit from every model you know and we've come up with this integrated approach. Because we work with students also, you know, some of them use the PCA* [person-centred approach]*.*

Participants' accounts of utilising this approach confirms that it involves "the application of an eclectic knowledge base, professional values, and a wide range of skills" in pursuance of meeting service users' needs (Kirst-Ashman & Hull, 2012:21). Following such an approach, service providers in this study assume a wide range of professional roles which include counsellor, educator, broker, case manager, mobiliser, mediator, facilitator and advocate as suggested by Kirst-Ashman and Hull (2012:28). As generalist practitioners, participants in this study have an eclectic knowledge base, professional values, and a wide range of skills that address adult MA use holistically, which includes all systems involved in the service user's life, notably those of family, peers, work and the community at large.

It became apparent during the interviews that most service providers were vague about the specific approaches and methods they employ. This could be as a result of the type of training (or lack thereof) that participants received, which is discussed later in this chapter. Another possible reason for the gaps in participants' knowledge of intervention approaches and methods they employ could be that not all NPOs who participated in the study have staff development programmes and training. It was also observed that two participants who were former students of the researcher may have felt intimidated during the interview because of the previous student-

teacher relationship with the researcher. More on this matter will be discussed under the sub-heading *reflexivity*.

6.4.2.1.2 Category: Selective approach

With reference to Theme 2 and emanating from the discussion on the intervention approaches employed by participants for services provided to adult MA users, most participants said that they use the Matrix model, which is a selective approach:

> *We apply the Matrix model with regards to substance abuse. And it's usually task-centred because we have to do something that is quick. … There's two social workers at every organisation, so I don't have the time I would like with every client. So it should be something that is measured easily and task-centred is what we apply in most cases.*

Two-thirds of the participants indicated that they had selected the Matrix model as a theory. NPOs offering this model must be registered with the Matrix Institute in the US to offer this programme (Matrix Institute, 2008). The Matrix model and the task-centred approach were discussed in the previous chapter. The intervention approaches assist the service user to become drug-free, remain in the intervention programme, and to learn about addiction and relapse. The Matrix programmes offered by the participants are guided and supported by trained therapists, who in the case of this study, are social workers. Educational sessions for family members affected by the addiction are part of the 12-month programme (Matrix Institute, 2008). The Matrix model is similar to self-help programmes that involve, in addition to the aforementioned, educational group sessions on substance abuse treatment for the family and friends of the substance user. This was confirmed by participant service providers in this study.

6.4.2.2 Sub-theme 2.2: Levels of intervention in terms of the integrated service delivery model (ISDM) and the framework for social welfare services (FSWS)

In relation to the provisions of the ISDM (2006) and the FSWS (2013), social worker participants reported that they provide prevention, early intervention, intervention and aftercare/reintegration services to substance users. However most participants

concentrate on intervention services, which are facilitated in the form of case work (micro level) and group work (meso level). These are discussed as categories that emerged under this sub-theme.

As will be seen from the quoted extracts from interviews with participants, the levels of intervention guide the design of social work services provided by NPOs to adult users of MA. The first category under this sub-theme and in line with the ISDM (2006) and the FSWS (2013), is prevention services.

6.4.2.2.1 Category: Prevention services

Almost all participants confirmed that their respective NPOs provide prevention services in schools in the community where the NPO is situated. According to participants, these services are not facilitated by the social workers alone, but also by auxiliary social workers, laypersons and co-facilitated by ex-addicts. They said:

> *I know that facilitators [laypersons] and the auxiliary [social] worker have gone out into schools to speak in those schools and to provide information on substance abuse and what this facility does and offers to the community.*

> *We normally go to schools and choose one of the guys [ex-addicts] that graduated here [at the NPO] and has stayed here [at the NPO in-patient programme] just to motivate [school-going children]. We also do relapse prevention at schools and in the community.*

Most participants reported that their NPO provides services on more than one level, as is evident in the responses above. Participants said that prevention services are characterised by strategies aimed at preventing the use and onset of substance abuse. Examples of such programmes mentioned by participants are school-based and community programmes. Le Noue and Riggs (2016:297–305) concur that prevention efforts should be aimed at school-going learners, as most substance users begin during adolescence.

6.4.2.2.2 Category: Early intervention services

Relating to early intervention services, the participants made the following comments:

> *I think we provide **early intervention** as well as **prevention** in treatment. So we obviously fall within … say where a client would be*

at a phase where either they need to be referred for in-patient treatment and we would be able to facilitate that or we're alternative to in-patient treatment. So I think in terms of the Act [Prevention of and Treatment for Substance Abuse Act No. 70 of 2008] *and certainly the treatment elements, we are logged in the centre point of that. We are one of the service providers, but on an out-patient basis which are providing mainstream core substance abuse services, which includes* **aftercare***.*

The purpose, criteria and conditions for early intervention services are made explicit in the ISDM (2006), the FSWS (2013) and in the Prevention of and Treatment for Substance Abuse Act No. 70 (2008), as discussed in Chapter 2. Through early intervention provided by the 10 participating NPOs to adult MA users, the purpose of the Act (No. 70 of 2008) is achieved.

6.4.2.2.3 Category: Intervention services

Emanating from the discussion about intervention services provided in terms of the ISDM (SA, 2006), the FSWS (SA, 2013) and the Act (No. 70 of 2008), a participant social worker explained:

> *So the idea is really aiming towards* **rehabilitating** *… we do our intake referrals and then we go through a whole process of* **addressing substance abuse** *issues working towards coming off drugs in rehabilitation. … We also provide an aftercare service which will really be a supportive service to enable them to stay drug-free. The aim is to be living healthier lives in the community without having to succumb to drug abuse.*

As was discussed in Chapter 4, the level of intervention described in the excerpt above may include in-patient programmes such as a rehabilitation facility. It could also include out-patient treatment where the client attends counselling sessions on a weekly or daily basis. Because this level of intervention which is treatment, is generally characterised by the users either in a stage of misuse, abuse and/or addiction (see Chapter 5 regarding stages of substance abuse), most intervention services are geared towards the client and their family due to the complex nature of substance abuse (Matrix Institute, 2008; Meyer et al., 2008).

6.4.2.2.4 Category: Reintegration / aftercare services

All the service provider participants confirmed the importance of aftercare services. The following statements are participants' descriptions of how aftercare is facilitated:

> ***Aftercare*** *takes place in **different ways**, depending on the clients. When the client is back in the labour market, **sessions** are planned according to work times for the client to still come **individually** or for **groups** or both … Some clients do not see the need for aftercare and would drop out in that time.*

> *If I feel that the client is good to go* [home] *then I would discharge them. And then from there they would get integrated to the **aftercare programme** ... When they come to the aftercare programme they would be **tested** every Tuesday to actually see that the client is clean* [tests negatively for substances]

Participants expressed concern for any client who chooses to terminate services prematurely and thus run the risk of relapse. It is clear that the goal of aftercare for the participants is to prevent relapse; this is why service users are tested for substances when they attend sessions with the service provider. However, service users often believe that they do not need aftercare services once they have completed the initial intervention programme. Stigma also plays a role in service users' reluctance to attend aftercare services (Lessa & Scanlon, 2006:275). It is important for social workers to assess high risk situations in the service user's environment and thus structure aftercare services accordingly to prevent or deter relapse (Marlatt & Gordon, 1985:46).

6.4.2.3   Sub-theme 2.3: Methods of intervention (case work, group work and community work)

In relation to methods or levels of social work services provided by NPOs to adult MA users, participants confirmed that they use three levels of intervention with clients (service users), specifically casework (micro level), group work (meso level) and community work (macro level). This finding corresponds with literature by Hepworth, Rooney, Dewberry Rooney, Strom-Gottfried and Larson (2010:81) relating to the nature and scope of social work as discussed in Chapter 5. The client

system for intervention on micro level could involve any individual, group, family or community that will ultimately benefit from social work services aimed at the adult MA user's recovery and continuing sobriety.

At the micro level, individual counselling could be provided, to assist the MA user with coping skills to be drug-free. Meso-level intervention could be a small group of adult MA users or their families, who may experience similar challenges. Macro intervention can refer to the communities in which the adult MA user lives and the strategies utilised to address the challenges of adult MA use in that community. These three levels are discussed here as categories which arise from Theme 2 and Sub-theme 2.3.

6.4.2.3.1 Category: Case work method (micro intervention) facilitated by the service provider

All participants said that they provide social work services at micro level to adult MA users:

> *So we do **individual counselling**, **one-on-one** which entail working through a kind of standard assessment and then identifying areas of need and then setting intervention plans, goal setting for their lives as well.*

Micro-level intervention was discussed in Chapters 3 and 5 in the context of the ecological perspective and as mentioned by participants. As reflected in the excerpt above, this refers to the counselling sessions that a service provider facilitates with service users, which may be a session involving the social worker and the adult MA user, and/or couples, family members and significant individuals in the service user's life who play a role in goal-setting and goal attainment. In terms of micro-level intervention involving counselling sessions with the adult MA user, their spouse/partner and their family members, one participant stated:

> *I also do **one-on-one counselling**. I also do **family re-integration sessions** where we do family meetings* [sessions at micro level] *with clients just to resolve the conflicts with them to build the relationship again with families, so that when the client go home they are ready to be a family again.*

In Chapter 3, the interrelated nature of relationships at micro level in the person's ecology was discussed according to the ecological perspective (Germain, 1979). The role of significant people such as family members in the adult MA users' lives cannot be overstressed; as they offer support and have an impact on the environment of the person. The social worker needs to offer counselling and conduct family sessions or meetings at this level. This is crucial in developing trust and reducing the service user's level of anxiety as they enter the new, and as yet unknown, helping relationship. Through effective communication during counselling and meetings, social workers can establish rapport with service users by showing genuine interest in the client's wellbeing (Kirst-Ashman & Hull, 2012:52; Black-Hughes & Strunk in Nicholas et al., 2010:104, 114; Sekundu, 2015:109–127).

6.4.2.3.2 Category: Group work method (meso intervention) facilitated by the service provider

All the social worker participants said that their NPOs provide meso-level intervention. Four participants acknowledged using group work as their primary method. Most participants reported the use of therapeutic groups, the purpose being to enhance the socio-emotional wellbeing of the client system (Toseland & Rivas, 2012; Kirst-Ashman & Hull, 2012:97). Meso-level intervention is offered by the participants in this study in the form of therapeutic, educational and support groups as described by Kirst-Ashman and Hull (2012:97) and Toseland and Rivas (2012), and as discussed in Chapter 5. The following excerpts are cited in this regard:

> *The social worker does **therapeutic** and **educational groups** for clients.*

> *We use some of the interns to do the **behavioural programmes** for us and the more experienced ones, the ones that we've trained you know, and we've selected, they will now assist with some of the substance programmes.*

From the explanations above it is evident that meso-level intervention involves focused therapy, education and behavioural programmes to meet service users' needs and to change destructive behaviour patterns associated with MA use. These findings are corroborated by Hepworth et al (2010:273) who confirm that social workers often use group work in conjunction with case work. Group work has been

a long-standing practice in substance abuse treatment generally and according to participants' accounts, it still appears to be an effective means of service delivery.

Further to the discussion of meso-level intervention, participants reported that they also offer support groups (discussed in Chapter 4) to service users and their families. Participants distinguished between support groups for service users, and those for family support. Nine participants said that their respective NPOs provide family support groups and that such groups are often facilitated by social auxiliary workers and BSW interns. The following extract reflects this:

> *The social auxiliary worker runs family* [support] *groups on Saturdays. They have a variety of topics as support to the families, but also for families to understand addiction.*

Goodwin (2000:73) agrees that the involvement of family is imperative in the recovery process; family members need to be educated to understand the addiction as well as how the recovery process works. At the point of treatment, the family may have already experienced significant stress, strained relationships and conflict, as they move from hope for recovery to disappointment when the substance user relapses (Allen-Meares & Garvin; 2000:304). However, their involvement is critical in the client's recovery process. The family is an important system in the helping process because it consists of subsystems within the service user's ecology (Gitterman & Germain, 2008). that is a source of hope and unfortunately sometimes a source of stress (Fisher & Harrison, 2005:192). If acknowledged and addressed, stressful situations can be overcome as it provides the family with opportunities for growth and to identify their resilience and strengths (Saleebey, 2012).

Finally, it should be noted that because eight of the ten service provider participants work in a context where group facilitation is the responsibility of the social worker, they believed that group counselling sessions should be facilitated by the social worker at the NPO. The remaining participants had another view, which is discussed in the next category.

6.4.2.3.3 Category: Group work method (meso intervention) facilitated by ex-addicts

Two of the social worker participants expressed the opinion that group facilitation by ex-addicts was more effective than facilitation by social workers:

> *But the programme in the workplace is facilitated in such a nature that it focused more on **ex-users and recovering substance abusers** to render groups. And I think it was actually more effective that way. It is more effective in relation to that **livid experience** kind of thing as they could actually interact and engage in their journey, you know … So that works. In my opinion it works, however it wasn't the greatest thing to do as a professional. It took away some of the professionalism … So they do not really have the extensive background that you might have as a professional. I don't even think a social worker would be needed in the group based on the success of the organisation.*

There were varying opinions among participants regarding the use of ex-addicts as group facilitators (part of the meso-level intervention), as can be seen from the next excerpt:

> *You can't just choose anyone from the street to come and be able to rehabilitate someone … Because you'd find that … **a user just came out of the programme** and they become a supervisor* [group facilitator] *which means that you haven't even done your aftercare programme and then they relapse. So now it paints a bad picture to the other clients now who were in the programme; 'you were our supervisor and yet now you're back on tik'. So I feel that, even if organisations take in people* [ex-addicts as facilitators or employed generally at the rehabilitation centre] *it should be people that at least have been clean* [drug-free] *and it has been proven that they have been clean for at least three to five years.*

Those participants who were opposed to ex-addicts as facilitators cautioned against untrained persons who have been sober for a brief period facilitating group sessions. But others viewed the inclusion of ex-addicts as an advantage because service users can identify with the lived experiences of such facilitators. The latter view is supported by 12-step programmes such as MAA in which ex-addicts are group facilitators and mentors to service users (Goodwin, 2000:146; Powis in Becker, 2005:170, Sheafor & Horejsi, 2006:353). The inclusion of ex-addicts in the

meso level intervention as co-facilitators with social workers was not only welcomed but valued by most service provider participants in this study. This finding is unique and therefore novel in social work services provided by NPOs to adult MA users.

Another two participants reported that groups in their NPOs are facilitated by laypersons, which emerged as the fourth category under this sub-theme.

6.4.2.3.4 Category: Group work method (meso intervention) facilitated by laypersons

Four participants reported that some group sessions are facilitated by laypersons such as spiritual counsellors. This is similar to the approach used in MAA and self-help groups. The focus of such groups is on spiritual growth and life skills. Such group work methods involve bible studies facilitated by pastors and priests, as the next three excerpts show:

> *We have two **spiritual counsellors** … They are **trained** and everything. They focus more on the spiritual things like the **Christian principles**. And then we have a lot of **ministers and pastors**, and uhm … **dominees**, … **priests** on our committee boards.Okay, since the organisation is a faith-based organisation, we do spiritual growth which is run by pastors.*

> *So the facilitators come in to run programmes as well like your bible study programmes. We have a **pastor** that comes in to do that; so he facilitates a group on **bible study**. So that's sort of the function of facilitators coming in from the outside to perform whatever function is needed within the organisation … And then you have your **spirituality** component where it's **bible study**. The facilitator comes in to do **bible study** with them so a **self- reflective** sort of group facilitation. And then you have someone coming in doing substance abuse, where they're actually talking about this programme and **your problem** that you have or what has brought you here.*

This finding is supported by Gordon (2002:14–15) who states that self-help groups focus on the cognitive, spiritual and behaviour changes of the substance user, concurring with Miller (2008:166) that such groups are often accessible because they are found across communities and are free of charge.

However, according to Fisher & Harrison (2004:4) general training should be available for all people involved in substance abuse services including volunteers,

and in the case of this study, including ex-addicts and laypersons. It is imperative for such persons to have basic standards and knowledge for practice to avoid possible harm to service users. With the review and implementation of the current White Paper on Health (NHI) (SA, 2017) and the norms and standards for social welfare services in South Africa, this type of group work method is worth pursuing as services become more expensive and therefore inaccessible to the service users described in this study who come from disadvantaged communities, are unemployed and have low incomes.

6.4.2.3.5 Category: Community work method (macro intervention) facilitated by service providers

It is evident that the main focus of more than two-thirds of the NPOs in this study is on micro and meso intervention. However, a three-quarter of participants said that the NPO where they are employed also provides macro intervention in addition to the other levels:

> We have a local forum that we set up you know for substance abuse organisations just to provide support, even to help us to render a more cohesive service to our clients.

Some participants reported having good networking and collaboration with government and other NPOs who help in providing cohesive substance abuse services. Other participants, however, said that they experience challenges in this regard:

> Look, here our early intervention services are the stronger focus. The challenge I must mention, there's a challenge in terms of referrals from, look in terms of the Act, there must be available service for aftercare, but I see there's a slow referral rate from the different rehab centres.

Participants' responses related to macro-level intervention in the sense of cohesive service delivery on behalf of service users, or populations such as the communities in which such families live. Macro-level interventions usually transcend working with individual adult MA users and their families; they involve questioning and confronting major social issues and global and organisational policies.

Policy at organisational level was not mentioned by participants, perhaps because they did not regard policy development as part of their role as social workers and

thus might limit their role sson a macro level as networking and collaborating with other NPOs and government sectors. The researcher believes that to effect change in society, it is necessary for social workers to engage in policy development in order to empower and improve the lives of service users. This correlates with the professional responsibilities of social workers contained in the SACSSP (2003) in that social workers should stay abreast of and engage in research and policy development in order for citizens to be empowered and have their needs met.

6.4.3 THEME 3: Utilisation of services provided by non-profit organisations

Based on the discussion relating to the utilisation of services provided by NPOs to adult MA users, Theme 3 emerged. Most of the participants held the view that communities in which the NPOs are situated do make use of the services provided. From the participants' comments, it is evident that service users' response to the services provided is determined by their own level of determination, demonstrated by their commitment and motivation to the programme.

> *When a client does come for help and is **committed** to their treatment, the programme is definitely efficient and effective and meets the need of the client … They interact well in **individual case work sessions** and are extremely open and honest about themselves and their using. … The communities, especially schools welcome* [NPO's name] *projects and invite us back for more … **Groups** vary every time. Some sessions can have a big and participating group, and the next the group doesn't feel like talking ... Some clients also do not see the need for aftercare and would drop out in that time.*

The findings indicate that service users respond positively to case work and group work methods of intervention. Another factor that influences the service users' responsiveness is related to whether they are there in a voluntary capacity or they are mandated to come (Payne, 2014:159–160). If the service user lacks self-determination to seek social work services to change their own behaviour, it can prove problematic during the intervention process.

This links to MI and MET, discussed in Chapter 5, as selective models of intervention aimed at resolving the service user's ambivalence (Wagner & Ingersroll, 2012). MI and MET methods of intervention could be useful in EST

terms, because they are goal-directed and person-centred methods, the goal being that the service user is empowered to reach a state of equilibrium and is able to cope with stressors in the environment (ecology). This would mean that service users have been empowered, and are able to adapt to their environment, coping with the stress and stressors such as MA addiction within the ecology.

6.4.3.1 Sub-theme 3.1: Service users' responsiveness

Almost all participants reported that service users like group work and that they respond well to it.

> *They like the group sessions and would ask me: Ma'am, when are we going to have group again?*

This reason for this preference for group work may be that service users learn from the experiences of their peers and groups in a less intimidating environment than one-on-one sessions with the social worker, where the service user is faced with their own issues and the engagement is more in-depth and sometimes confrontational.

Although service users respond positively to group work, it appears that their response to aftercare services is problematic, as the comment below indicates:

> *Some clients also do not see the need for aftercare services and they drop out.*

When service users feel obligated to engage in aftercare because of the nature and scope of the rehabilitation programme, it may be to some degree denying them the right to self-determination; service providers could be misusing their position of power especially in cases of mandated clients (Kirst-Ashman & Hull, 2012:59). Sheldon (1995:232–234) contends that service user should be allowed the freedom to determine goal attainment, and that no social work method is too powerful to overcome service user resistance. Inevitably service users – whether voluntary or involuntary – determine their own recovery and success.

6.4.3.1.1 Category: Motivation

Most participants said that they sometimes feel despondent when clients leave the programme prematurely or fall back into MA use. However they also said that they experience some gratification when clients are motivated to be sober. Participants

said that clients' success is largely based on their level of commitment and desire to be sober.

> *So the responses are dependent on their **motivation levels** to a large extent. For those who are motivated and work, I'm really encouraged to see because really I come from a background where I've seen a lot of substance abuse and issues and the impact thereof on families and young people, and I come into an environment which specialise and therefore I had a level of cynicism about what is the real possible outcomes and how many success rate. I've seen so many people in and out of rehabs and just carrying on with drug problems. So I've been very encouraged to see how some people really come along and engage and go through the process.*

While participants opined that service users' commitment and motivation determines success and maintained sobriety, the role of the service provider should not be underestimated in motivating the service user's desire for change.

6.4.3.2   Sub-theme 3.2: Success rate

Almost all of the social worker participants said that the success rate for sobriety was poor. These excerpts sum up their views:

> *But success rate for them* [adult MA service users] *staying clean is **very low** in my personal experience. And I think it is because there wasn't great attention placed on aftercare.*

> *Normally at the organisation, they'd have a graduation every June 16th, and you'd find that from the previous June to the next June maybe there's been about one hundred clients that have been through the programme and you'd find only ten graduating. So that's how sad it is.*

This unfortunate result could be the consequence of participants not regarding relapse as part of the recovery process, as suggested by Slomski (2014:2472). However, seen from Slomski's (2014) point of view, the success rate in the case of this study would definitely be higher if participants regard relapse as part of the recovery process. There are many factors in the client's ecology that could affect service users' success or failure in becoming sober. The main reason cited by service provider participants for the low success rate was that MA users often leave the treatment programme prematurely. Other factors mentioned by participants as inhibiting the success rate of service users were stress, low self-esteem,

unsupportive family, disadvantaged community and a lack of resources including the lack of employment opportunities.

6.4.4 THEME 4: Service providers' suggestions to improve social work services provided by NPOs to adult MA users

The majority of service provider participants (80%) pointed out that services offered to adult MA users were not adequately integrated, leading to a variety of challenges. These challenges emanate from the reluctance of NPOs and government sectors to network and form amicable partnerships, with consequences that include a lack of basic resources such as funding. This finding is supported by Patel (1998:114), Sargeant (2005:211) and SACENDU (2016:2) in that resources in social welfare are scarce and there is a constant competition among NPOs for government funds. These funds are increasingly being limited or withdrawn because NPOs are not registered with the DSD or else their services do not meet the required standards for service provision. This battle for resources affects service delivery at a macro level.

6.4.4.1   Sub-theme 4.1: Interagency and government collaboration

More than two-thirds of the participants commented on the lack of interagency cooperation among organisations in the field of substance abuse services. Specific mention was made of the need for closer collaboration with government sectors such as the Department of Health.

6.4.4.1.1 Category: Interagency cooperation and integration

The following was said regarding interagency cooperation and integration:

> *And I think we* [NPOs providing substance abuse services] ***need to work more closely*** *with* [the Department of] *Health because we see more presentation of psychosis, not only within adults but also with kids.*

This correlates with SACENDU (2017:2) findings that there is a lack of inter-governmental and interagency cooperation, such as between the Department of

Health (DoH), DSD, NPOs and law enforcement. The next excerpt reinforces this point:

> *I think that there should be I think more integration you know with **law enforcement,** more **integration with community-based structures** [other NPOs] … there should be more **integration of the different [government] structures,** you know, that are trying to address the substance problem.*

Participants' narratives are confirmed by findings of WHO (2016) and SACENDU (2017:2), that there is a lack of coordinated collaboration among stakeholders such as the DoH, the DSD and the NPO sector. Coordination in these sectors is essential in addressing the massive scale of MA addiction now facing South Africa. Chapter 4 presented the policy and legislation both globally and in South Africa, that gives direction to substance abuse services. However, the finding above confirms that even amid grand policies and legislation for grassroots, community level enterprises such as NPOs in poor socio-economic communities translated in practice, huge implications remain for the country's welfare sector in the attempt to address substance abuse effectively. At the heart of this problem is the lack of coordinated substance abuse services.

6.5   CONCLUSION

In line with the fourth study objective outlined in Chapter 1, this chapter focused on service providers' perceptions and experiences of substance abuse services to adult MA users provided by NPOs in the Cape Metropole. The biographical profile of the service providers was analysed and interpreted. From the data analysis, four main themes and several sub-themes and categories emerged. In Theme 1 the profile of the service user was discussed. Theme 2 reflected the nature and scope of social work services provided by NPOs to adult MA users. Theme 3 indicated the utilisation of services provided by NPOs to adult MA users. The fourth and final theme was the services providers' suggestions to improve social services provided by NPOs to adult MA users.

The findings of this chapter were interpreted with the use of EST as theoretical framework and South Africa policies and legislation giving direction to substance abuse services, and were substantiated with relevant literature on the subject.

In Chapter 7, the findings relating to adult MA user's experiences of substance abuse services offered by NPOs in the Cape Metropole will be discussed.

CHAPTER 7

EXPERIENCES OF ADULT METHAMPHETAMINE USERS UTILISING SOCIAL WORK SERVICES PROVIDED BY NON-PROFIT ORGANISATIONS IN THE CAPE METROPOLE

7.1 INTRODUCTION

Chapter 6 presented the findings related to the 10 service providers from 10 NPOs who participated in this study. This chapter presents the empirical findings coming from the data collected from the 10 adult MA users who are service users at the 10 participating NPOs. The chapter is structured as follows: first a biographical profile of the service users is presented in Table 7.1, followed by a discussion of the profile. Next, the four main themes arising from the interviews with these participants are tabled. An explanation of each theme is presented, followed by an exploration of each of the sub-themes and categories which are substantiated by excerpts from participants' narratives and confirmed, compared with or contrasted to relevant literature. The chapter concludes with a summary.

7.2 BIOGRAPHICAL PROFILE OF SERVICE USERS

Chapter 2 and Chapter 6 contained descriptions of the 10 NPOs who were involved in the study. What follows now is a presentation of the findings from interviews with the 10 service users who are adult MA users recruited from the NPOs who provide social work services to adult MA users. Table 7.1 shows these participants' biographical profile according to their gender, age, race, qualification, employment status and their duration of treatment. As with the social work participants, the names of the participants are not used in order to protect their anonymity. Similar to social work participants, alpha-numerical codes were used during data collection and analysis; for example SUP01 indicates "service user participant no. 1". Table 7.1 is chronologically presented according to the interviews conducted; SUP01 was the first to be interviewed and SUP10 was the last.

Table 7.1 Biographical profile of service users

Participant	Gender	Age	Race	Highest grade passed	Occupation	Employed	Duration in current programme
SUP01	Male	33	Coloured	Grade 10/N3 Fitting and Machinery	Social Auxiliary Worker	No	Relapse/ 6 months
SUP02	Male	24	Black	Grade 12	Never employed	No	3 weeks
SUP03	Male	29	Coloured	Grade 10	Painter	No	Relapse/ 2 months
SUP04	Female	31	Coloured	Grade 10	Sales-person	No	2 months
SUP05	Male	29	White	Grade 10	Security guard	Yes	Relapse/ 2 months
SUP06	Male	43	Coloured	Grade 10	Semi-skilled worker in engineering	No	Relapse/ 2 months
SUP07	Male	34	Coloured	Grade 10/ N3 (post-school carpentry qualification	Carpenter	No	Relapse/ 4 weeks
SUP08	Female	27	Coloured	Grade 8	Shop assistant	No	Relapse/ 2 weeks
SUP09	Female	26	Coloured	Grade 10	Shop assistant	No	2 months
SUP10	Female	31	Coloured	Grade 10	Never employed	No	Relapse/ 5 months

7.2.1 Gender profile of service users

Table 7.1 indicates that of the 10 participants, six are male and four are female. This correlates with the UNODC analysis (2016:1) that males are three times more likely to use MA than females, and that there are more males in recovery programmes than females. Furthermore, the Western Cape remains the province with the highest number of clients seeking treatment services for MA in comparison to other provinces (SACENDU, 2017:2).

7.2.2 Age profile of the service users

Five service users were in their twenties, four were in their thirties and one in his forties. All the participants said that they had started using MA recreationally and out of curiosity when they were with friends or relatives at social gatherings. According to a SACENDU survey (2016:1), MA was the substance of choice for

32% of adults over the age of 20 years who were seeking rehabilitation in the Western Cape between January and June 2016. Adults in particular may start using MA for recreation, weight loss, to deal with feelings of depression, or even to enhance job performance. As noted previously, MA is known to enhance energy levels and increase libido (Plüddemann et al, 2008; SACENDU, 2008).

7.2.3 Race profile of the service users

Of the 10 service user participants one is Black, one White and eight are Coloured. This finding is consistent with findings by SACENDU (2016:1) that the Coloured population continues to be the highest MA user of those seeking rehabilitation services. Having said this, the sample selection is a variable that needs to be considered because the NPOs selected for this study are situated on the Cape Flats; naturally, the services will be utilised by Black and Coloured adult MA users as this is the geographical area of this population group. The client profile may be different in a predominantly White community or a predominantly Black township community on the Cape Flats.

7.2.4 Education profile of the service users

Most of the participants dropped out of school before completing grade 12. Of the 10 participants, only one had passed the highest grade at high school – Grade 12; eight passed Grade 10 and one passed Grade 8. The school dropout rates for learners between Grade 10 and Grade 12 in South Africa is a staggering 47% (Rademeyer, 2014). A Cape Town based study by Plüddemann, Flisher, McKetin, Parry and Lombard (2010) found that MA use is a predictor of high school drop out. This was certainly the case for most service user participants in the current study.

7.2.5 Employment profile of service users

Nine participants were unemployed at the time of the interviews. This figure is indicative of the high unemployment rates in the Western Cape and in South Africa generally, and of the effects of the recession with the unemployment rate at 27.7% in June 2017 (Ferreira, 2017). In the Western Cape, the unemployment rate was

between 20.5% and 23.6% in the fourth quarter of 2016 (Stats SA, 2017). Only one participant had employment in the informal sector on a contract basis as a nightclub security guard – which is a challenging situation for the service user, as nightclubs are hubs for alcohol and drug use by the patrons.

The problem of MA use is exacerbated by unemployment, which, according Lazarus and Folkman (1984), is likely to lead to stressors in the environment of the adult MA user further negatively impacting on their motivation to maintain sobriety.

7.2.6 Stage of the recovery profile of service users

In Chapter 5 (Figure 5.1), the stages of substance use are described as universal, involving a continuum ranging from no use to addiction and relapse (American Psychiatric Association, 1994). Three of the participants were in a social work substance abuse programme for the first time; one was in the misuse stage prior to seeking intervention services, and two were in the addiction stage. All participants describe themselves as "meth addicts" or "tik addicts". This is a significant finding, in that the title of this study makes reference to **MA users** as opposed to **abusers or addicts**. The researcher wished to avoid labelling the participants, referring to assertions by theorists such as Saleebey (2006) that service users are experts in dealing with their own challenges. It appears that participants were honest in their responses when asked what stage of substance use they found themselves in. With regard to EST, the aforementioned can be linked to adaptations, which according to Bronfenbrenner (2005) and discussed in Chapter 3, are the way in which people behave, perceive and feel in order to endure or enhance the level of fit between themselves and their environment. For adult MA users, acknowledging that they are **MA addicts as opposed to MA users seems** to enhance their coping skills and stressors.

Seven of the service-user participants in this study were in a substance abuse treatment programme for the second time after they had relapsed, two of whom had relapsed more than twice prior to the current substance abuse treatment programme provided by NPOs and facilitated by social workers. It is important to consider here the suggestions by Härtel-Petri et al. (2017:97–104) and Van der

Marlatt and Gordon (1985:46) that relapse is an integral part of the recovery process and should therefore not be seen as failure. According to Slomski (2014:2472), 40%–60% of substance users relapse in the first year of recovery. Specific to MA, a study by Wilkerson (2012) found that the average relapse rate is 88%. The Matrix and 12-step programmes (discussed in Chapter 4) regard relapse as part of the recovery process and thus should not be regarded as failure on the part of the MA user. It is significant that the majority of participants (70%) are in relapse stage.

7.2.7 Duration of social work services received

At the time of data collection, participants had been involved in the social work programme for between two weeks and six months. Figure 7.1 presents the duration of treatment in respect of the 10 MA-user participants.
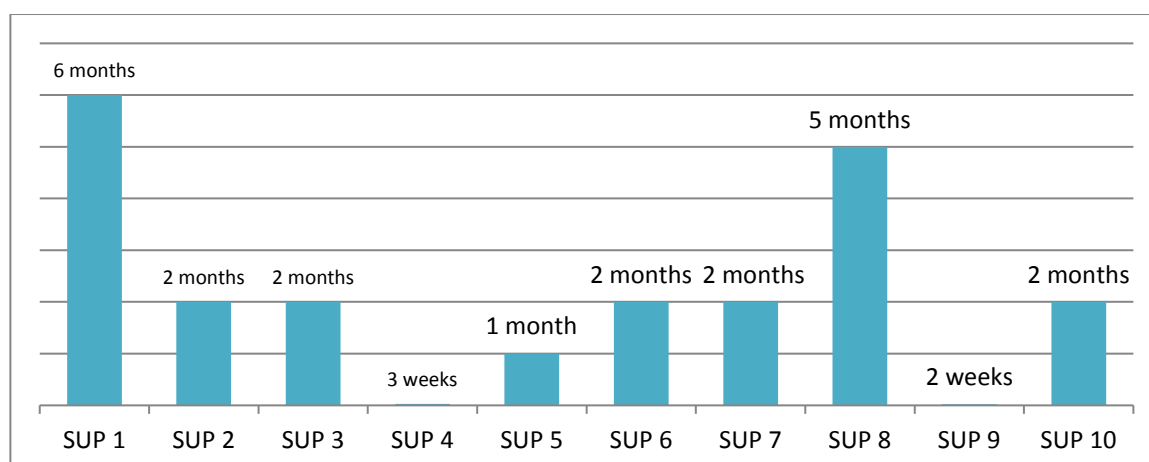
FIGURE 7.1: Duration of social work services received

Two participants had been in the programme for less than a month, while five participants had been in the programme for two months. It is worth noting that studies show that effective substance abuse programmes range from between six weeks and 12 months whether as in-patients or out-patients (Gordon, 2003; Obert et al., 2011; SANCA, 2017).

To remain in any substance abuse programme from assessment through to termination requires some level of determination on the part of a service user. Several studies (Carle & Chasen, 2004; Van der Westhuizen, 2010; Akintola et al., 2016) have shown that it is difficult to maintain sobriety, as will be seen from the

excerpts from interviews with participants in this study. Also, according to Brecht, O'Brien, von Mayrhausen and Anglin (2004), for substance abuse services to be effective, a paradigm shift is required from the user at both cognitive and behavioural level. In terms of EST, structures within the users' ecology will have to be considered for positive change to be effective, as will become evident in the subsequent discussions in this chapter.

7.3 THEMES RELATING TO THE EXPERIENCES OF SERVICE USERS

Four main themes emerged with several sub-themes and associated categories. The EST as conceptualised by Bronfenbrenner (2005) and Germain and Gitterman (1984) and as discussed in Chapter 3, formed the basis for the data analysis and interpretation of the findings relating to service users who participated in the study.

TABLE 7.2: Service user themes, sub-themes and categories

THEMES	SUB-THEMES	CATEGORIES
1. Adult MA users' experiences of addiction	1.1 Prevalence of MA addiction in participants' ecology	(a) Accessibility of MA in the participants' ecology (b) Effects of MA use on the participants' physical wellbeing
	1.2 Disequilibrium in the Person: environment fit	(a) Family disharmony (b) Information systems
2. The nature and scope of social work services provided by NPOs to adult MA users	2.1 Levels of intervention in the participants' ecology	(a) Treatment services (b) Aftercare/reintegration services
	2.2 Methods of intervention provided by NPOs to adult MA users	(a) Case work facilitated by social workers (b) Group work facilitated by social workers (c) Group work facilitated by ex-addicts (d) Group work facilitated by laypersons
3. Utilisation of social work services provided by NPOs to adult MA users	3.1 Benefits of social work services provided by NPOs to adult MA users	(a) Guidance and support from the social worker (b) Spirituality, prayer/meditation
4. Recommendation to improve social work services provided by NPOs to adult MA users	4.1 Aftercare/reintegration services	(a) Employment and skills development

Table 7.2 presents the themes, sub-themes and associated categories that emanated from the interviews with adult MA users who are service users at the 10 NPOs where the study was conducted.

7.3.1 THEME 1: Adult methamphetamine users' experiences of addiction

The first of the four themes summarised in Table 7.2 is adult MA users' experiences of addiction. Chapter 4 explored the nature, prevalence and effects of MA use, misuse, addiction and relapse globally, and in South Africa. Specific reference was made to the prevalence and effects of MA in the Cape Metropole in particular, this being the location of the current study. As noted, all the participants in this study identify with the term "meth addict" or "tik addict". Service user participants said that their MA addiction had adverse consequences on their relationships with family members, adding to stress in the home which resulted in a mis-fit between the adult MA addict and their environment. They also mentioned that MA addiction is prevalent in the communities where they live. Theme 1 was divided into two sub-themes, the first of which is discussed below.

7.3.1.1 Sub-theme 1.1: Prevalence of methamphetamine addiction in the communities where participants live

Emanating from the first sub-theme, participants said that the prevalence of MA is prominent in their communities. They said that MA addiction has become like "an epidemic" as it is readily available from the numerous drug dealers in the communities where they live. The following statements were made in this regard (see English translation, followed by original in Afrikaans or in broken Afrikaans, where applicable):

> To be honest … It is actually an epidemic, if I can call it that. Because if you look at most areas in South Africa, it is actually in every community where people use drugs, you understand. And the access to drugs, you can easily get it, understand. (Om eerlik te wees ... Dit is eintlik 'n epidemic, kan ek dit so noem. Want as mens nou gaan kyk in die meerderheid van Suid-Afrika, is in elke community mense wat drugs gebruik verstaan. En die toegang van drugs, jy kan dit baie maklik kry verstaan.)

People are innocent, people are dying because of drugs. I mean if you look at it that way, it's not just political things happening, its drugs also because there's a lot of drug dealers, a lot of drug lords.

7.3.1.1.1 Category: Accessibility of methamphetamine in the communities where participants live

From participants' accounts of the accessibility of MA in the communities where they live, it seems inescapable that families in such communities will be confronted with this phenomenon. Participants' experiences are confirmed by various studies SACENDU, 2017:2; Kwaku, & Lentoor, 2017:1) in that the highest usage of MA was in the Western Cape province. For participants in this study who had fallen prey to this readily available and highly addictive substance, the effects both on their physical wellbeing and on their family relationships were indeed adverse (as discussed in Chapter 5).

7.3.1.1.2 Category: Effects of methamphetamine use on participants' physical wellbeing

When discussing the effects of MA use on their physical wellbeing, one of the participants said:

*I lost so much **weight** while I was on tik. I went from a size forty-two to a size twenty-eight. It was bad. But when I did drugs he* [my brother] *was very strict with me. He wouldn't allow me inside the house. Then I looked like a vagrant then he did not want me in the house. (Maar toe ek drugs gedoen het was hy baie, baie streng met my. Hy wou nie dat ek in die huis kom nie. Dan lyk ek soos 'n bergie dan wil hy nie hê ek moet in die huis kom nie.)*

All service users admitted that they are poly-users (discussed in Chapter 5). They use MA and one or two other substances because of the effects each drug has on their state of mind. They said:

Well I used all sorts [of illicit substances]*. There's tik, buttons, dagga, heroin, cocaine, rock – anything I could get my hands on. But then later I decided basically just to stick by two which were buttons and tik basically.*

Because I was high on tik and then I want to come down from that high. So then they say a button (mandrax) *will bring you down. Then I take buttons as well. (Want ek was nou hoog getik en dan wil ek afkom. So dan sê hulle 'n button gaan jou af bring. Dan vat ek buttons ook.)*

Participants' reports of the perceived need to use MA in conjunction with another substance is corroborated by other studies (Melega et al., 1997; MRC, 2009; Burnhams et al., 2016) which indicate that MA use causes increased talkativeness, energy, anxiety, paranoia, delusions and hallucinations. The "high" mentioned by participants can be associated with stress. To alleviate the stress and the heightened state, participants said they used another stimulant. McNeece and DeNito (1998), Plüddemann (2010), Plüddemann et al (2013) and Dada, Harker, Burnhams, Williams, Parry, Bhana and Wilford (2014) confirm that most substance users are poly-users and that the different substances have the desired effect that the user requires at the time. It make sense therefore that a substance abuse treatment cannot address the abuse of one drug (such as MA) in isolation, but must include other substances used by the person, as will be explained later in this chapter.

7.3.1.2   Sub-theme 1.2: Disequilibrium in the person: environment fit

The following excerpt indicates participants' experiences with regard to breakdown in relationships with significant people in their lives and the stress that their MA addiction brought on themselves and their loved ones:

I neglected them [her children]*; I didn't take note of them. That's why when the social worker took them away, I was heartbroken at first but afterwards I said to myself that actually I needed a break for me. The father wasn't around much then I was there by them. So that's why I took the break. That's why I'm not in a hurry to take them back, but I want them back.*

7.3.1.2.1 Category: Family disharmony

It emerged from the narratives of participants that their addiction affected their personal physical wellbeing and strained their relationships, leading to family disharmony. In terms of EST, their addictive behaviour led to a disequilibrium in the person: environment fit. This finding is supported by Bijtterbier, Goethas and

Ansoms (2006:126–130), Forester and Harwin (2006:325–335) and Häefele and Ovens (2013:26–36). These authors have found that families in which adults are using psychoactive substances such as MA, are generally characterised by instability, child neglect and family disharmony caused by the destructive behaviour of the substance abuser. Stealing from family members to support drug use is a common example of such behaviour:

> *I was always accused when things went missing that I did not take, and afterwards I started stealing because he* [stepfather] *always accused me. But my mother always stole his money out of the bank because she was a drinker. But afterwards I told him, 'It is your wife that steals your money' and so on. And then I got his pin number and then I also started stealing his money. (En ek was altyd accused as goed weg raak wat ek nie gevat het nie en agterna toe begin vat ek dit omdat hy my altyd accuse het, maar my ma het altyd sy geld uit die bank uit gesteel want sy is mos 'n drinker. Dan het hy vir my gesê dis ek nadat dit nie ek was nie. Maar agterna toe sê ek dis jou vrou wat jou geld steel en daai en toe kry ek sy pin nommer in die hande en toe steel ek ook sy geld.)*

Naturally this destructive behaviour leads to stress in the substance user's environment, which results in continued use of MA to alleviate stress. However, as previously noted, MA use increases and reinforces stressors in the participant's environment; hence, their motivation for seeking social work assistance. In EST terms (Germain, 1991; Germain & Gitterman, 1980), this relates to stressors, internalised stress and adaptations to cope in these circumstances.

7.3.1.2.2 Category: Information systems in the service user's ecology

Nine participants said they had heard about the NPO by word of mouth from family members or friends, and one participant from a member of the NPO through an awareness campaign. The following are excerpts from their narratives:

> *And so my mother found a* [rehabilitation] *place in Worcester but that was too expensive per month, and then my cousin said there is a place in Somerset – this place. And I came here and booked myself in and so on. (En toe het my ma-hulle 'n plek gekry in Worcester, maar toe was dit te duur gewees per maand en toe het my niggie gesê daar is 'n plek in Somerset. Dié plek, en toe kom ek tot hier en book ek my in en so.)*

I heard from a friend. He was also here [at the NPO]. *(Ek het by 'n vriend van my gehoor. Hy was ook hier gewees.)*

So the founder of this organisation, she was working [awareness campaigning] *in the location and told us we must come here. So we* [another MA-using friend and I] *come here.*

This finding relates to information systems within the service users' ecology and includes various systems at micro level (immediate family members in the household), meso level (neighbours, extended family) and macro level (media) as conceptualised by EST (Gitterman & Germain, 2008).

The right to information is enshrined in the Bill of Rights in the CSA (1996). It is therefore uplifting to know that in disadvantaged communities such as those in this study and as described in Chapter 6, information about substance abuse services is readily available to potential service users and that community members know about and are able to access and utilise such services.

7.3.2 THEME 2: The nature and scope of social work services provided by non-profit organisations to adult methamphetamine users

This theme was introduced in Chapter 5. The purpose of social work in respect of adult MA users is to help them to accomplish their goals for sobriety (Hepworth et al., 2013). How the goals are met is unique to the service users' needs and to the mandate of each NPO. However, in general terms, social workers are tasked with enhancing the wellbeing of service users, improving their social functioning on micro, meso and macro levels through mutual participation in achieving goals, developing resources, and preventing or alleviating distress. The social worker is also required to plan, formulate and implement social policies, services, resources and programmes required to empower people to meet their own basic human needs. The purpose of social work is therefore twofold: first, to guide the achievements of service users' goals for sobriety and second, to structure and guide social work practice (Hepworth et al., 2013). Two sub-themes emerged under this theme, the first of which follows*.*

7.3.2.1   Sub-theme 2.1: Levels of intervention provided by non-profit organisations

Most participants (eight) were in the relapse stage of addiction (see Table 7.1) at the time of data collection, and therefore were at the level of integration/ aftercare intervention. The following comments represent participants' views on the level of intervention:

> *So that is why any of our support groups focuses on the family; on the mother, the parents and how to deal with the addict, how to deal with the recovering addict, how to deal when it comes to reintegration.*

> *And after the six months there is a **reintegration**. So they reintegrate you into society, see if you can adapt in society. If you come back, see if you can resist, because obviously there are temptations when you go home on weekends, so they look at how you are going to handle this. And after nine months they graduate you and you finish with the programme and then you can go home if you want to. (En na die ses maande is daar reintegration. So they reintegrate you into society, kyk of jy kan adapt in society in, kom jy weer terug kyk of jy kan resist, want obviously daar is temptation as jy naweke huis toe gaan, so hulle kyk hoe gaan jy dit hanteer. En na nege maande dan graduate hulle jou en jy's klaar met die program en dan kan jy nou huis toe gaan, as jy wil huis toe gaan.)*

7.3.2.1.1 Category: Treatment services

Service users described the types of treatment services they receive from social workers which they refer to as "one-on-one" sessions. The following excerpt reflects the views of the service users about intervention:

> *We do have social workers which come and they're also helping with part of our programme. They also run a programme in here* [the NPO]*, where we have once a week, they have where they do their social working dealing with emotions and that type of psychological aspect of addiction. And then they do have one-on-one counselling. They take it first as a group and out of that group they identify what the need be and obviously on your account if you want to go for further therapy and that type of thing they do one-on-one counselling.*

Participants mostly relayed positive responses about social workers engagement in the form of case work focusing on psycho-social issues affecting service users which stems from their addiction.

7.3.2.1.2 Category: Aftercare services/reintegration services

As discussed in Chapter 6, the goal of reintegration/aftercare services is to prevent relapse. It is therefore important for service users to assess high risk situations in the service user's environment that may lead to relapse. Accordingly, social work services at this level of intervention should be structured to prevent and deter the onset of relapse (Marleatt & Gordon, 1985:46). Structuring social work services in a way that will deter relapse is a challenging task, because each individual is unique and the triggers causing relapses are different for each person. So, in terms of EST (Bronfenbrenner, 2005; Germain, 2008), the resources or lack thereof in each person's ecology determines the level of coping and mastery. For this reason, the methods of intervention become critical in terms of assessing and planning each service user's recovery goals.

7.3.2.2   Sub-theme 2.2: Methods of intervention provided by non-profit organisations

Participants spoke of case work and group work as the primary methods of intervention employed by service users aimed at meeting their recovery goals. Participants said that case work involves assessment and counselling/therapy as well as sessions with their spouse/partner and family members from time to time. The following excerpt reflects participants' experiences in relation to case work:

> *Ja, she actually called me in because you do get assessed when you come in here* [shelter for homeless persons]. *I basically opened up to her, which I don't normally do with any person. But I've been coming to that terms of getting clean, you know, I started opening up, about certain things I opened up.*

7.3.2.2.1 Category: case work (micro intervention)

Case work and sessions with the service user and his/her family is common practice in substance abuse services (Hepworth et al., 2013). The social worker's knowledge about and skills in assessment, development of case plans, and evaluation of the case plan and of termination in partnership with the MA user, is imperative for the success of the helping process. Equally important is the service

user's willingness and motivation to change their addictive habits and to show commitment to pursue their recovery goals.

Denomme and Benhanoh (2017:34–45) stress the need for substance abuse programmes to extend intervention services to help concerned family members of substance users; these authors call for further research in this uncharted area. Family involvement is crucial as the family is a critical resource in the recovery process. The family system can support the MA user and help to decrease the level of stress of the MA user. Thus the more knowledge the family has about substance abuse, the better able they are to support the service user in the process of recovery. The second category under the sub-theme of intervention methods is group work.

7.3.2.2.2 Category: Group work (meso intervention) facilitated by social workers

All participants were very positive in describing the groups facilitated by social workers. They mentioned the following:

> They [social workers] *take it first as a **group** and out of that group they identify what the need be and obviously on your* [the service user's] *account if you want to go for further **therapy** and that type of thing they do one-on-one counselling.*

> *Ja, it's like a group where we talk about the drugs that we have used. So the social worker **assists** us with what you must do.*

Participants' accounts are confirmed by literature (Hepworth et al., 2010: 273) in that social workers often use group work in conjunction with case work. The types of group work described by participants are treatment and support groups, as proposed by Kirst-Ashman and Hull (2012:97) and as discussed in Chapter 5. Group work has been a long-standing practice in substance abuse treatment generally (Dykes, 2010), and according to participants' accounts, it still seems to be an effective means of meeting the needs of MA users and their families.

Most participants said that they have group work sessions which are facilitated by laypersons and ex-addicts. Only one participant mentioned groups facilitated

by social workers. Service user participants commented positively on the supportive roles of pastors, religious ministers and laypersons offering group sessions in the form of bible studies. Their views are captured in the following excerpts:

> *Ja, I go sometimes to **support groups**, like Pastor* [X] *comes in a lot* [to homeless people's shelter]. *He brings support groups. He brings a lot of NA meetings and stuff like that which I also attend.*

> *It* [group work facilitated by laypersons] *is **anger management, relapse intervention, triggers** and social, different things and also **bible study.** (Dis mos nou anger management, relapse intervention, triggers, en social, different goed en ook bible study ook).*

7.3.2.2.3 Category: Group work (meso intervention) facilitated by ex-addicts

In addition to groups being facilitated by laypersons, participants at most NPOs in this study spoke of groups facilitated by ex-addicts, as described in the following narratives:

> *Then we have leaders* [ex-addicts] *that obviously come out of the NPO here and also that we've identified in those areas that have been seen for a number of years. And then we have the guys that, like I said, that are there that have also come under their* [trained substance abuse counsellors'] *wing, and you know they've walked the process. So it's amalgamation of different people. But it's all leaders obviously; they won't take someone who's only been clean* [off drugs] *for a month. (Hulle gaan nie 'n ou wat net 'n maand skoon is nie.)*

> *The social workers are separate and the facilitator* [ex-addict] *runs the group … They run the group and the social worker do the one-on-one sessions.*

Participants said that they found the groups sessions facilitated by ex-addicts very useful because the facilitator could identify with what they were experiencing as MA users. This also explains why 12-step programmes such as AA, NA and MAA continue to be among the most effective and growing programmes in substance abuse intervention; these too are facilitated by ex-addicts (Sheafor & Horejsi, 2006:353). This is a significant finding in the study and important in substance abuse research in terms of social work intervention with MA addicts.

Parry (1998:130) concurs that interventions should be designed to suit communities' needs. While the current case study is small, the findings indicate that adult MA service users in poor socio-economic communities on the Cape Flats seem to identify with ex-addicts and value their contribution in the recovery process. Therefore generic intervention approaches would not be effective, as each community presents with its own diverse norms, needs and cultural approach to problem-solving.

Fisher and Harrison (2005:4), Juhnke and Hagerdorn (2006:61), Parker (2003:284) and Tan and Scalise (2016) all make an important observation that more research is required to inform social work practice in terms of methods of intervention and strategies that may seem unconventional to academics and professionals. One social worker who participated in the current study contested the fact that a degree is required in order to offer substance abuse services. It would appear that including ex-addicts as facilitators of intervention in group work is a possibility worth exploring, since according to participants' accounts, this seems to be an effective and evidenced-based practice, although not sufficiently well documented in the current available literature.

7.3.2.2.4 Category: Group work (meso intervention) facilitated by laypersons

All the service user participants spoke of the important role played by laypersons. This is a particularly significant finding. From the findings in Chapter 6 it already became apparent that some service providers recognise the value of laypersons in the intervention process, while others are adamant that a person must have been drug free for at least a few years to provide substance abuse services to clients.

It is worth noting that a study conducted by Parker (2003:272–288) concluded that professionals and laypersons contend with issues of power, oppression and privilege in service delivery. Similarly, Tan and Scalise (2016) caution against the differentiating functions of professionals and laypersons in the helping relationship. What cannot be ignored is that substance abuse is a growing and complex problem, and that professionals such as social workers need to be open to collaborative

efforts which include the use of inter-professional and multi-disciplinary teams in order to ensure effective services. The implication for social work is the need for such laypersons to receive education in order to professionalise their role. There is very limited literature relating to the role of laypersons in the social work helping process.

Groups facilitated by laypersons could be considered in a similar category to self-help groups. Groups facilitated by laypersons is thus in accordance with Gordon (2002:14–15) who states that self-help groups focus on cognitive, spirituality and behaviour changes of the substance user. It also concurs with the view of Miller (2008:166) that such groups are often accessible because they are found across communities and are free of charge. However, specific training would be required by laypersons in order for them to have basic knowledge and appropriate skills for practice (Fisher & Harrison, 2004:4) in this field. As mentioned in Chapter 6, with the current review and implementation of the White Paper on Health (NHI) (SA, 2017) in South Africa, it appears that this method of intervention is worth pursuing to make services more accessible for service users such as those described in the current study.

7.3.3 THEME 3: Utilisation of social work services provided by non-profit organisations to adult methamphetamine users

Two sub-themes emerged under the overall theme of how social work services provided by NPOs are used to help adult MA users. The first sub-theme examines the benefits of these services, while the second is concerned with the provision of services for sustained sobriety.

7.3.3.1 Sub-theme 3.1: Benefits of utilising the social work services provided by non-profit organisations to adult methamphetamine users

Every service user participant (100%) confirmed that they had received support and guidance from the social workers which was needed for recovery. They reported that the counselling, interest and compassion from the social workers

motivated them to stay in the programme and to pursue their recovery goals. They described the service provided as very good work, noting that all the things they had learnt would help to prevent relapse, to stay positive and keep their focus on their recovery goals. Participants' views about the benefits of utilising social work services provided by the NPOs are summed up as follows:

> *The drugs strip you of all that* [dignity] *and I think that's a big part of a social worker's duty not only at individual counselling. They do very good work and even after I finished the one lady called and she wasn't even my therapist, and she called and followed up. She called to my mom's because she couldn't get a hold of me, how am I doing and that. And at that time, I relapsed already so I felt guilty … So that for me played a big role, the interest. And I think that's a major role; the compassion with which you do your work.*

> *All the things you learn there and the chance to express yourself. The information is vital, what they* [social workers] *put in place, a plan to prevent relapse and I still have all my papers at home. And the homework that they give you, it keeps you positive, it keeps you focused on your goal to stay clean. So that helps a lot.*

7.3.3.1.1 Category: Guidance and support provided by social workers

The positive effect of the participants' experience of receiving guidance and support from social workers contrasts with the views of Lazarus and Folkman (1984; 1986), who argue that prolonged stress without effective coping resources generally results in disequilibrium in the person's ecology. The participants confirm that the benefits of utilising the services provided by the NPOs include problem-solving techniques and efforts to manage triggers for relapse. Coping with stress and stressors such as in the case of MA addiction from an ecological perspective (Gitterman & Germain, 2008), involves deliberate efforts such as social work services provided by NPOs to combat and deter substance abuse by influencing the environment and using the resources (social work services). Sobriety is largely subject to the availability of resources such as social work services provided by NPOs in the MA user's environment. The maintenance of the adult MA user's sobriety therefore requires that they adjust the quality of their lives such as for example learning new ways of dealing with MA addiction to enhance and gain higher levels of person: environment fit or a state of equilibrium.

7.3.3.1.2 Category: Spirituality and prayer/meditation

Another important category which participants spoke of under this sub-theme is spirituality and prayer/meditation. In pursuing a state of equilibrium, participants said that it was important for them to take the first step of the 12-step programme and admit that they were powerless over MA and that their lives had become unmanageable. All participants said that they believed that a power greater than themselves could restore their emotional and spiritual wellbeing.   All the participants said that spirituality and a connection to a higher power was vital to their recovery process. These are some of their perspectives in this regard:

> *It brought me closer to my higher father and relying on him and to acknowledge that he took me out of, how can I say, I was lost totally.*

> *I went to go sit there and I prayed and I asked God to help me with this and I just gave it to him and he took it from there.*

> *And I believe it's prayer that God is opening for me. And I never prayed when I was using … my mind was all over the place but now I pray with sincerity and without any mind-altering.*

The findings are confirmed by a recent study by Ranes, Johnson, Nelson and Slaymaker (2017:13–33) which explored the role of spirituality in the treatment outcomes after a 12-step programme. These authors found that participants had increased spiritual awareness and growth after completing the programme. The findings also suggest that spirituality may have a positive effect on maintained sobriety if the person continues to engage in aftercare/reintegration services such as MAA in the community. The study by Ranes et al. (2017:13–33) thus confirms this finding that participants in this study have more hope and motivation to maintain their sobriety because of their spiritual awareness and growth.

Participants said that prayer and meditation was part of their daily rituals at the NPO. In five NPOs participating in the study, prayer and bible sessions are compulsory for service users. Twelve-step programmes such as AA, NA and MAA are characterised by members getting together to pray, believing that prayer will make retribution for their addictive habits and restore their emotional and spiritual state. As previously noted, there are also self-help groups which are not religious and which convey the belief that members have the inherent power to

heal themselves if they follow the 12 basic steps (Alcoholics Anonymous Online, 2015). Carrington (2017) and Hodge (2017) confirm that spirituality is an important component of human wellbeing and social functioning. Participants in this study confirmed their need for both physical and spiritual wellbeing.

7.3.4 THEME 4: Service providers' suggestions to improve social work services provided by non-profit organisations to adult methamphetamine users

Most participants expressed their needs in terms of reintegration/aftercare services for sustained sobriety with the focus on employment and skills development. As illustrated in Table 7.1, Most (90%) of service user participants were unemployed, with one participant being employed in the informal sector at a night club, which is a difficult environment for an adult MA user because of the associated norms of substance abuse in such settings.

7.3.4.1   Sub-theme 4.1: Reintegration/aftercare

All of the participants spoke of their need for employment and or skill development and training, including tertiary education, to become more employable.

7.3.4.1.1 Category: Employment and skill development

Participants' views regarding aftercare/reintegration support services are summed up as follows:

> *Maybe creating more employment, creating skill training at the workshops* [group work] *at rehabilitation centres.*

> *So if they* [service providers] *can get us works* [jobs] *or get us in school* [tertiary institutions]. *I think if they can get us back in school that will be better.*

The findings correlate with a study by Manuel, Yuan, Herman, Svikis, Nichols, Palmer and Deren (2017:16–22), in which the transition from long-term in-patient to out-patient care was explored. The authors found that recovering addicts who

completed the programme struggled to reintegrate into the community. Furthermore, the participants in the study of Manuel et al. (2017:16–22) struggled to find employment and support groups in their communities. While finding support groups was not a challenge mentioned by participants in the current study, employment and skills development were critical needs which were highlighted.

The issue of lack of employment and its association with poverty was also raised by service provider participants (social workers) in Chapter 6. Unemployment could potentially trigger stress and inevitable relapse. This may well be the case with participants in the current study, considering the high relapse rate of the service user sample. In this regard, Marlatt and Gordon (1985:46) recommend that service users and service providers should be cognisant of and identify high risk situations in the service user's environment, and should structure treatment programmes accordingly to prevent and discourage relapse.

It seems unrealistic to the researcher to expect that the same NPOs who provide substance abuse services should also provide employment, skills development and access to higher education for service users. Considering the high cost of providing substance abuse services, it is suggested that the critical reintegration needs of service users could be effectively addressed by NPOs working in collaboration with other sectors whose services involve skills development and economic empowerment.

The lack of collaboration between sectors and organisations was highlighted by service providers in the previous chapter. It appears that collaboration and networking efforts between sectors and NPOs should be strengthened, as opposed to one NPO having too many focuses. Nevertheless, the unemployment situation of service users at NPOs, such as those in the current study, is a definite cause for concern and worth exploring in future research.

7.4 CONCLUSION

This chapter is based on the findings from interviews with 10 participants who are service users at the 10 NPOs who participated in the study. The biographical profile of the service users was presented, analysed and interpreted.

From the data analysis, four main themes and several sub-themes and categories emerged. In Theme 1, adult MA users' experiences of addiction as described by the service users themselves were discussed. The prevalence of MA addiction in the communities where participants live and the person–environment fit were significant categories under this theme. Another point of interest was that all service user participants identified themselves as addicts rather than as MA users (the term which is used in the title of this study). In Theme 2, the nature and scope of social work service provided by NPOs to adult MA users was elucidated. Emerging from Theme 2 were two sub-themes of levels of intervention and methods of intervention.

The value that participants ascribe to the role played by laypersons and ex-addicts in their recovery was noteworthy. Theme 3 covered the utilisation of social work services provided by NPOs to adult MA users. The two sub-themes arising from this theme were the benefits of using these services, and a focus on reintegration services for sustained sobriety. Internal resources were motivated by a need to impact positively on the service user's ecology through prayer and meditation, while reintegration services focused on the service users' need for employment and skills development, which is perceived to result in a positive person: environment fit and balanced equilibrium.

The findings in this chapter were based on the EST which served as theoretical framework for the study, and were compared to relevant literature and research on social work services in the field of substance abuse.

CHAPTER 8

SUMMARIES, CONCLUSIONS AND RECOMMENDATIONS

8.1   INTRODUCTION

This study investigated the nature, scope and utilisation of social work services provided by NPOs to adult MA users, according to the perceptions and experiences of service users and service providers. The preceding chapters can be summed up as follows:

Chapter 1 provided an **overview** of the study.

Chapter 2 described the **methodological process** that was followed in conducting the study. The qualitative instrumental case study was appropriate as a research strategy, which is not a methodological approach, but rather a choice of what is being studied. This approach to the study provided a holistic viewpoint of the issue investigated. The eight steps for data analysis by Tesch (in Creswell, 1994) together with the Atlas Ti qualitative data analysis tool, provided for a meticulous procedure in which the researcher was able to develop themes, sub-themes and categories. The process and steps that were followed for qualitative data verification ensured credibility and validity of the findings.

Chapter 3 introduced the **EST** as the **theoretical framework** to explain social work services provided by NPOs to adult MA users. The EST was the theoretical lens through which to view and understand social work services provided by NPOs to adult MA users. Ecological reasoning offers explanations for the complexity of the nature and scope of social work services provided by NPOs to adult MA users. The EST was suited to this study because, from an ecological perspective, the nature and scope of social work services are understood in terms of the person: environment fit, which is not static but changes over time as the person adapts to the changing ecology from MA addict to recovering addict.

Chapter 4 discussed how international and South African **policy and legislation** gives direction to social work services provided by NPOs to adult MA users. All the policies and legislation that was reviewed addresses substance abuse in general,

advocating for evidence-based prevention services to build knowledge and coping skills relating to the harmful effects of substance abuse. Effective evidence-based treatment programmes are also recommended and supported. In particular, the City of Cape Town Prevention and Early Intervention of Alcohol and Other Drug Use Policy (2014–2017) (referred to as "the Policy") provides guidelines on how the city's resources are to be utilised and how efforts and assets should be mobilised to create enabling environments to combat substance abuse. Such efforts will foster sound development in which service users will able be to improve their own quality of life, as well as that of the community at large. Therefore, in line with the White Paper on Social Welfare (1997), the ISDM (2006) and the FSWS (2013), the Policy emphasises sustainable intervention programmes that promote self-reliance.

The Policy places strong emphasis on prevention and provides guidelines for prioritising arrangements for services in order to minimise the onset and progression of substance abuse. The Policy covers prevention, early intervention, treatment and reintegration/aftercare as required by the ISDM (2006) and the FSWS (2013), with a strong focus on evidence-based treatment and suitable for meeting the needs of the province.

Chapter 5 provided a **theoretical and contextual overview** of the nature, scope and utilisation of social work services for adult MA users. It is apparent that there are various perspectives on substance abuse. The social welfare perspective was selected for the study because it describes the phenomenon under investigation in terms of its impact on the user's overall wellbeing. The significant implications of MA addiction for the health, judicial and welfare system of the country were examined. This chapter also assessed the magnitude of the MA addiction pandemic on the Cape Flats in particular. South Africa, with its economic and social challenges, is struggling to manage the health, judicial and welfare implications associated with addressing MA addiction.

Chapter 6 presented the **empirical study** of the nature, scope and utilisation of social work services provided by NPOs, in the Cape Metropole, to adult MA users, from the perspectives and **experiences of service providers**. The findings of this chapter were based on the EST and compared with relevant literature on the subject, as well as with South African policies and legislation giving direction to substance abuse services. Significant findings were the inclusion of laypersons and

ex-addicts in the intervention process, as well as the differing views of service providers regarding this inclusion. It was concluded that this practice is worth exploring; the value that these persons add to the recovery process cannot be overestimated.

Chapter 7 examined the **empirical study** of the nature, scope and utilisation of social work services provided by NPOs, in the Cape Metropole, to adult MA users, from the perspectives and **experiences of service users**. Similar to the findings from service providers, the findings relating to this sample were based on the EST and compared to relevant literature on the subject. This cohort of participants (service users) valued the input of laypersons and ex-addicts, confirming that further exploration is justified. In substance abuse recovery, spirituality was found to play a significant role as a coping resource. A clear need was identified for skills development and employment, which service users associated with aftercare services. With the high unemployment rate in South Africa, added to the challenge that ex-addicts struggle to find work, this is indeed a subject requiring for further scrutiny.

Chapter 8: In this final chapter, the researcher provides detailed summaries of each chapter, draws specific **conclusions and** makes **recommendations** relating to each aspect of the study.

8.2 SUMMARY OF PARTICIPATING NON-PROFIT ORGANISATIONS

- The study was conducted at 10 NPOs in the Cape Metropole who provide social work services, including services to adult MA users.
- Nine of the NPOs are situated in low socio-economic communities on the Cape Flats, an area characterised by poverty, high levels of unemployment and gangsterism. One of the NPOs is situated in the central business district of Somerset West; however, the target population is people from low-socio-economic backgrounds.
- Nine of the NPOs are subsided by the DSD. In addition to this funding, the NPOs also engage in fundraising on a regular basis.

- Gaining access to the NPOs was not difficult as the researcher was familiar with most of the NPOs in her role as social worker and as a lecturer in the social work department of a university in the Cape Metropole.

- The researcher also searched the DSD's website and obtained the contact details of some NPOs in this manner.

- The researcher initiated entry to the NPOs though email and telephonic correspondence with the managers of the respective organisations After gaining entry, she set up appointments with the prospective participants to have interview sessions at the respective NPOs with both samples.

- All the NPOs requested feedback on the findings of the research, which the researcher agreed to provide.

8.3 CONCLUSIONS: RESEARCH PROBLEM, QUESTION, AIM AND OBJECTIVES

The **research problem** that informed this study was based on the fact that, since 2003, there has been a significant increase in MA use in South Africa, leading to a greater demand for substance abuse services. Subsequently, policy and legislation addressing the prevention and treatment of substance abuse in South Africa has been developed and implemented. This study is underpinned by the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008, and by coinciding legislation such as the ISDM (2006), the FSWS (2013), the NDA (2013-17) and the NDMP (2013–2017). However, South African substance abuse services have not been well documented in terms of the current policy or in terms of evidence-based practice, especially not from a social work perspective.

Clearly there has been an increase in social work services offered which relate to substance abuse in terms of early intervention, treatment and aftercare services**.** But there has been very little research done relating to social work services provided by NPOs to adult MA users in the Cape Metropole from an ecological and policy perspective. Hence, the focus of the current study is justified, because it contributes to an understanding of the nature, scope and utilisation of social work services provided by NPOs in the Cape Metropole to adult MA users, from an ecological and policy perspective.

The research problem was confirmed by the review of literature for this study, as well as by participants who reported that there has been a considerable increase in MA addictions in their communities. Correspondingly, there has been an increase in substance abuse services provided to adult MA users because of the prevalence of this type of addiction. Further, the service users who participated in this study confirmed that they had never been involved in a research study before, and certainly not one which paid heed to their own experiences of services provided by NPOs. They felt that more research of this type should be done with service users so that the professionals could learn from the people who are affected by the problem. This confirms and justifies the decision made to conduct a qualitative case study and in-depth interviews to gain an insider perspective of social work services provided by NPOs to adult MA users. Those who provide the services, on the other hand, asked to be informed of the research findings in order to consider the recommendations that would emanate from the study. Thus the research problem was worth pursuing in the current climate of increased substance abuse and MA addiction in particular, not only in the Cape Metropole but also in South Africa and in the world generally.

The **research question** that emanated from the problem statement was: What are the perceptions and experiences of service users and service providers with regard to the nature, scope and utilisation of social work services provided by NPOs to adult MA users? The research question was answered in eight main themes which emerged, as discussed in Chapters 6 and 7, and for which recommendations will be offered later in this chapter.

The **research aim** was to gain an understanding of the nature, scope and utilisation of social work services provided by NPOs to adult MA users. The aim of the study was achieved in that the findings provide an understanding of the nature, scope and utilisation of substance abuse services provided by NPOs to adult MA users from the perspectives of the service providers and service users who are the people most closely involved in the issue.

The **research objectives** as set out in Chapter 1 were reached and presented in Chapters 2 to 7 as follows:

Objective 1: The first objective was to explain substance abuse and social work services provided by NPOs to adult MA users in the context of the ecological systems theory, which was contextualised in Chapter 2.

Objective 2: In response to the second objective of the study, an explanation was provided in Chapter 3 of international treaties and South African policy and legislation that gives direction to social work services aimed at addressing substance abuse with specific reference to MA users.

Objective 3: A comprehensive theoretical and contextual overview of the nature, scope and utilisation of social work services to adult MA users was the third objective, achieved in Chapter 4.

Objective 4: Chapters 6 and 7 answered the fourth study objective by presenting empirical findings from the perspectives of the persons best able to offer insight into the nature scope and utilisation of social work services provided by NPOs to adult MA users, these being the users and social workers themselves.

Objective 5: The final objective is achieved in this chapter, by making recommendations for social work services provided by NPOs in the Cape Metropole, to adult MA users.

8.4 CONCLUSIONS: RESEARCH METHODOLOGY EMPLOYED

A **qualitative case study design** was employed in this study because the researcher wanted to obtain rich narratives from the people closely involved with the provision and utilisation of social work services provided by NPOs to adult MA users. This was attained in the form of a huge amount of descriptive data.

The specification of the **instrumental case study design** was appropriate in answering the research question because it allowed the researcher to get close to the participants to explore and describe their perceptions and experiences in a setting which they were familiar with, in other words, at the NPOs. These represented a secure space for each service user to share their views about social work services provided by the NPOs to adult MA users. Additionally, an **exploratory and descriptive case study design** was appropriate as the study was bounded in time. The time frame of September 2016 to June 2017 was set aside for data collection and data analysis.

The design also complemented the **EST** as theoretical framework, in that a detailed explanation of the reciprocal inter-relationship of each level of the human ecology was provided. This was first explained in terms of a case study in Chapter 3 and subsequently incorporated into Chapters 6 and 7 by way of the literature control to support the findings that emerged from the interviews with participants.

The **qualitative approach and exploratory and descriptive design** in combination with the case study strategy, pointed to individual interviews as methods and processes for data collection. This method was also appropriate because of the sensitive nature of the research topic.

The research followed a **deductive data analysis** approach because the **EST** and the literature relating to **the nature and scope of social work services** provided by NPOs to MA users, as well as **policy and legislation** informed the design of the data collection instruments as well as the control of the literature during the data analysis process. The combination of **Tesch's (in Creswell, 1994:155) eight steps and Atlas Ti employed for qualitative data analysis** was suited to organise the huge amounts of data collected into themes, sub-themes and categories. The use of Atlas Ti proved invaluable because it assisted in retrieving codes and excerpts from the participants' narratives quickly – which was essential during the data analysis process and writing up of the findings.

The procedures for **qualitative data verification** as proposed by Guba (in Krefting, 1991:214–212) and Schurink et al (in De Vos et al, 2011: 419-423) were used for verifying the findings of this study and ensured trustworthiness. Methods used included credibility, transferability, dependability and conformability. The use of these procedures allowed credibility and objectivity and alleviated possible bias that could have influenced the findings. In following these procedures, the researcher is confident that the results are neutral, reliable and valid.

Reflexivity was important, particularly in terms of the researcher's personal experience of a family member who is addicted to MA. Confronting her own biases though journaling (discussed in Chapter 2) reduced the researcher's feelings levels and enabled her to report on the findings objectively. Additionally, cognisance regarding the relationship between the researcher and some of the participants, who

were former students and current colleagues of the researcher, was another important consideration in this study. Also, the clients were informed that the researcher is a social worker by profession. These were potential risks of participants feeling a sense of power imbalance by virtue of the researcher's position in relation to the participants. However the researcher was mindful of these issues as well as the sensitive nature of the topic under investigation. To reduce the possible perceived power imbalance the researcher conducted the interviews in a warm and friendly manner, deliberately developing the semi-structured interviews in an objective and factual manner that protected the worth and dignity of the participants.

The researcher highly valued the input provided by the participants who really are the experts in their own lives and lived experiences. She was cautiously aware and wary of not influencing the results as she wanted the findings to be authentically neutral without bias – although some might argue that there is always a degree of bias particularly in qualitative research because of the nature of such research.

The EST was selected for the study because of its appropriateness for social work over many years. There are many other theoretical lenses that could have been equally suited for the study. The decision for EST was guided by the researcher's philosophical ideas and orientation. However, this did not dissuade the researcher in any way to acknowledge the limitations of the EST, which was discussed in Chapter 3 (see 3.10).

The fact that the interview instruments and literature control were based on the EST and on policy and legislation guiding social work services in South Africa could be considered as a measure of bias, because questions were asked in a particular way and guided by the aforementioned. Having said this, structuring the interview schedules in this way allowed for greater focus and clarity and assisted in keeping the interviews on track and in line with the research question. At times, however, some probing was required when participants did not grasp the questions which were discussed in Chapters 6 and 7.

In addition, a multiple case study approach would also have been appropriate to use in this study. In that case, the researcher could have compared the narratives

of each of the 10 social work participants as separate cases. Similarly the 10 service users' narratives could be compared as a multiple case study. Alternatively, a comparative analysis could also have been made between the experiences of service providers and those of service users.

The phenomenological approach could also have been used to investigate this topic as it is also an appropriate paradigm to investigate the lived experiences of participants. Nevertheless, the research question and objectives were achieved. The researcher is persuaded that the decisions, regarding the theoretical framework, literature reviewed and processes followed were appropriate for the selected research approach and design.

8.5 CONCLUSIONS AND RECOMMENDATIONS: THE PARTICIPANTS

The study would not have been possible without the generosity of the 20 people who shared their perceptions and experiences of social work services provided by the NPOs to adult MA users.

8.5.1 Service providers' biographical details

The 10 service providers who participated in this study were all:
- **social workers**, registered with the SACSSP;
- employed by an NPO in the Cape Metropole that provides either in-patient or out-patient services to adult MA users.

In addition, some of the social workers who participated in this study had postgraduate qualifications, the majority of which dealt with the topic of addiction. These participants had between five months and 20 years of experience in the field of substance abuse. Only two participants had more than 10 years of experience in working with adult MA users.

From these conclusions, the following recommendations are offered:

➢ **Recommendation for policy**

- Because substance abuse is a specialised field, the DSD and NPOs should require, as part of their norms and standards, that social workers providing substance abuse services to MA users should have specialised training in the field of substance abuse.

➢ **Recommendations for education**

- Social work educational and training institutions should draw on the study findings to plan and provide CPD, workshops, seminars, research and postgraduate qualifications in the field of substance abuse in order to meet the demand for knowledge and skills development in this field.

- The DSD and NPOs in collaboration with universities should provide on-going training for social workers providing substance abuse services to MA users in the form of CPD, workshops, seminars, research and postgraduate studies, because of the changing nature and rapid advancements in the nature and scope of intervention in this field.

- Universities and schools of social work should draw on the study findings to plan and align undergraduate BSW programmes in order to better equip graduates with knowledge, skills and values required for practising in this field.

➢ **Recommendation for practice**

- Owing to the need and demand for treatment, NPOs should provide on-going professional development in the field of substance abuse to its social workers. This could be done in the form of CPD and/or postgraduate education and/or through research. In this way, social workers will stay abreast with the latest development and knowledge in this complex field.

➢ **Recommendations for future research**

- Social work education and training institutions should conduct a nation-wide survey on the needs for further training of social workers in the field of substance abuse and addictions.

- Social work education and training institutions should conduct a nation-wide survey on the experiences of BSW graduates to explore their job readiness for this field.

8.5.2 Service users' biographical details

The 10 service users who participated in this study were all:

- Older than 18 years;
- Using or had used MA;
- Service users at one of the 10 NPOs who participated in this study;
- Utilising social work services provided by one of the 10 NPOs.

In addition, most of the participants were Coloured and male between the ages of 20 and 30. Most of the participants were school dropouts and nine were unemployed. All the participants started using MA recreationally and most started when they were in their teens. There seems to be a correlation between being a school dropout and MA addition. All participants described themselves as "meth addicts" or "tik addicts". The researcher deliberately did not use the term "addicts" in the title of the study to avoid labelling the participants. However service users did not perceive the term as labelling but rather as the reality of their situation. This could be linked to EST in that the person is aware of and acknowledges the impact of the situation on their environment (micro, exo, meso and macro levels). Relapse seems almost an inevitable part of recovery as most of the participants in this study were in a substance abuse treatment programme for the second or third time after they had relapsed.

The biographical details of the service user participants, and Theme 1 which relates to the service users' profile, present the same data. Therefore recommendations with regard to service users' biographical details and service users' profile are provided in 8.6.1 below.

8.6 CONCLUSIONS AND RECOMMENDATIONS IN RELATION TO THE THEMES

Conclusions, followed by recommendations for each theme that emanated from the data analysis, are discussed next. There were significant correlations between the findings for the two samples. The first three themes (Themes 1, 2 and 3) emerged for both samples.

8.6.1 THEME 1: The service user profile

The client base at the NPOs is mostly service users from disadvantaged communities which are characterised by poverty, unemployment and gangsterism. The service user population consists largely of Coloured men and women. Sadly, most service users in this study are generational addicts. From an ecological perspective, the prevalence of MA addiction in the communities where service users live has an adverse effect on their recovery goals. The most significant effect seems to be the breakdown of the family systems. This breakdown leads to family disharmony and thus disequilibrium in the person: environment fit. The result of such misfit seems to cause stressors in the environment and internal stress for both the MA user and those with whom they have a close relationship. Thus the users and those close to the users are in a constant process of adapting to the environment as both struggle to maintain a harmonious fit.

From these conclusions, the following recommendations are offered in terms of Theme 1:

➢ **Recommendations for policy**
- Based on the fact that there is a lack of inter-sectoral and interagency cooperation, the DSD and NPOs in the Western Cape need to review their policies in order to plan and implement collaborations with the private sector, education and training institutions, and the Department of Labour in efforts to source funding and skills development opportunities for recovering adult MA addicts in treatment programmes.
- Because most service users are from low socio-economic backgrounds and are unemployed, government programmes aimed at poverty relief need to be reviewed to include unemployed recovering MA addicts, either in employment assistance programmes, or entrepreneurial skills development programmes to maximise benefits to these vulnerable individuals.

➢ **Recommendations for practice**

- As a result of the high unemployment rate among services users, NPOs providing intervention services to adult MA users need to consider incorporating the following in their scope of service provision: job skills, assisting service users to draw up résumés, and providing opportunities for entrepreneurial skills development.

- Because of the high unemployment rate among service users, as well as the fact that they are mostly unemployed and live in poverty, NPOs need to consider offering and/or linking service users with organisations that provide and/or offer skills development, services and resources at no cost or for a minimal service fee.

- Since there is a gap in macro level services aimed at awareness and early intervention, NPOs need to provide macro level services which raise awareness of empowerment though education, encouraging services users to obtain Grade 12 qualifications and pursue further education and/or entrepreneurial opportunities. In order to do so, NPOs need to collaborate with the Department of Basic Education (DBE), Department of Higher Education (DHE), Further Education and Training Colleges (FETs), schools, and community-based computer and literacy programmes that are accessible and offered at low cost.

- Owing to the fact that most clients are generational addicts, NPOs should explore and develop intervention programmes aimed at those families in which there is generational addiction.

➢ **Recommendations for education**

- Prompted by the need for further education and training of service users, NPOs need to collaborate and network with the private sector for sponsorships for education and skills development training.

- As a consequence of the gaps in inter-sectoral and interagency collaboration, NPOs need to collaborate and network with the DBE, DHE, FETs and the Department of Labour (DoL) to pursue cooperative collaborations aimed at educational and economic empowerment of recovering MA addicts in treatment programmes.

➢ **Recommendations for future research**

- Because of the high levels of unemployment among service users, NPOs should collaborate in conducting a provincial and national survey aimed at establishing the educational and developmental needs of service users.

- As a response to the high level of unemployment rates among service users, NPOs need to collaborate in developing a database for referring service users to required or needed resources such as Employment Assistance Programmes (EAPs), protective workshops, entrepreneurial workshops, schools offering Adult Basic Education and Training courses, FETs and Higher Education Institutions (HEIs).

- Owing to the limited research relating to generational addiction, the DSD and NPOs need to engage in research aimed at best practice models in dealing with such families. The EST is an appropriate theoretical perspective to frame such research, because of the complex nature of generational addiction, and the inter-relatedness, inter-relationship and the dynamics of the different layers in the human ecology prevalent in such families.

8.6.2 THEME 2: The nature and scope of social work services

With regard to the nature and scope of social work services provided by NPOs to adult MA users, both samples alluded to levels of intervention and methods as detailed in ISDM (2006) and the FSWS (2013). Service users only focused on intervention and aftercare/integration in terms of their own stage of addiction; two participants were first-time service users while eight were in the relapse stage of addiction.

The nature and scope of social work services provided by NPOs to adult MA users is predominantly based on an eclectic or generalist approach in combination, with or in addition to, a selective approach utilising the Matrix model. In some cases, elements of the Matrix model were used as part of the eclectic approach. Not all the levels of the ISDM (2006) and the FSWS (2013) are employed at NPOs. There seems to be a strong focus on treatment and aftercare services, although these levels have many challenges in terms of interagency collaboration and inter-sectoral networking. Early intervention services and prevention services did not appear to be priorities in the sample of NPOs selected in this study. All three intervention levels – case work (micro), group work (meso) and community work (macro) – were used by these NPOs. However, macro intervention was limited to awareness-raising; service providers do not regard policy development as one of their core functions of macro practice, neither are interagency and inter-sectoral collaboration and

networking perceived as macro level interventions. This was mainly the result of misunderstanding and/or a lack of knowledge relating to what macro intervention entails.

In the provision of treatment services and aftercare/reintegration services, the emphasis is on spirituality and the need for employment or skills to become employable. While case work and group work are the main methods of intervention, it is evident that group work is the preferred method. Moreover, the groups focusing on bible studies and coping skills (facilitated by laypersons and ex-addicts) are highly valued and rated as effective by almost all service providers and service users. However not all service providers were keen to have "untrained" ex-addicts facilitating groups; some were more open to laypersons facilitating groups in the form of bible studies.

From these conclusions, the following recommendations are offered in terms of Theme 2:

➢ **Recommendations for policy**
- Because of the gaps in prevention and early intervention as well as the demand for aftercare substance abuse treatment, the DSD needs to develop guidelines in line with the ISDM (2006) and the FSWS (2013), for field-specific interventions. In this way, social workers and other professionals providing intervention services to adult MA users will have generic standardised guidelines for service delivery.
- With reference to the gaps in practice relating to prevention, early intervention and aftercare, policymakers such as national and provincial DSDs and the DoH need to conduct evidence-based practice research to determine the nature and scope of substance abuse services provided by NPOs to adult MA users nationally and to align policy and practice accordingly.
- In response to the lack of research-based interventions, policymakers such as national and provincial DSDs and the DoH need to conduct evidence-based practice research to determine the nature and scope of substance abuse services provided by NPOs to adult MA users and to align policy and practice accordingly.

> **Recommendations for practice**

- In light of the fact that NPOs have developed models and strategies for treatment services, they need to research and document the development of practice guidelines for intervention at each of the four levels of the ISDM (2006) and the FSWS (2013), namely prevention, early intervention, intervention and aftercare/reintegration services.

- The development of practice guidelines for intervention on all levels of the ISDM (2006) and the FSWS (2013) could be facilitated through collaboration with NPOs across the Western Cape province in collaboration with the City of Cape Town Matrix Programme and stakeholders such as universities (schools of social work) in the Western Cape.

> **Recommendation for education**

- Owing to the fact that NPOs are utilising models and strategies for intervention, they should collaborate with the DSD on the development of practice guidelines which could be facilitated by way of postgraduate social work degrees and/or CPD offered by the social work departments at the universities in the Western Cape.

> **Recommendations for future research**

- NPOs and the Western Cape DSD could collaborate on research relating to the development of practice guidelines, through a partnership with social work education and training institutions in the Western Cape.

- NPOs should investigate the experience of laypersons as members in the intervention process aimed at adult MA users.

8.6.3 THEME 3: Utilisation of services

In terms of the utilisation of services, service providers highlighted the commitment and the motivation of the service users, while the users felt that the guidance and support provided by the social worker as well as the ex-addicts and laypersons motivated them to maintain sobriety and pursue their goals to improve relationships and make amends to family members and loved ones.

The utilisation and success of social work services provided by NPOs to adult MA users depends first on the service users' motivation for and commitment to sobriety; second, success depends on the service providers' knowledge, skills and values in relation to the client–worker relationship. Ultimately service users will be committed and motivated based on the nature and scope of the services provided, especially when such services are client-centred and take into consideration all aspects affecting and being affected by the client as suggested by the EST.

The inclusion of **ex-addicts and laypersons in the intervention process** is one of the most significant findings in this study. The value that these non-professionals add to the intervention process cannot be ignored and needs special mention. While some service providers were not in agreement with the inclusion of these persons in the intervention process, others welcomed the input and value that was added by these non-professional persons. It is significant that formalised training for such persons is currently only a recommendation and not a requirement, although it seems to be a common practice in most NPOs providing substance abuse services. Perhaps formulised training of non-professional persons needs to be included in the norms and standards of NPOs who provide substance abuse services, especially those subsidised by the DSD.

The value of **spirituality, prayer and meditation** facilitated by laypersons such as religious leaders and ministers is also a significant finding in this study. There is very little literature relating to the impact of spirituality, prayer and meditation on the process of recovery in social work services in South Africa; therefore this is a topic worth pursuing. It is particularly important in the South African context where spirituality is ingrained in the culture and value systems of South Africans, and more so in the light of current policy and legislation in South Africa calling for evidence-based, culturally sensitive and indigenous research.

From these conclusions the following recommendations are offered in terms of Theme 3:

➢ **Recommendation for policy**
- The inclusion of ex-addicts and laypersons in the intervention process should be investigated, in that training should be offered for such persons in line with norms

and standards as set out by the DSD for rehabilitation services. Such training can be facilitated by HEIs and NPOs.

➢ **Recommendations for future research**

▪ In response to the impact of the family in the intervention process, the DSD and NPOs should investigate the role of the family as a resource in the ecology of the MA substance user.

▪ Social work education and training institutions, DSDs and NPOs should conduct research relating to the nature and scope of spirituality in social work services in the field of substance abuse in South Africa.

➢ **Recommendation for policy**

• Because NPOs utilise the Matrix model and/or components of the model as a selective intervention approach, they should be required to provide substance abuse training for ex-addicts and laypersons as co-facilitators in group work, as part of the modality.

➢ **Recommendation for practice**

• It is recommended that, when ex-addicts and laypersons facilitate group sessions with service users, they should do so under the supervision of an experienced social worker, to ensure professional ethics and standards are maintained.

➢ **Recommendations for education**

• It should be an NPO requirement that ex-addicts and laypersons who facilitate substance abuse group work are trained and receive on-going training.

• Training for ex-addicts and laypersons could be provided by NPOs such as SANCA and universities in the form of post-school qualifications and CPD.

➢ **Recommendation for future research**

• Because of the value of ex-addicts and laypersons in the intervention process with adult MA users, the DSD and NPOs need to investigate the experience and training needs of ex-addicts and laypersons as substance abuse group facilitators.

8.6.4 THEME 4: Interagency and inter-sectoral cooperation

There is a significant gap between agencies and sectors in substance abuse service delivery. The importance of this gap cannot be overestimated especially in view of international and local policy and legislation of which the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008 is foremost as the overarching legislation that gives direction to how the NDMP is to be implemented, monitored and evaluated. Interagency and inter-sectoral cooperation is critical in combatting the devastating effects of substance abuse. South Africa is one of the 10 countries with the highest drug addiction rates in the world.

From these conclusions, the following recommendations are offered in terms of Theme 4:

➢ **Recommendation for policy**
- To counter the lack of inter-sectoral and interagency collaboration, the DSD, DoH and the NPO sector should review current policy relating to inter-agency and inter-sectoral collaboration to investigate the gaps that have led to a lack of collaboration.

➢ **Recommendation for practice**
- In view of the fact that there is a lack of inter-sectoral and interagency collaboration, the DSD and other government and private organisations should collaborate and establish interagency cooperation to address substance abuse in the Cape Metropole, the province and in the country at large.

➢ **Recommendation for future research**
- The DSD, DoH and the NPO sector should review current policy relating to interagency and inter-sectoral collaboration to investigate the gaps that have led to the current lack of collaboration.

8.6.5 THEME 5: Suggestions offered by participants

While service providers suggested integration of government and NPOs to streamline services and make them more accessible to service users and the

community in general, service users emphasised the need for employment and skills development, because most of them were unemployed.

Suggestions offered by service users to improve social work services provided by NPOs to adult MA users were focused on aftercare/reintegration services and employment and skills development. This is understandable in light of the fact that nine of the 10 service user participants were unemployed and were also school dropouts, which further exacerbates their employability. Therefore the need for skills training and jobs requires exploration in terms of aftercare/reintegration. However, considering the already under-resourced substance abuse services where NPOs struggle to survive, it can be questioned how realistic it is to hope to provide skills and jobs to service users.

Inter-sectoral collaboration and networking with the private sector becomes inevitable if South Africa is to make any inroads in combatting MA addiction and substance abuse in general.

From these conclusions, the following recommendations are offered in terms of Theme 5:

➢ **Recommendations for practice**
- Resulting from the high rates of unemployment of service users, NPOs who provide substance abuse services should include in their initial assessment, a needs assessment of the developmental areas of the clients' employability.
- Owing to the need of service users for employment and skills development, NPOs should have a database of FET and private colleges in order to link service users to this much-needed resource.

➢ **Recommendation for education**
- To deal with the employment and training needs of service users, NPOs need to collaborate with the business sector, FETs and private colleges to offer education opportunities to recovering addicts in treatment programmes.

➢ **Recommendations for future research**

- Assessment of the training needs and areas for skills development to empower and attain a level of employability of recovering addicts, needs to be instigated.

- The lack of inter-agency cooperation and networking between different sectors needs to be investigated.

8.7 RECOMMENDATIONS FOR FURTHER RESEARCH

It is recommended that future studies should focus on:

- The nature and scope of MA services to female service users: needs and challenges;

- The challenges and coping resources of aging parents of adult MA addicts in recovery;

- The aftercare/integration needs of recovering adult MA addicts in social work treatment services;

- A national audit to be conducted by universities offering the BSW degree to determine the content relating to substance abuse and align curricula accordingly;

- An investigation into the aftercare resources required by ex-addicts in poor socio-economic/disadvantaged communities to maximise their chances of maintained sobriety;

- Investigating whether lengthy in-patient programmes are effective in maintaining long-term sobriety;

- The need for employment and skills development training as part of substance abuse services to ensure client empowerment.

8.8 CONCLUSION

The aim of the study was to gain understanding of the nature, scope and utilisation of social work services provided by NPOs to adult MA users. The goals and objectives of the research study were achieved by utilising a qualitative case study design. Purposive sampling ensured that the people most closely involved with this issue – social workers and adult MA service users at 10 NPOs – were selected to participate in the study. The findings that emanated from the empirical study

conducted with service providers and service users provided insight into the nature, scope and utilisation of social work services provided by NPOs to adult MA users.

In line with the findings which were compared and contrasted with relevant literature, recommendations were made for practice, policy and CPD in relation to social work services provided by NPOs to adult MA users. Recommendations were also made concerning future research relating to the nature, scope and utilisation of social work services provided by NPOs to adult MA users. The researcher hopes that the findings and recommendations provided in this study will be utilised by stakeholders involved in substance abuse service delivery to inform practice, policy and future research, and in so doing, improve service delivery in the field of substance abuse.

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ANNEXURE A

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

Department of Social Work

To The Manager

My name is Shernaaz Carelse. I am conducting a research study on the nature and scope of social work services provided by non-profit organisations (NPOs) to adult methamphetamine (MA) users. The results of the study findings will contribute to a Doctor of Philosophy (PhD) research dissertation.

Your organisation is selected as a possible research site in this study because it is a NPO that offers social work services to adult MA/tik users.

The title of the research is: **Social work services provided by non-profit organisations to adult methamphetamine users: An ecological perspective**

1. PURPOSE OF THE STUDY

The purpose of the study is to gain an understanding of the nature, scope and utilisation of social work services offered by NPOs in the Cape Metropole that provide substance abuse services to adult users of methamphetamine (MA)/tik.

2. PROCEDURES

If you agree that the NPO may be used as a research site, the researcher would ask you to do the following:

a) Arrange a meeting for the researcher to meet with the social work staff to inform them about the research and to recruit interested social workers to participate in the study; the meeting will take approximately twenty minutes;
b) To request social workers to inform clients about the research and provide the researcher with interested client's details;
c) Alternatively, social workers may arrange for the researcher to meet with clients who are interested, at the organisation;
d) Alternatively, social workers and clients who wish to participate in the study may contact the researcher using the contact details provided.

3. POTENTIAL RISKS AND DISCOMFORTS

The research is considered medium risk and does not require personal information on the part of the participants. There is therefore no personal harm foreseen during or subsequent to the research process.

The researcher will guard against possible harm that participants may experience by:

a) Explaining the purpose for the study to them before the interview;
b) If required, arrange for debriefing with a social worker at a clinic in the southern suburbs in the Cape Metropole.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

There are no direct benefits for you, the participants or the organisation for participation in the study. Neither you, the participants nor the organisation will be remunerated for participation in the study. The potential benefit to science is the contribution to substance abuse research that will inform policy makers and practitioners regarding social work services to MA/tik users offered by NPOs.

5. PAYMENT FOR PARTICIPATION

The researcher is responsible for the cost of the research and no payment is expected from you, the participants or the organisation. Neither you, the participants nor the organisation will be remunerated for participation in the study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified will remain confidential and will be disclosed only with your permission, the participants' or as required by law. Confidentiality will be maintained by means of:

a) All audio taped discussions and files will be kept in a locked filing cabinet at the researcher's place of employment to which only the researcher has access;
b) The researcher will make use of identification numbers instead of the organisation's or the participants' names;
c) All transcribed interviews will be filed by the researcher using a password – protected computer system;
d) The researcher is the only person that will have access to the audio recordings and transcribed interviews;
e) In the event that participants may provide negative information about the NPO or criticising the organisation, the researcher will respect your wishes not to include such information should such information come out during the interview;
f) Should participants want to review the taped recoded or transcribed interview, they will be provided with the original type and or transcribed document;
g) The researcher will make use of identification numbers therefore in the event that the results of the study will be used for publication confidentiality will be maintained.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether the NPO will be used as a research setting in this study or not. If it is agreed that the NPO will be part of this study, you may withdraw participation at any time without consequences of any kind. The researcher may withdraw the NPO from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF RESEARCHERS

If you have any questions about the research, please contact Shernaaz Carelse *at*: 021 959 2849 or scarelse@uwc.ac.za. Should you have any questions regarding this study and the rights of the participants or if you wish to report any problems you have experienced related to the study, please contact Professor Sulina Green at sgreen@sun.ac.za at Stellenbosch University on 021 808 2070 and/or the Research Ethics Committee: Human Research (Humanities) on 021 808 9183.

9. RIGHTS OF RESEARCH SUBJECTS

The organisation and participants may withdraw consent at any time and discontinue participation without penalty. The organisation and participants are not waiving any legal claims, rights or remedies because of participation in this research study. If you have questions regarding the rights of the organisation or the participants as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

Based on the information provided, I hereby request your organisation as a possible research site in this study because it is a non-profit organisation (NPO) that offers social work intervention services to adult methamphetamine (MA)/tik users.

CONSENT TO CONDUCT RESERACH

The information above was described to me by Shernaaz Carelse in [Afrikaans/English] and I am in command of this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent that the organisation may be used as a research site to recruit participants for the study. I have been given a copy of this form.

_____

Name and Surname

_____   _____

Signature   **Date**

SIGNATURE OF RESEARCHER

I declare that I explained the information given in this document to _____ [name and surname of manager]. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in Afrikaans/English.

_____   _____

Signature of Researcher   **Date**

ANNEXURE B

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

Department of Social Work

CONSENT TO PARTICIPATE IN RESEARCH

Title: **Social work services provided by non-profit organisations to adult methamphetamine users: An ecological perspective**

Dear prospective participant

You are asked to participate in a research study conducted by Shernaaz Carelse, from the Social Work Department at Stellenbosch University. The results of the study findings will contribute to a Doctor of Philosophy (PhD) research dissertation. You were selected as a possible participant in this study because you are a **social worker** employed at a non-profit organisation (NPO) that offers social work intervention services to adult tik users.

1. PURPOSE OF THE STUDY
The purpose of the study is to gain an understanding of the nature and scope of social work services offered by NPOs in the Cape Metropole that offers substance abuse services to adult users of tik.

2. PROCEDURES
If you volunteer to participate in this study, we would ask you to do the following things:

a) Participate in an individual interview with the Shernaaz Carelse that will be held at the organisation;
b) The interview will take approximately forty five minutes;
c) The interview questions are centered on your experiences as a social worker offering substance abuse intervention services to adult tik users.

3. POTENTIAL RISKS AND DISCOMFORTS
The research is considered medium risk and does not require personal information on the part of the participant. There is therefore no personal harm foreseen during or subsequent to the research process.

The researcher will guard against possible harm that you may experience by:

a) Explaining the purpose for the study to you before the interview;
b) If required, arrange for debriefing with a social worker at a clinic in the southern suburbs in the Cape Metropole.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

There are no direct benefits for you or the organisation for participation in the study. Neither you nor the organisation will be remunerated for participation in the study. The potential benefit to science is the contribution to substance abuse research that will inform policy makers and practitioners regarding social work services to tik users offered by NPOs.

5. PAYMENT FOR PARTICIPATION

The researcher is responsible for the cost of the research and no payment is expected from you or the selected organisations where the study will be conducted. Neither you nor the organisation will be remunerated for participation in the study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of:

a) All audio taped discussions and files will be kept in a locked filing cabinet at the researcher's place of employment to which only the researcher has access;
b) The researcher will make use of identification numbers instead of participants' names;
c) All transcribed interviews will be filed by the researcher using a password – protected computer system;
d) The researcher is the only person that will have access to the audio recordings and transcribed interviews;
e) In the event that you may provide negative information about the NPO or criticizing the organisation, the researcher will respect your wishes not to include such information should such information come out during the interview;
f) Should you want to review the taped recoded or transcribed interview, you will be provided with the original type and or transcribed document;
g) The researcher will make use of identification numbers therefore in the event that the results of the study will be used for publication confidentiality will be maintained.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions about the research, please contact Shernaaz Carelse *at*: 021 959 2849 or scarelse@uwc.ac.za. Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact Professor Sulina Green at sgreen@sun.ac.za at Stellenbosch University on 021 808 2070 and/or the Research Ethics Committee: Human Research (Humanities) on 021 808 9183.

9.   RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH PARTICIPANT

The information above was explained to me by Shernaaz Carelse in [Afrikaans/English] and I am in command of this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent to participate in this study. I have been given a copy of this form.

_____
Name and Surname of Participant

_____   _____
Signature of Participant   **Date**

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [name and surname of participant]. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in Afrikaans /English and no translator was used.

_____   _____
Signature of Investigator   **Date**

ANNEXURE C

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

Department of Social Work

CONSENT TO PARTICIPATE IN RESEARCH

Title: **Social work services provided by non-profit organisations to adult methamphetamine users: An ecological perspective**

Dear prospective participant

You are asked to participate in a research study conducted by Shernaaz Carelse, from the Social Work Department at Stellenbosch University. The results of the study findings will contribute to a Doctor of Philosophy (PhD) research dissertation. You were selected as a possible participant in this study because you are a **service user** at a non-profit organisation (NPO) that offers social work intervention services to adult tik users.

1. PURPOSE OF THE STUDY
The purpose of the study is to gain an understanding of the nature and scope of social work services offered by NPOs in the Cape Metropole that offer substance abuse services to adult users of tik.

2. PROCEDURES
If you volunteer to participate in this study, we would ask you to do the following things:

a) Participate in an individual interview with the Shernaaz Carelse that will be held at the organisation;
b) The interview will take approximately forty five minutes;
c) The interview questions are centered on your experiences as a service user at an NPO offering social work services to adult tik users.

3. POTENTIAL RISKS AND DISCOMFORTS
The research is considered medium risk and does not require personal information on the part of the participant. There is therefore no personal harm foreseen during or subsequent to the research process.

The researcher will guard against possible harm that you may experience by:

a) Explaining the purpose for the study to you before the interview;
b) If required, arrange for debriefing with a social worker at a clinic in the southern suburbs in the Cape Metropole.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

There are no direct benefits for you or the organisation for participation in the study. Neither you nor the organisation will be remunerated for participation in the study. The potential benefit to science is the contribution to substance abuse research that will inform policy makers and practitioners regarding social work services to tik users offered by NPOs.

5. PAYMENT FOR PARTICIPATION

The researcher is responsible for the cost of the research and no payment is expected from you or the selected organisations where the study will be conducted. Neither you nor the organisation will be remunerated for participation in the study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of:

a) All audio taped discussions and files will be kept in a locked filing cabinet at the researcher's place of employment to which only the researcher has access;
b) The researcher will make use of identification numbers instead of participants' names;
c) All transcribed interviews will be filed by the researcher using a password – protected computer system;
d) The researcher is the only person that will have access to the audio recordings and transcribed interviews;
e) In the event that you may provide negative information about the NPO or criticising the organisation, the researcher will respect your wishes not to include such information should such information come out during the interview;
f) Should you want to review the taped recoded or transcribed interview, you will be provided with the original type and or transcribed document;
g) The researcher will make use of identification numbers therefore in the event that the results of the study will be used for publication confidentiality will be maintained.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions about the research, please contact Shernaaz Carelse *at*: 021 959 2849 or scarelse@uwc.ac.za. Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact Professor Sulina Green at sgreen@sun.ac.za at Stellenbosch University on 021 808 2070 and/or the Research Ethics Committee: Human Research (Humanities) on 021 808 9183.

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject,

contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH PARTICIPANT

The information above was described to me by Shernaaz Carelse in [Afrikaans/English] and I am in command of this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent to participate in this study. I have been given a copy of this form.

_____

Name and Surname of Participant

_____   _____

Signature of Participant   **Date**

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [name and surname of participant]. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in Afrikaans/English.

_____   _____

Signature of Investigator   **Date**

ANNEXURE D

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

Department of Social Work

Semi-Structured Interview Schedule – Service Providers

Social work services provided by non-profit organisations to adult methamphetamine users: An ecological perspective

Researcher: Shernaaz Carelse

Please be advised:

- All the information recorded in this interview will be regarded as confidential.
- The name of the organisation and your name will be kept confidential.

Instructions:

- Please be as honest as possible in your responses to the questions.
- You may choose not to answer any of the questions.

Date of interview	Location of interview	Participant code

1. Profile of service provider

1.1 Gender	1.2 Age	1.3 Race

1.4 Qualifications**:** (What is your qualification?)

Diploma in Social Work	
BA Social Work (3 years)	
B Social Work (4 years)	
Honours BA Social Work	
MA Social Work	
PhD Social Work	
Other (specify)	

1.5 How many years have you been employed:

- As a social worker?
- In the field of substance abuse services to adult methamphetamine/tik users?

2. Describe the NPO in terms of:
- The type of organisation

- The type of services offered
- Service fee structure
- Assistance from government (funding/subsidy)

3. **Describe the client-base that utilise the services provided by the NPO in terms of:**
   - Socio-economic profile
   - Biographical profile

4. **The Nature and scope of services:**
   - Describe the nature and scope of social work services provided by the NPO in terms of the intervention approach(es) used at the NPO.

5. **Describe the nature and scope of social work services that the NPO provide in terms of the Integrated Service Delivery Model (ISDM (2006):**
   - Prevention
   - Early intervention
   - Intervention
   - Reintegration/aftercare

6. **Describe the nature and scope of social work services in terms of the following methods:**
   - Case work (Micro level)
   - Group work (Meso level)
   - Community work (Macro level)

7. **Describe the utilisation of services provided in terms of:**
   - The response to services provided
   - The success rate/maintaining of sobriety

8. **Recommendations:**
   - What recommendations do you have to improve social work services provided by NPOs in the Cape Metropole that offer substance abuse services to adult methamphetamine/tik users?

Thank participant.

ANNEXURE E1

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

Department of Social Work

Semi-Structured Interview Schedule - Experiences of service users

Social work services provided by non-profit organisations to adult methamphetamine users: An ecological perspective

Researcher: Shernaaz Carelse

Please be advised:

- All the information recorded in this interview will be regarded as confidential.
- The name of the organisation and the participant will be kept confidential.

Instructions:

- Please be as honest as possible in your responses to the questions.
- You may choose not to answer any of the questions.

Date of interview	Location of interview	Participant code

1. Profile of service user:

1.1 Gender	1.2 Age	1.3 Race

1.4 Qualification (What is your highest qualification?)

Highest school standard/grade passed	
Certificate	
Diploma	
Degree	
Other	

1.5 Economic circumstances: What is your occupation and employment situation currently?

1.6 How long have you been in the current substance abuse programme at the non-profit organisation (NPO)?

1.7 Have you been in a substance abuse programme before? (Stage of addiction)

2 Experience of MA use:

2.1 How would you describe the situation of methamphetamine (MA)/tik use in the community you live in? What are the effects of MA/tik use in the community where you live?

2.2 Tell me about your use of tik and the effects and consequences thereof on:

- Yourself (Micro level functioning)
- Your family (Micro/meso level functioning)

3. Nature and scope of substance abuse services utilised by service users:

3.1 Where and how did you learn about the social work services offered by the NPO?

3.2 Describe the services that you receive at the organisation? (Levels of intervention)

3.3 Describe the methods of social work services used, for example case work and group work? (methods of intervention)

4. Benefits of utilising the services provided by NPOs:
How has the services provided by the NPO helped you to maintain sobriety/to stop using MA/tik?

5. Recommendations:
What recommendations do you have for NPOs who offer social work services to adult tik users?

Thank participant.

ANNEXURE E2

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

Departement van Maatskaplike Werk

Semi-gestruktureerde onderhoudskedule – ervarings van diensgebruikers

Maatskaplike werk dienste verskaf deur nie-winsgewende organisasies aan volwasse metamfetamien gebruikers: 'n ekologiese perspektief

Navorser: Shernaaz Carelse

Neem asseblief kennis:

- Al die inligting vervat in hierdie onderhoud moet as vertroulik beskou word.
- Die identiteit van die organisasie en die deelnemer sal geheim gehou word.

Instruksies:

- Wees asseblief so eerlik as moontlik met u antwoorde op die vrae.
- Dit staan u vry om geen van die vrae te beantwoord nie.

Datum van onderhoud	Plek van onderhoud	Kode van deelnemer

1. Profiel van diensverbruiker:

1.1 Geslag	1.2 Ouderdom	1.3 Ras

1.4 Kwalifikasie (Wat is U hoogste kwalifikasie?)

Hoogste skolastiese kwalifikasie bereik	
Sertifikaat	
Diploma	
Graad	
Ander	

1.5 Ekonomiese omstandighede: Wat is U beroep en is u tans in diens?

1.6 Hoe lank is U reeds deel van die dwelm rehabilitasie program by die nie-winsgewende organisasie (NRO)?

1.7 Was U voorheen deel van 'n dwelm rehabilitasie program? (Fase van verslawing)

2. Ervaring van metamfetamien (MA) gebruik:

2.1 Hoe sal U die gebruik van MA beskryf in die gemeenskap waarin U woon? Wat is die nagevolge van MA/tik misbruik in die gemeenskap waarin U woon?

2.2 Lig my asseblief in oor U ondervinding met die gebruik van tik en die effek en gevolge vir:

- Uself (mikrovlak van funksie)
- U gesin (mikro/mesovlak van funksie)

3. Karakter en omvang van dwelmmisbruik ondersteuningsprogram:

3.4 Waar en hoe het U te wete gekom van die maatskaplike dienste aangebied/verskaf deur die NRO?

3.5 Beskryf die dienste wat U ontvang van die organisasie. (Vlakke van intervensie)

3.6 Beskryf die metodes van maatskaplike dienste wat gebruik is, byvoorbeeld groepwerk en ondersteunings dienste. (Metodes van intervensie)

4. Voordele van die gebruik van dienste verskaf deur OSWs:

Hoe het die dienste wat verskaf is deur die NRO U gehulp om sober te bly of om die gebruik van MA/tik te staak?

5. Aanbevelings:

Watse aanbevelings het U vir NROs was dienste verskaf aan volwasse tik gebruikers?

Bedank deelnemer.

ANNEXURE F

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

Approval Notice Progress Report

28-Mar-2017

Carelse, Shernaaz S

Proposal #: HS1137/2014

Title: Social work services provided by non-profit organisations to adult users of methamphetamine: An ecological perspective.

Dear Mrs Shernaaz Carelse,

Your **Progress Report** received on **08-Mar-2017**, was reviewed by members of the **Research Ethics Committee: Human Research (Humanities)** via Expedited review procedures on **23-Mar-2017** and was approved.

Please note the following information about your approved research proposal:

 Proposal Approval Period: **23-Mar-2017** -**22-Mar-2018**

Please take note of the general Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

Please remember to use your **proposal number** (**HS1137/2014**) on any documents or correspondence with the REC concerning your research proposal. Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Also note that a progress report should be submitted to the Committee before the approval period has expired if a continuation is required. The Committee will then consider the continuation of the project for a further year (if necessary).

This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the Guidelines for Ethical Research: Principles Structures and

Processes 2004 (Department of Health). Annually a number of projects may be selected randomly for an external audit.

National Health Research Ethics Committee (NHREC) registration number REC-050411-032. We wish you the best as you conduct your research.

If you have any questions or need further help, please contact the REC office at 218089183.

Sincerely,

Clarissa Graham

REC Coordinator

Research Ethics Committee: Human Research (Humanities)

Investigator Responsibilities

Protection of Human Research Participants

Some of the general responsibilities investigators have when conducting research involving human participants are listed below:

1.Conducting the Research. You are responsible for making sure that the research is conducted according to the REC approved research protocol. You are also responsible for the actions of all your co-investigators and research staff involved with this research. You must also ensure that the research is conducted within the standards of your field of research.

2.Participant Enrollment. You may not recruit or enroll participants prior to the REC approval date or after the expiration date of REC approval. All recruitment materials for any form of media must be approved by the REC prior to their use. If you need to recruit more participants than was noted in your REC approval letter, you must submit an amendment requesting an increase in the number of participants.

3.Informed Consent. You are responsible for obtaining and documenting effective informed consent using **only** the REC-approved consent documents, and for ensuring that no human participants are involved in research prior to obtaining their informed consent. Please give all participants copies of the signed informed consent documents. Keep the originals in your secured research files for at least five (5) years.

4.Continuing Review. The REC must review and approve all REC-approved research proposals at intervals appropriate to the degree of risk but not less than once per year. There is **no grace period.** Prior to the date on which the REC approval of the research expires, **it is your responsibility to submit the continuing review report in a timely fashion to ensure a lapse in REC approval does not occur.** If REC approval of your research lapses, you must stop new participant enrollment, and contact the REC office immediately.

5.Amendments and Changes. If you wish to amend or change any aspect of your research (such as research design, interventions or procedures, number of participants, participant population, informed consent document, instruments, surveys or recruiting material), you must submit the amendment to the REC for review using the current Amendment Form. You **may not initiate** any amendments or changes to your research without first obtaining written REC review and approval. The **only exception** is when it is necessary to eliminate apparent immediate hazards to participants and the REC should be immediately informed of this necessity.

6.<u>Adverse or Unanticipated Events.</u> Any serious adverse events, participant complaints, and all unanticipated problems that involve risks to participants or others, as well as any research related injuries, occurring at this institution or at other performance sites must be reported to Malene Fouch within **five (5) days** of discovery of the incident. You must also report any instances of serious or continuing problems, or non-compliance with the RECs requirements for protecting human research participants. The only exception to this policy is that the death of a research participant must be reported in accordance with the Stellenbosch Universtiy Research Ethics Committee Standard Operating Procedures. All reportable events should be submitted to the REC using the Serious Adverse Event Report Form.

7.<u>Research Record Keeping.</u> You must keep the following research related records, at a minimum, in a secure location for a minimum of five years: the REC approved research proposal and all amendments; all informed consent documents; recruiting materials; continuing review reports; adverse or unanticipated events; and all correspondence from the REC

8.<u>Provision of Counselling or emergency support.</u> When a dedicated counsellor or psychologist provides support to a participant without prior REC review and approval, to the extent permitted by law, such activities will not be recognised as research nor the data used in support of research. Such cases should be indicated in the progress report or final report.

9.<u>Final reports.</u> When you have completed (no further participant enrollment, interactions, interventions or data analysis) or stopped work on your research, you must submit a Final Report to the REC.

10.<u>On-Site Evaluations, Inspections, or Audits.</u> If you are notified that your research will be reviewed or audited by the sponsor or any other external agency or any internal group, you must inform the REC immediately of the impending audit/evaluation.