EXPLORING WHETHER FAMILY INVOLVEMENT AND SUPPORT CAN ASSIST IN SUBSTANCE ABUSE TREATMENT OF RELATIVES

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Full Thesis submitted in fulfilment of the requirements for the degree

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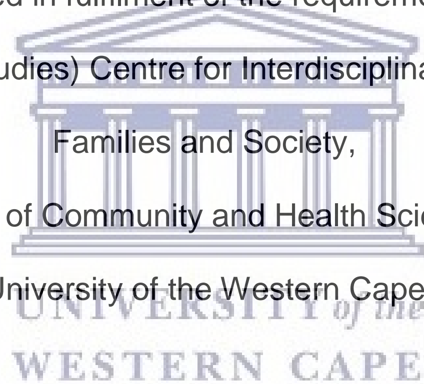

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28 July 2023

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ABSTRACT

Whilst abuse of substances creates issues at the individual level, its influence has always extended to the entire family of the substance abuser. It has been found that stress and the inability of the person to distinguish between right and wrong should be regarded as the main reason for the person to take illicit drugs. Substances of abuse include taking drugs, such as cannabis, cocaine, amphetamines, sedatives, opiates, inhalants, hallucinogens, along with the consumption of alcohol often referred to as alcohol and other drugs (AOD). The effect of substance abuse, as identified from the research, proves that the substance abuser suffers health, social and psychological issues after becoming addicted to licit and illicit drugs. The individual may become violent and develop a tendency to perform illegal activities. The nature of the substance abuser not only harms them but also negatively influences their families and relationships within the family. Therefore, the study focused on the roles families play as active participants in combating active substance-abuse, their involvement in the domain of the abuser's treatment procedures and the support system they offer to the substance abuser. Qualitative semi-structured interviews were used to collect data. . One of the findings is that family involvement is very helpful to assist in recovery.Proper communication among family members helps each individual to deal with difficult situations that indirectly relieve stress. Additionally, it was found that strict rules and guidance within the family unit restrict the use of illicit drugs, alcohol and over-the-counter (OTC) drugs, to mention a few. In the case of this study and its participants, it could be said that family involvement improves the quality of treatment and acts as a boost in the treatment of substance misuse. Furthermore, the findings reveal that the family context holds significant information and influence on how substance abuse develops, is maintained and what can positively influence the treatment of substance abuse disorders.

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KEYWORDS

Family involvement

Family support

Family systems theory

Substance abuse

Substance abuse rehabilitation

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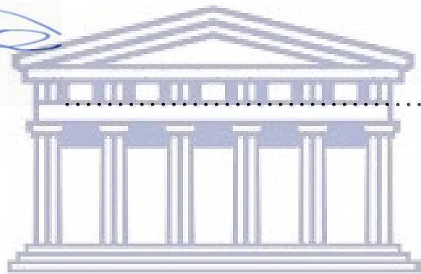
DECLARATION STATEMENT

I declare that the study entitled, "*Exploring whether family involvement and support can assist in substance abuse treatment of relatives*" is a result of my research. The sources used in this study have been properly cited and acknowledged with complete references.

Name: Thandeka Mkosana

Date: 28 July 2023

Signed: … …………………………………….



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LIST OF ABBREVIATIONS

AIDS: Acquired Immune Deficiency Syndrome

ATPs: Addiction Treatment Professionals

CBT: Cognitive-Behavioural Therapy

DOH: Department of Health

DSD: Department of Social Development

FST: Family Systems Theory

HIV: Human Immunodeficiency Virus

LSD: Lysergic Acid Diethylamide

NAADAC: National Association for Alcoholism and Drug Abuse Counsellors

NIDA: National Institute on Drug Abuse

NSDUH: National Survey on Drug Use and Health

SAMHSA: Substance Abuse and Mental Health Services Administration

UNDCP: United Nations Drug Control Program

UNODC: United Nations Office on Drugs and Crime

WHO: World Health Organisation

COVID-19: Coronavirus disease 2019

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DEDICATION

I dedicate this thesis to my mother. She taught me that the best forms of knowledge acquired are those that are self-taught and accomplished in a systematic and stepwise manner.

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I faced various challenges during this project, and in my opinion, I regard this study as the most challenging one. However, support from several people helped me to complete this project with ease.

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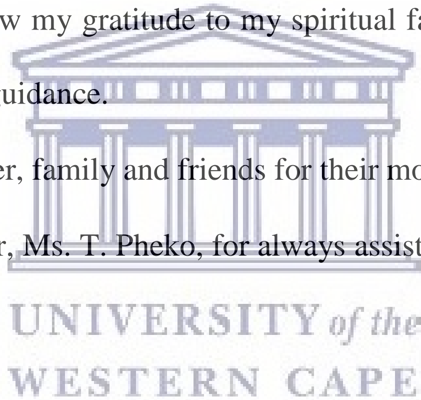

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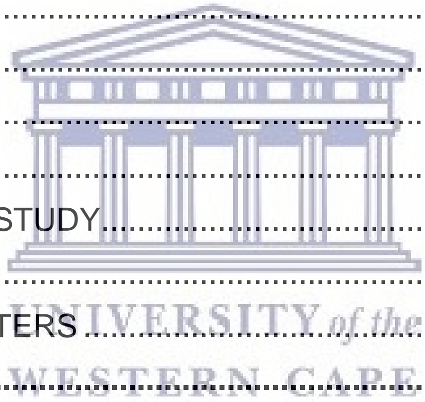
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CHAPTER ONE

INTRODUCTION OF THE STUDY

1.1 BACKGROUND AND RATIONALE

Substance abuse is regarded as one of the global problems that impose a negative effect on the individual, as well as on their family system. In a family where one member is abusing substances, it affects the family's overall well-being. Substance abuse is defined as the excessive abuse of a substance (Department of Social Development (DSD), 2016) and the psychoactive or dependence-producing illicit drugs, such as cannabis, cocaine and heroin (Dlamini, 2017). As substance abusers might live with their family members (Wynne et al., 2018), the family needs to involve themselves in assisting the substance abuser to ensure proper treatment. Steinglass et al. (2007) state that the characteristics of a good family are that each family member should support each other, share opinions, rectify each other mistakes and guide each other so that they could live within the society without facing any problems. Furthermore, effective and successful family involvement strengthens the collaboration of schools (in the case of minors), employees, agencies, friends, employers, relatives and many more. However, for successful involvement, the required understanding of the substance abuser with his/her family is important.

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The National Household Survey on Drug Abuse (NHSDA) surveyed in 2018 found that 20.5% of people present in the United States (US), aged 12 and above, have reported binge drinking. It means that they consume five drinks and more at least once on an occasion for thirty days (National Survey on Drug Use and Health (NSDUH), 2018). Additionally, 7% comprising 12.9 million people living in the US, including Columbia, reported heavy drinking, which means consuming five or more drinks on a similar occasion for more than five days in a row over thirty

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days (NSDUH, 2018). Furthermore, 7% of the US total population who were aged over 12 reported illicit substance consumption (Substance Abuse and Mental Health Services Administration (SAMHSA), 2018). Within South Africa in 2017, the number of people affected by substance abuse and opted for treatment rose from 8787 in 2016 to 10047 in 2017 (SAMHSA, 2018). The case of fetal alcohol syndrome in South Africa is five times higher compared to the US, and the drug consumption rate is two times above the world's normal rate (Haffejee Govender, Reddy, Sibiya, Ghuman, Ngxongo, & O'Connor, 2018). The study by Peacock, Larney, Colledge, Hickman, Rehm, & Degenhardt, 2018) reported that in South Africa, male youth over 20 years are more affected compared to females because 80% of death cases related to alcohol consumption consist of males over the age of 20 years. Substance abuse has destructive consequences on personal health, as well as on the family (Gutierres et al., 2017; McCrady et al., 2018). Besides alcohol consumption, cannabis is used by 2% of the South African population, cocaine (0.3%), amphetamines (0.2%), sedatives (0.3%), opiates (0.1%), inhalants (0.1%) and hallucinogens (0.1%) (Myers & Pasche, 2018).

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Therefore, addicted people should be monitored frequently by family members because the addiction drives the member to take the substances secretly. Nesic and Duka (2016) state that, to protect the substance abuser from substance abuse, family members need to be involved in regular monitoring and keeping the person away from harmful substances. Family involvement defines the way adult members of the family support their members to overcome obstacles and assist that member to grow and develop within society (Babbie & Mouton, 2018). Family involvement is important because family members intervene when a particular member of the family falls into the trap of substance abuse. Each member of a family has concern for the well-being of other members, thus providing the required support to the family member suffering from substance abuse to

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overcome and recover from it (Bowen, 2014). Proper support from the family paves the way through which patients who were obsessed with alcohol and substances may be able to visit the rehabilitation centre and get the required help within the specified time (Rowe, 2012).

In most cases it can be noted that substance abuse affects the youths, however as people age alcohol use tend to be the more utilised substance of use (Greenfield, Brooks, Gordon, Green, Kropp, McHugh, & Miele, 2007). According to Rouse (2018), family structure and involvement are highly important for youths aged between 12 to 17 years because, during this age, there is a tendency that the youth may fall into the trap of the wrong people and start consuming alcohol or drugs, which can lead to criminal activities. Furthermore, Rouse (2018) suggests that people aged between 18-44 years, after getting married or having families, are more likely to become involved with alcoholism due to life stressors. Thus, improper guidance to handle responsibility paves the way for the development of stress, which can lead to a need for stress alleviation in the form of substance abuse (Rouse, 2018).

A social support group, which will involve your friend or family member in regular meetings with others struggling with substance abuse present within society stresses the importance and role of family involvement in eradicating substance abuse. Firstly, an individual before opting for any type of AOD thinks about the family and its family status within society. Family background with the absence of drug-abuse may cause the individual to stay away from substance abuse (Copello et al., 2018). Furthermore, the family acts as a buffer as well as a protective factor to keep the individual safe from the deleterious effect of substance abuse by letting the individual understand its negative impact on their health and relationship with other members. Ribeiro (2016) states that families that disapprove of substance abuse, along with alcohol consumption, may deter other members of the family to become less inclined towards the use of illegal drugs. Given that

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substance abuse has huge adverse implications on the family unit, this thesis utilised the family systems theory to explore how family-involvement assists in the treatment of the substance abuser.

1.2 THEORETICAL FRAMEWORK

The study is based on Murray Bowen's (2014) family systems theory (FST), which holds that individuals are inseparable from their network of family relationships. FST reports that changes in one part of the system can produce changes in other parts of the system; these changes can contribute to either problems or solutions. Bowen (2014) illustrates that system theory describes the family by explaining it in terms of boundaries and subsystems which more or less function together as a structural unit of family members. Subsystems usually consist of individuals, dual groups or more (parents, brothers, sisters, male subsystems) and are naturally divided horizontally (brotherhood) and vertically (various generations). Pons et al. (2016) describe FST as a system in which each member follows specific rules and performs specific roles based on which, they are supposed to interact and respond in a certain way to one another. Chrapek (2017) believes that within the FST, a family represents a multilevel structure of multilateral transactions and communication which occur according to specific principles. From this standpoint, changes in the behaviour of one of the family members affect the behaviour of other people and the function of the whole family system (Chrapek, 2017). To understand the mechanisms used by an individual, it is necessary to understand the principles that oversee interactions in a specific family. FST purports th at substance abuse in a family does not only affect the abuser but that the whole family's well-being is affected by one family member's behaviour.

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1.3 PROBLEM STATEMENT

Substance abuse can be viewed as progressive family disease and the effects of substance abuse on the family system can be very complex (Reiter, 2014). If not adequately and efficiently addressed, the repercussions can have a significant effect on all members of the family. It is estimated that approximately five people close to the adult substance abuser will directly be affected by their substance abuse (Pons et al., 2016). Furthermore, the importance of family support during the recovery process of a person with a substance abuse disorder has been widely shown and Pons et al. (2016) additionally suggest that family pressure influences the user's decision to stop using alcohol or other drugs. Sebangane (2015) reports that the family unit is essential in providing the required support system for substance abusers to overcome the challenges they face, given that the family has been one of the most important agents of socialisation for the abusers. Being essential participants in the substance abuse treatment of their family members, families have huge effectiveness in substance abuse treatment (Sebangane, 2015). Family members who have solid relationships and influences will be a source of strength for individuals to stop abusing drugs (Tomori, Huong, Binh, Zelaya, Celentano, & Quan, 2014). The importance of family support is high as family members think about the well-being of each other. Therefore, this study focuses on the effectiveness of family involvement in supporting the to get proper medical treatment and deal with the addiction both physically and psychologically.

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1.4 RESEARCH QUESTION

- How do family involvement and support assist in substance abuse treatment of the substance abuser within the family?

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1.5 AIM AND OBJECTIVES

1.5.1 Aim

This research aimed to explore how family involvement assists in substance abuse treatment and provides support to family members with substance abuse problems or recovering from substance abuse dependence.

1.5.2 Objectives

The study addressed the following objectives:

- To explore and describe the need for family involvement in substance abuse treatment of substance users.
- To explore the support systems families with substance abusers have in place for the recovery of the substance abuser.
- To explore the steps that the family unit can employ whilst the substance abuser is in rehabilitation to reduce the probability of relapse.

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1.6 METHODOLOGY

This study employed a qualitative approach, which explored phenomena as they occur in the real world and therefore want to study them in their natural settings (Terre Blanche et al., 2006). Hennik et al. (2011) indicated that qualitative research is an approach that seeks to embrace and understand the background influences on the research issues, and it also allows a researcher to study people in their natural settings. Within the qualitative paradigm, an exploratory-descriptive research design was applied. An exploratory research design is most useful and appropriate for those studies that are addressing a subject about which there are high levels of uncertainty and ignorance (Van Wyk, 2012). On the other hand, a descriptive design is a non-experimental design used if the researcher wants to describe the variable of interest as it naturally occurs. This type of design is

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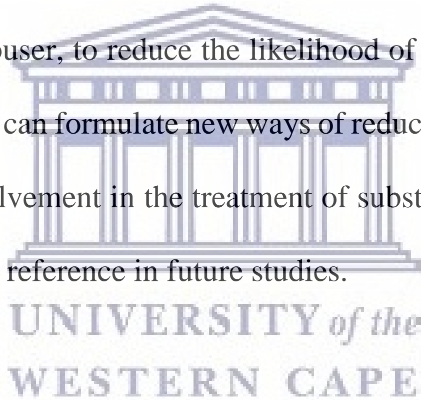
used when little is known about the topic (Botma et al., 2016). To understand the involvement of family in substance abuse treatment, a descriptive research design has been used in this study.

1.7 SIGNIFICANCE OF THE STUDY

The significance of the study is to provide insight into the importance of family involvement in the treatment of substance abuse among family members. The study points to the benefits which family involvement brings in the treatment of substance abuse to family members. Another aspect of this research is that the support systems of the family members enable the substance abusers in a family to recover from substance abuse. Additionally, another significance of this research is that it would identify the ways families are involved with the rehabilitation centre for the treatment of substance abusers. The study will provide some of the measures that can be taken by a family during the treatment of a drug abuser, to reduce the likelihood of relapse. This research will also be useful to policymakers as they can formulate new ways of reducing the rate at which drug abuse is growing, by using family involvement in the treatment of substance abuse. The information in this research can also be used for reference in future studies.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1.8 DEFINITION OF TERMS

Family involvement: this is the engagement of family members in the treatment and recovery process of adults and youths from drug and substance abuse (NIDA, 2016).

Family Support: does not only mean the involvement of family member during family therapy but also denote continuous support to the individual to overcome the addiction (Rass, 2017). Further, family support represents both the emotional and physical support the family provides to an individual. This is regarded as the participation in a family therapy programme that helps an

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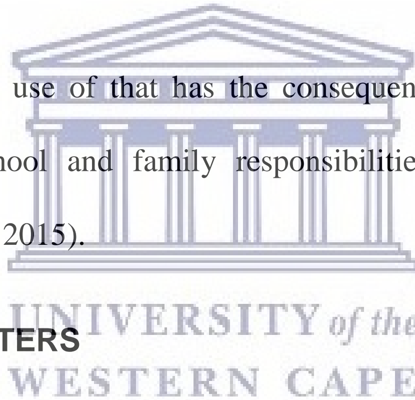
individual in the recovery process, and in another instance, it promotes the sobriety of an addicted family member to adjust within society and walk on the right track (Rass, 2017).

Substance Abuse Rehabilitation: medical, family, psychotherapeutic or any other treatment regarding alcohol, substance and drug dependency to help addicted individuals stop compulsive drug seeking and use (Botma et al., 2016).

Substance Abuse Treatment: involves psychotherapies for treating the dependency on alcohol or other harmful substances like street drugs like cocaine, heroin or amphetamines, which involve depression-related treatments or other disorders and expert-counselling and peer discussions among those addicted to these substances (Substance Abuse and Mental Health Services Administration (SAMHS, 2016).

Substance Abuse: the repeated use of that has the consequences of an individual failing to accomplish essential work, school and family responsibilities and therefore suffering the consequences (Fein & Cardenas, 2015).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1.9 OUTLINE OF THE CHAPTERS

Chapter One – Background and introduction - this chapter is an overview of the proposed study; it outlines the introduction which explains in detail several components of the study. It introduces the topic at hand and a brief definition of the theory on which the study is based. Furthermore, it states the problem statement that discussed why there is a need for the research, the significance of the research, as well as the gap in the literature. Additionally, this section presented the research question, aim and objectives and defines the terms or concepts of the research study.

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Chapter Two - Literature Review and Theoretical Framework - this chapter consists of two parts: the literature review and the theory that underpins this study. The theoretical framework provides an understanding of the family systems theory and its applicability to this research. The literature review involves family involvement and support, substance abuse, strategies for family involvement and support, parenting and childcare support and family-focused programmes so that a clear background could be built to understand family involvement in the treatment of substance abuse. Additionally, this chapter would point out why the rise in substance abuse and the effect of substance abuse on families, along with the process through which family members would help an individual deal with addiction.

Chapter Three – Research Methodology - this chapter provides an explanation of the methodology used to execute the research. The chapter includes the research design, research setting and population of the study, research instruments, data collection procedure and data analysis. Ethical considerations of the study are also presented.

Chapter Four – Results and Discussion - a detailed analysis of the findings presented in the form of narratives to illustrate the results of the study is presented in this chapter. This chapter provides insight into the demographics of the sample and the data gathered in addressing the research question. The data obtained were analysed thematically. It allows for the integration of results with literature and the theory underpinning this study, to gain an understanding of the ways family involvement would help in the treatment of substance abuse.

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Chapter Five - Summary, Conclusion and Recommendations - this chapter provides the summary and the conclusion of the study and gives recommendations for future research. Finally, it outlines the limitations of the study.

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CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

This chapter provides insight into the research that has been conducted on substance abuse and its relation to family involvement and family support. The theoretical framework shall reflect on the concept of the Family Systems Theory and its use to study cases of substance abuse among family members.

2.2 SUBSTANCE ABUSE

Substance abuse means frequent or excessive usage of substances that are harmful to the health and might lead to any physical or mental disorder (DSD), 2016). Botvin and Griffi (2018:126) define substance misuse as the use of the drug in a pattern wherein a user intakes a substance in unsafe amounts or through unsafe methods for themselves and others. This is a disordered action associated with substance misuse. Drug misuse and alcoholism in South Africa are rising at an alarming rate, causing varied health, economic and social problems affecting the population at large. Statistics noted in the United Nations World Drug Report (2014) on dependency on substance state that the consumption of drugs such as methamphetamine (tik), cannabis and cocaine in South Africa is double the average level of consumption globally. As per the current statistics in 2019, thirteen percent of South Africa's youth population has been engaged in substance abuse, once in their lifetime (www.hsrc.ac.za/en. 2020). Human Sciences Research Council statistics have revealed that substance abuse in 2019 increased by hundred and twenty-three percent between 2015 and 2005 (www.hsrc.ac.za/en. 2020). Alcohol abuse by youth has been

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more alarming, as it increased by hundred and forty-eight percent in this period. A similar study has revealed that in South Africa, forty-five percent of the trauma cases reported in the hospital have been due to alcohol intake (Reid & Genitus, 2017). These cases of trauma and accidents have been due to illicit intake of drug abuse by the youth. Plüddemann, Parry, Donson, & Sukhai (2004) also discovered that alcohol consumption is involved in about 15% of injuries leading to trauma cases internationally, and that percentage is much higher in South Africa, namely between 36% and 79%.

2.2.1 Risk factors for substance abuse among young people

Many factors create the risk for young people to be exposed to substance abuse. The factors might be categorised as individual factors, factors related to family or the community and society. The individual risk factors for young people to be susceptible to substance abuse include emotional distress, difficult temperament among adolescents and aggressiveness (Substance, Mental & Office of the Surgeon General US, 2016). Positive feelings towards drug abuse or alcohol consumption and a lower perception of risks involved can also be considered as favourable attitudes among young people towards substance abuse. Peers and friends and their engagement in substance abuse can also be influential factors. As noted by Badiani et al. (2018), there is also genetic susceptibility of some adolescence to be more attracted to drug use and higher alcohol consumption.

Family-related factors such as poor practices of parents to set expectations about the behaviour of children and failure at monitoring their inappropriate drive for substance abuse can be an important risk factor. On the other hand, Nelson et al. (2017) add that children witnessing conflict among parents, including neglect and abuse, are at higher risk to be drawn towards substance abuse. Approval of parents for substance abuse or favourable attitude of parents towards

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drug use and higher alcohol consumption can also be an influential factor for substance abuse among young children. Baldani et al. (2018) added that generalised and persistent misuse among family members increases the risk for substance abuse among children. Community factors, such as the lowest sales tax on alcohol and discounting, need to be accounted for as risk factors for substance abuse among young people. Substance, Mental & Office of the Surgeon General (US) (2016) considers media portrayal of substance abuse, lower social economic status, such as of the parents, along with economic difficulties, create more risks for young children to be attracted towards substance abuse. Even lower grades at school and bullying can drive young children towards inappropriate substance abuse

2.2.2 Effect of substance abuse on children and youth

As noted from the perspective of an individual, sustained abuse of substances has varied health and society-related problems. Substance abuse has been associated with different kinds of violence, crime and accidents. Experiential evidence in the studies of Tshitangano and Tosin (2016) noted a well-built relationship between abuses of substances by young people. It is documented that abuse of substances may lead to premeditated injuries, such as interpersonal aggression, sexual violence and child abuse. Moreover, it leads to accidental injuries, such as suicide, drowning and poisoning (Seedat, 2018). Seedat (2018) revealed the connection between homicide with drug misuse, children's abuse and domestic abuse, whereby aggression is associated with higher blood alcohol concentration levels and the frequency of violence occurs in the context where alcohol consumption is involved.

The dearth of resources for restricting addiction to the drug has been stated as key to many grim crimes such as robbery and murder (Tshitangano & Tosin, 2016).

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On the contrary, it has also been noted by Kourgiantakis and Ashcroft (2018) that the involvement of family members in the mitigation of the impact of substance abuse cannot be undermined. Moreover, Botzet et al. (2019) pointed out that if the family members are actively engaged in understanding the increasing risks of substance abuse among children, then, the effects and risks of violence and crimes can be mitigated. Family members, specifically parents, can have a positive impact on reducing the negative effect of substance abuse among young children. Kourgiantakis and Ashcroft (2018) add that through constant monitoring of the growth of positive attitudes of children towards substance abuse, family involvement can help in the mitigation of risks of substance abuse and its impact on young children and the family. Family members need to be supportive of the behavioural changes among young children being drawn towards substance abuse instead of neglecting them and being aggressive. Penkoff (2019) stated that support can be extended through counselling and discussions between parents and children that are at risk of substance abuse. Botzet et al. (2019) added that without adequate support from family members, young children would find difficulties in addressing restraint over someone who is a substance abuser and the negative effect the substance abuser has on them as family members. The involvement of the family can be considered a resource for controlling the effect of substance abuse among children (Ribeiro, 2016).

Midford (2017) and Liddle (2014) suggested that the misuse of substances is widely concerned with interpersonal violence that includes mistreatment and sexual assault. Substance abuse is noted among young people in schools, and it has a detrimental impact on their behaviour at school, as violence at school often lead to an environment that is non-conducive for learning or teaching (Kean, 2017). Violence at home is usually directed against women in domestic abuse, and siblings are also subjected to pressure. At school, teachers and friends are the primary victims.

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As noted by Tshitangano and Tosin (2016), drug use often leads to family dysfunction and disintegration, economic losses and sorrow and augmented trouble related to health and related services of treatment due to the use of the drug.

Substance abuse comes at a great cost to not only the addict and family members but also to society at large. Chronic substance abuse and relapse have been found to diminish the overall functioning of people who take alcohol or drugs. Addiction often results in negative health consequences for the substance-abusing individual and stress-related health consequences for family members and loved ones. This may lead to the disruption of family functioning, destruction of relationships, potential risk-taking behaviours and criminal activities, increased rates of incarceration, larger taxpayer burden over time and increased healthcare costs (Copello, 2018; Copello et al., 2018; Kean, 2017).

The consequences of substance abuse usually disrupt the nuclear family while also affecting the extended family. Members of the extended family may experience feelings of anxiety, abandonment, fear, concern, anger, guilt or embarrassment, thus, they may end up ignoring or cutting ties with the drug abuse victim (Ribeiro, 2016). Cooper et al. (2015) opined that the abuse of illicit drugs is often influenced by the environment in the family. The environmental factors include unstable family conditions that may emerge from caretakers that use drugs. Domestic violence, inconsistent care from the caretaker and transient conditions of living impact the psychological and emotional development of the children. Furthermore, children's usage differed as per the perception of drugs by the family. In families where a negative attitude towards alcohol and other drugs exists, children's usage was low (Wynne et al., 2016). In those that exhibit a positive attitude towards these drugs, high usage was prevalent in their children (Schoutz & Locke, 2014). As per a study by Goldenberg and Goldenberg (2017), within a sample of parents, old

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siblings and adolescents, the youth were more likely to indulge in marijuana use if a parent or old sibling within the family had used drugs. Moreover, the history of substance abuse or alcohol use also impacts the risks of the child in the next generation being influenced by drug abuse or alcohol use. Hence, this states that family lineage and influence are significant aspects of the attraction of children to the future use of substance abuse (Ribeiro, 2016). In this respect, attention needs to be given to greater involvement of the family in keeping the children away from being attracted to alcohol and substance abuse.

2.3 FAMILY INVOLVEMENT AND SUPPORT

Sommer et al. (2017) indicated that substance abuse can lead to harm to other people in the larger community apart from members of the family. The use of harmful drugs and alcohol is frequently stated as an issue in the family due to the grave negative impact of dependence and for the reason that the significance of revival impacts not just the one using the substance but also other family members. Consequently, the spotlight needs to be on families' critical role in determining and thwarting the disparaging intergenerational series of the case of substance abuse or addiction. As noted by Morojele and Ramsoomar (2016), the family's role in the continuation of the habit of children in substance abuse is significant, as the family suffers simultaneously from direct results of abuse. Meanwhile, the family holds the prospect of being influential in helping people to defend against substance abuse (Shulamith & Pracana, 2018). The role played by parents is central in any family given power, role modelling and control strategies against substance abuse. Parental use of drugs and substance abuse by siblings, as well as violent attitudes of parents that increase the risk of drug abuse, are strongly connected to drug problems in the family (Liddle, 2018).

Kaufman and Yoshioka (2014) believe that recuperation engages the whole family, as it is a family malady involving families all together with alcohol and substance abuse; clients can

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advance the functioning of the family and probably develop good outcomes of treatment. Liddle (2018) conducted research on 176 teenage clients affected by drug misuse and their mothers as part of six outpatient drug-free programmes with sessions for family therapy. The findings of the study by Liddle (2018) reveal that the more confidently the client explained the functioning of the family and their relations during the pre-treatment period, that would increase the chances for improvement by the client and their parents for follow-up. It was determined that young people with superior outcomes of treatment began their treatment with enhanced positive insight into their family relations (Casemore, 2016).

2.3.1 Strategies for family involvement and support

The literature demonstrates that family and parent-oriented intervention programmes are essential in reducing and preventing substance abuse (National Institute on Drug Abuse (NIDA), 2014). Literature indicates that there are two ways in which the family can respond to a member who uses drugs. The first of these emphasises the significance of motivating parents' misuse of substances to engage in treatment. The second includes working directly with the family to foster changes to family/relationship dynamics, parenting skills, substance use and communication skills (Horgan, 2018). Studies have been carried out whereby a treatment specialist was to obtain information about whether the involvement of family members enhanced the treatment process of the users and therefore merit further research (Copello et al., 2018; Velleman et al., 2018). Liddle (2018) stressed that family members have to restrain themselves from alcohol and substance abuse, specifically during the process of treatment to set a good example and to ensure that they do not influence the family member to be engaged in alcohol and substance abuse. They should ideally abstain as long as the abuse is with them.

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The key mental treatment modalities are approaches based on cognitive-behavioural, counselling or motivational interviewing (Patel, 2016). Parents can also counsel their children about the ill effects of substance abuse in an informal and friendly environment to create awareness among the children. They can further arrange for professional help from an external agent such as health counsellors and/or a counsellor specifically engaged in substance abuse counselling for their children. In this respect, Hardcastle et al. (2017) stated that motivational interviewing is a very effective technique of counselling that helps to create motivation among people affected by substance abuse for treatment. It does not directly address the underlying causes of substance abuse but can be used to complement other therapies. It includes strengthening motivation and commitment to people fighting substance abuse and reaching sobriety. Marcovitz et al. (2020) noted that there are five principles included in motivational learning that can help create motivation among children by either their parents or professional counsellors. It includes expressing empathy towards them through reflective listening. Development of discrepancy between the values of clients and current behaviour and avoiding confrontation are also part of motivational interviewing. As noted by Hardcastle et al. (2017), motivational interviewing includes adjustments for resistance of the clients in place of directly opposing them and supporting their optimism and self-efficacy. The cognitive-behavioural approaches include informal discussions between parents and children and counselling and motivation by parents to children to offer them support. The parents can also arrange for counselling from professional therapists so that children can overcome the inner frustrations that make them attracted to drug abuse. Hence, it can be added that the parents can have an active role to play in the arrangement of treatment for the children affected by the risks of substance abuse. As noted by Jackson et al. (2019), the parents can either take direct interventions through counselling and motivational interviewing or they can take help from

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professionals such as counsellors and therapists for arranging treatment and interventions for their children.

Interventions such as counselling and mentoring that are family-based offer advantages to substance abuser and their family members. Further influence of family members comprises strategies by the family unit that can be used for reducing dropout at the beginning (Galanter & Keber, 2014). Strategies for family union function in a similar context as therapeutic alliances as the focus is on trust-building. The support from family members permits the client to value the counsellor or therapist and therefore they are more open to therapeutic propositions due to trust building just as they trust their family members. The proposition includes changes in lifestyle for bringing positive change. Family members are advantageous as they might manage their issues and can be engaged in recovery that facilitates the post-treatment period, such as through being more supportive and offering mentoring and motivation to them to come out of substance abuse. This also facilitates essential changes in the dynamics of the family for adjusting the requirements of the teenager after the treatment (Crnkovic & DelCampo, 2015).

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2.3.2 Support for childcare and parenting

In the domain of substance abuse-related treatments, the aspects of childcare, as well as parenting support, hold immense relevance (Stewart et al., 2017). Midford (2017) suggested that attention needs to be given to substance abuse by caregivers involved in the care of young people from substance abuse. The aim should be to reinforce and capitalise on the significant influence parents and caregivers have on the attributes of children when parenting skills are improved and family bonds are made robust. The young and child population are also emphasised to ensure the reduction of aspects that enhance their risks of substance abuse (Orte et al., 2016). Programmes, like those of Strengthening Families (Western region), are targeted at raising resilience and mitigation of

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family risks, and this is done by provision of services for enhancing family relationships, skills of parents and assistance for the development of the young population (Sixsmith & D'Eath, 2018). The bond between the parent and children is of immense importance in the case of treatments, as it helps in creating proper communication, both among the child and the parent as well as between the patient and the caregiver. A better understanding of the problem is also facilitated and the comfort of the children also increases in the presence of the parents.

There is a considerable number of literary assertions and scholarly evidence that highlight the importance of the presence of parent-child bonding in the aspects of communication and treatment, both in the general context as well as in the context of drug- abusers and their treatments (Casemore, 2016). Corona et al. (2017) reported that the presence of compassion in the parent and child relationship and bonding is specifically important in these cases, which helps in reducing the barrier of communication between children and their parents who are also considered the primary caregivers for them. This reduction in hurdles of communication helps in understanding the plight of the patients and the root causes of their addictions and tendencies of substance abuse. This, in turn, helps in the development of person-centric treatment and care provisions for the same. This assertion can also be seen to be augmented by Kimonis et al. (2019) according to whom, the presence of robust parent-children bonds can help in reducing the resistance on part of the substance abusers to get treatment and care provisions, thereby leading to efficient solutions for the same.

Another important aspect of the bonding of the parents and their children, especially in the cases of the victims of substance abuse, is highlighted by Heymann et al. (2020). As per the assertions of the concerned authors, when there is an effective and friendly relationship between children and their parents, then, the children are less likely to shield or hide their activities from

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their parents (Heymann et al., 2020). Thus, early detection of their substance abuse traits and tendencies is then possible. This, in turn, helps in convincing the children to sign up for treatments (Kimonis et al., 2019). The level of comfort of the substance abusers, during their treatments is also considerably dependent on the type of bonding that they share with their parents or care providers. This leads to the development of family resilience, which includes the ways devised by the family members to cope with the adversities of the substance abuse traits of the child (Heymann et al., 2020). The presence of bonding helps in the creation of more compassion and resilience in the family for mitigating the negative impacts of substance abuse. Resilience shall also include restraint on the promotion and use of drugs at home and engaging in knowledge sharing on the ill effects of drug abuse (Heymann et al., 2020). Restraint needs to be on parents to abstain from alcohol intake or drug abuse at home to set good examples (Kimonis et al., 2019).

Orte et al. (2016) argue that the interventions having multiple components for support provision to abusers of substances and their children can be seen to have enhanced positive results, especially in terms of involvement in the lives of children, greater bonds with family and communication. The researchers cite the (Spanish) Family-Competence Programme (FCP) as one such intervention which emphasises on family relationships. The components that are the same include life skills, a course on parenting skills and a family-centred programme that integrates the learning of all children and parents (Orte et al., 2016).

The high rates of retention found in the programme indicate the positive result of its implementation. This was crucial, as one of the key issues facing prevention programmes for drug abuse is the lack of participation of participants, along with a decrease in the interest of users and motivation. The involvement and interests of children in the recovery of their parents are the key encouragements behind their participation and retention (Orte et al., 2016).

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2.3.3 Family-focused programmes

There remains a lack of sufficient programmes for the provision of family support for those affected by drug-related issues (Harwin, 2018). However, several programmes emphasise the needs of the family members (Harwin 2018; Orford et al., 2007), such as the Community Reinforcement and Family Training (CRAFT) (Meyers et al., 2017), the Pressures to Change Approach (Barber & Crisp, 2015), the 5-Step Method (Copello et al., 2018), and The Alcohol, Drugs, Gambling and Addiction Research Group (2018). All these are designed for the provision of assistance to families and to develop and implement coping strategies. The United Kingdom's Alcohol, Drugs, Gambling and Addiction Research Group (2018: 180) suggested that programmes should be constructed based on the families' positivity, such as the bonding between the members and their strengths in understanding and analysing the problems and others. This can be different from the individual treatments that do not consider the contributions of families. Programmes, like the 5-Step Interventions, help in these aspects through the development of strong family relations which are done by incorporation of inclusive activities (ADGARG, 2018).

The third step of the concerned intervention model is of immense importance, as it highlights the limitations and benefits of the coping actions, which helps in the determination of efficient options by the relatives (Copello et al., 2018). Consequently, in the incidents of drug abuse by individuals, their relatives are found to be less aggressive or emotional and they can stay calm and assertive, which helps in tension reduction (Copello et al., 2018). Programmes that incorporate the concerned model create provisions to communicate with people outside the family (like practitioners), about drinking or substance abuse issues, which can often go unnoticed in families (Copello et al., 2018). Harwin (2018) asserted that due to the presence of evidence-based and compact approaches in FFPs, they appear to be more attractive tools to policymakers.

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2.4 FAMILY-INVOLVEMENT AND SUPPORT AND SUBSTANCE-ABUSE TREATMENT

The term "family involvement", in general, ranges from attending group presentations (for parents), with the children being in the agency programmes, to the involvement of parents as well as their children in different structured activities under intensive therapies for families (Hawin, 2018). Knight et al. (2017) indicated that the single best factor contributing to the success of residential treatments for adolescent substance abusers is the positive involvement of their families in their treatments. This is supported by the findings of Risberg and Funk (2015) whose information was obtained from 199 parents (through a questionnaire), regarding the impacts of attending Family Night Programmes, which illustrated that there exists a positive linkage between participation and the level of personal satisfaction regarding the concerned programme.

The involvement of family members leads to considerable success in even the inclusion of a substance-abusing person in any kind of related treatment. Stanton (2016) reviewed multiple studies to form an overview of the success of treatments on adults as well as children and in 30 of the 32 studies conducted, it could be seen that the patients are close to their families, especially parents or guardians, which helped in getting them to the treatments. In their discussion of various family therapies and the related stages, Stanton and Heath (2015) stated that in situations where the substance abuser is young, it is believed by the family therapists that parents need to be involved in key decisions on the treatment of children**.** Hsieh et al. (2018) emphasised the involvement of guardians as the key influence on the related treatment processes. They conducted an in-depth study of 2,317 adolescents in different stages of treatments and asserted that the participation of families had more impact in forecasting favourable outcomes than that of the stay-duration of the patient. Rowe and Liddle (2015) augmented this assertion by generalising the

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positive influence of family-based handling as the most successful move towards preventing drug abuse by adolescents. This is helpful in the sense that it reduces the adverse effects of the detachment of the children from their families in instances where they need to undergo therapies in rehabilitation centres.

Risberg and Funk (2015) concluded that individuals are highly compliant when they experience being part of any process. Extending help to the family is often difficult though the rewards are potentially higher considering the successful process of recovery. This is because, for rendering help through the family, the members and especially the parents of the abusers need to have empathy and knowledge regarding care provision. However, if this can be done, the positive effects on the children are more prominently visible.

The literary evidence in the domain of substance abuse and related treatments can be seen to be majorly emphasising on family supporting the substance abuser, which mostly is provided in outpatient sectors. Galanter and Keber (2014) collected in-depth information studying 138 families in their multi-year research regarding the effectiveness of family therapy, especially for adolescent victims of substance abuse. According to Knight et al. (2017), the family of adolescent patients plays a considerably crucial role in bringing about behavioural change. Schmidt et al. (2016) took reference to Multidimensional Family Therapy to understand the behaviours of the parents and their implications. Emphasising the behaviours of the parents, the findings could be seen to highlight the shifts towards positive attitudes from negative parental attributes, which, in turn, could be seen to be linked with the reduction in problems of drug or substance abuse among the concerned adolescents. Shelef et al. (2015) had 100 participants in therapy consisting of adolescent patients and their guardians, thus highlighting the significance of the integration of parent-therapists for the retention of the individuals in the treatment procedures. Stanton and Heath (2015)

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commented that family members are the most important motivators, as they can form alliances and encourage sober members of the family to increase their support towards the abusers in the instances when they are undergoing treatment. Family therapists encourage substance users to follow and preserve abstemiousness.

Wallace and Setoff (2017) created a model for the provision of intensive treatment to adolescents addicted to substance abuse and the primary component of the model is the involvement of the guardians. However, the intensive work done by Stanton and Shadish (2017) on the parental population has led to the robust development of their insights, as is evident from the "sensible proven treatment model" (p. 235). This model develops robust steps for rendering intensive treatment to the abusers and the inclusion of the families. There is a need for parents to participate in psycho-educational orientation, parental groups based on gender, weekly educational groups and different types of therapies.

The Centre for Substance Abuse Treatment and the SAMHSA of the U S Department of Health and Human Services funded the development of the Family Support Network (Hamilton, 2017), which is used as an efficient supplement for adolescent treatments, as the presence of robust family support and known faces can make the patients comfortable in the care seeking and treatment processes. The Family Support Network for marijuana users, as highlighted by Hamilton et al. (2014), includes in-home sessions of therapies that are expensive and also some affordable group sessions for the provision of psycho-education, along with parental support. This is expected to create positive impacts on the abusers, who will get motivated by the care and support shown by the parents and the care groups.

There remain considerable literary gaps in the domain of specific emphasis on the involvement of the parents and caregivers, especially for those adolescent substance abusers, who

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reside in residential treatment programmes (Hamilton, 2017). Winter (2018) summarised different programmes as well as issues, and as per his assertions, those young people with serious substance abuse issues need long-term treatments for months for which therapeutic communities are required. The need for incorporation of family involvement is more crucial for the treatment of youths than that of adult therapeutic communities. According to Winter (2018), the first of the core principles of therapeutic communities is that there remains a considerable linkage between family relationships with that of the involvement of adolescent people in different kinds of substance abuse, which, in turn, indicates the need for involvement of the members in the sessions of therapies for the concerned patients. Adolescents need their families during their treatments, especially because they live with them and the presence of care, empathy and support from them helps in the process of treatment and recovery.

According to the observations of Fishman et al. (2015), regarding the case of a residential centre for the treatment of adolescent people in the North-eastern region, the importance of family involvement in the procedures of treatment cannot be ignored. The incorporation of the same in the treatment models in the USA is highlighted by Stevens and Morral (2015). The aspects of a multiplicity of services and extended family involvement and multi-family therapies can also be utilised in the process of treatment and recovery. However, there remains a lack of information regarding the results of treatments, both in the generalised aspect, as well as in component-wise form. It highlighted the positive influence of the involvement of members of the family on the direct outcomes of the treatments, although there is no concrete data to support these assertions (Stevens & Morral (2015).

The involvement of guardians is evident in the case of treatment of adolescent people who are addicted to substance abuse (Stevens & Morral, 2015). However, the major section of the

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literary evidence asserts this idea based on the negative impacts which parents have on their children, and the information is mostly collected with the help of surveys and observations. Direct interactions with parents can be seen to be missing (Stevens & Morral, 2015). The modalities of the treatment depend on the economic and social conditions of the population and the intensity of drug abuse in families in South Africa (Fishman et al., 2015). In Africa, there is a need for the studies to be relevant to the intensity of drug abuse and alcohol intake by the youth and the history of substance abuse in the family. This is because the problem of substance abuse among young people and children in South Africa can be seen to be increasing with time and there is an absence of a proper framework for the development and inclusion of parental support and care groups (Fishman et al., 2015).

2.5 THEORETICAL FRAMEWORK

The Family Systems Theory (FST) underpinned this study and relates to the interaction of the family units with one another for maintaining dysfunctionality represented by a family with any member facing the problem of substance abuse. The central concept of the FST of Minuchin (1974) views a family as an integrated system, characterised as a complex social institution that is composed of different kinds of relations. The FST posits that family can be viewed as a dynamic unit, and it is interpreted through varied components termed subsystems (Minuchin, 1974), consisting of individuals, groups or triads (parents, sons, daughters, brothers, sisters and others) that function together. This theory views the family to be more than an accumulation of subsystems (Goldenberg & Goldenberg, 2018; Nichols & Schwartz, 2018). A family comprises members that are interdependent and their interactions, relations, rules and limitations contribute to the behaviour of the family. Individual members of the family impact the structure as a unit, and the overall system influences individual members. Hence, there is a substantial amount of "cycle of

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impact" implicated in the understanding of the system of influences in a family (Minuchin, 1974). The effectual aspect of the structure has an impact on different parts, hence working to source the restructuring of a system in an uninterrupted way (L'Abate, 2018; West, 2018). The application of the basic framework in the study is the focus on the study of interactions in the family to influence the path of alcoholism in the family member who abuses the substance. Substance abuse might hurt the whole family, as the family functions as a unit (Nichols & Schwartz, 2018). A person who is alcoholic exploits family income to continue the alcoholic routine. This might outrage other members of the family who might communicate their resentment towards the alcoholic. Furthermore, such resentment can activate harmful sentiments in them, making them influenced towards alcohol intake to make them insensitive to negative reactions. Hence, alcoholism or any substance addiction is a cyclic phenomenon that involves the whole family, and it is not just an individual's illness.

One important aspect of the systems theory states that if needs in a family are unfulfilled, that might lead to frustration. This frustration is exhibited by a suggestive level of disturbance seen in one member who is the 'identified patient' or IP. When a parent refuses to provide the acceptance needs and admiration from their child, this child might route to seeking acceptance from acquaintances and friends, who might require the child to do the accepted norms such as drinking habits to be accepted (Nichols & Schwartz, 2018). Consequently, the IP might be a family member representing the family by articulating challenging actions such as alcoholism and other drug intakes, collectively seen as a substance that reflects trouble in the family unit on behalf of all the family members (Chan, 2015). Upon the understanding of systems theory, the present study assessed the behaviour of substance abuse among a member in a family unit, whose habit of substance abuse can lead to behaviours corresponding to a negative impact on the entire family.

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The essential principle of the family systems theory posits that people cannot be wholly understood or treated, devoid of understanding of the person's functioning in his or her system. Members of the family, mainly children that continually receive negative advice or those receiving a negligible level of motivating communication due to dependency of the parental figure on substances, are liable to get affected in their psychological development (Wynne, et al., 2018). Such children are affected psychologically and exhibit negative behaviour considering there is no way they could vent out their suppressed feelings. Another aspect to consider is how the family system retains or influences substance addiction, such as through extending more support to the family member involved in substance abuse and taking the initiative for correcting their habits.

Chrapek (2017) indicated that families embody a structure at multilevel composed of many-sided operations and communication that takes place according to definite principles. Furthermore, Botvin and Griffi (2018:126) stated that behavioural changes of any member of the family impact behaviour of other members and also the functioning of the entire system of the family for understanding the mechanisms of a person, thus, understanding principles influencing communication in a family is necessary (Fichter et al., 2017). When conflicts take place when an individual faces challenges, the entire family gets "affected", and they need to be given adequate support and diagnosis theory, such as systematic therapy for implementing determined changes. This leads to solving issues experienced, specifically by any specific member of the family. Therefore, therapeutic impacts are directed at the structure of the family, patterns of interaction and principles impacting the overall system of the family (Czabała, 2017). Family system theory is related to the understanding of the impact of actions or behaviour of one family on other family members, such as during substance abuse. For instance, it helps to understand how the whole family's well-being is affected by one family member's behaviour. Since the family witnesses the

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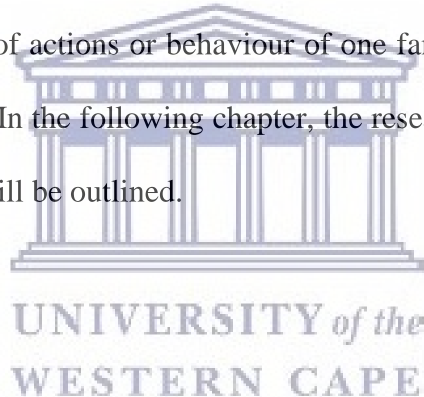
effect on the member affected by substance abuse nearby, they can also have a greater role to play in the rehabilitation of the member to reduce the risks of relapse. Hence, the family functions as a unit and the behaviours of one family member are interrelated with others, as noted in the theory.

2.6 CONCLUSION

In this chapter, there has been an assessment of the sources of studies and research studies on substance abuse. The studies have been directed at understanding the involvement of family members in preventing substance abuse by children. The assessment of the literature sources in this chapter has been informative in developing an understanding of the intensity of substance abuse in South Africa. The literature review has also reflected on the family programmes and initiatives for preventing the risks of substance abuse. Family system theory was discussed to get an understanding of the impact of actions or behaviour of one family on other family members, such as during substance abuse. In the following chapter, the research methodology for the study of data collection and analysis will be outlined.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CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

It is through the application of a qualitative approach and an explorative descriptive design that this study has been executed. This chapter focuses on methods and approaches for research that were incorporated into the study and includes an explanation of the qualitative approach used. Furthermore, the sampling method, data collection and information analysis, data verification and trustworthiness will be discussed. Finally, ethical considerations, as well as researcher bias will be discussed.

3.2 RESEARCH QUESTION

The study attempted to answer the following research question:

- Do family involvement and support assist in substance abuse treatment of the substance abuser within the family?

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3.3 RESEARCH AIM

This research aimed to explore how family involvement assists in substance abuse treatment and provides support to family members with substance abuse problems or recovering from substance abuse dependence.

3.4 RESEARCH OBJECTIVES

The current study addressed the following objectives, which are to:

- Explore the family involvement in the substance abuse treatment of substance users.

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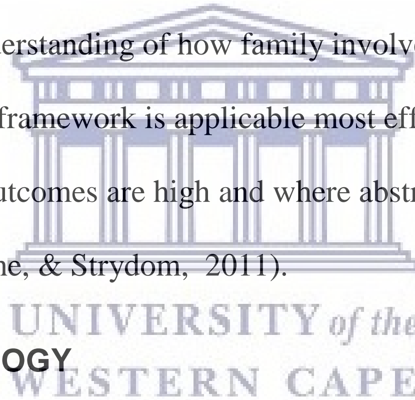
- Explore what support systems families with substance abusers have in place for the recovery of the substance abuser.
- Explore the measures that the family unit can employ whilst the substance abuser is in rehabilitation to ensure minimising the probability of relapse.

3.5 RESEARCH APPROACH AND DESIGN

This study employed a qualitative approach which can be used to explore real case scenarios and occurrences, thereby facilitating in-depth examination of the occurrences, keeping into consideration the natural settings of the same (Guest & Namey, 2015). This is because the study is explorative and it depends on the analysis of words and perceptions that cannot be numerically measured. The descriptive design, along with explorative attributes, were considered for this study, to explore and gain an understanding of how family involvement assists in substance abuse treatment. An exploratory framework is applicable most efficiently for research where the uncertainty of information and outcomes are high and where abstract attributes are to be studied in-depth (De Vos, Delport, Fouche, & Strydom, 2011).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3.6 RESEARCH METHODOLOGY

3.6.1 Research setting

The place of collection of information for conducting research is usually referred to as the research setting (Brink, Van der Walt, & Van Rensburg, 2018). Khayelitsha, the research setting for this study, is an isiXhosa terminology that can be translated as “new home”, and refers to a small township present in the southward direction of Central Cape Town, at a distance of 30 km. With a population of nearly 500,000 people in 2011, the town can be highlighted as a peri-urban one, with a marginal economy (Khayelitsha Matrix Site, 2018). In terms of ethnicity, the town consists of predominantly individuals of African Black descent (90.5%); people of colour represent 8.5%, and

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whites are 0.5% of the population. The region has isiXhosa as the primary language, and the population is mostly young, with more than 40% under 19 years and only 7% being above 50 years.

The research was conducted in a substance abuse treatment Centre in Khayelitsha, which is affiliated with the City of Cape Town health services programme. The Khayelitsha Matrix Centre offers a variety of community health care services, which include treatment programmes, such as the drug-outpatient, as well as the free sixteen-week treatment for alcoholic patients. These treatments are characterised by intensive sessions where the presence of patients is required. A further requirement of the service provider is that the patient's family should be involved in the treatment process too.

3.6.2 Population and sampling

Population is a larger group to which all the people of interest belong (Graziono & Raulin, 2018:103), and in this study, it consisted of drug substance abusers undergoing a free rehabilitation programme at The Matrix Centre in Khayelitsha, as well as the family members of the substance abusers.

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Purposive sampling, which is appropriate when the researcher selects a sample based on the nature of the population, elements as well as the attributes of the concerned population and their relevance with the study (Creswell, 2014) was used to select the sample. The sample consisted of four family therapists who have worked at the rehabilitation centre for more than a month, ten substance users, parents (10) whose relatives or siblings had been exposed to substance use and treatment at the centre and willing caregivers (5) who had a history with substance use and living with a substance abuser. Families/individuals with no history of substance abuse in the family and

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who had no family member who partook in any programme or treatment at the centre were excluded.

3.6.3 Pilot study

A pilot study, referred to as a small trial testing of the selected methods and tools for research (like those of data collection methods, interview guides for interviews and others) to test their applicability (Polit et al., 2018; Van Teijlingen & Hundley, 2018), was incorporated by selecting two respondents, one parent and one abuser (who did not form part of the main study). This stage was important in refining the selected methodology and tools (De Vos et al., 2011), adjusting the questions of the semi-structured interview schedule and identifying potential barriers in the aspects of the selection of respondents, conducting interviews and other research operations (Glesnie, 2018; Mason, 2007). After the pilot study was conducted, adjustments were made, such as using simple and precise terms in English, as well as changing some of the questions to answer the research question and the study objectives. Questions on demographic information, such as occupation and level of education of the participants, were added after the pilot study. This was found to be important, as it has helped the study to assess the depth of the problems among participants and the linkage of the same with their occupation types or the level of education.

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3.6.4 Data collection

Permission to conduct the study was obtained from the Human and Social Sciences Research Ethics Committee of the University of the Western Cape (HS18/3/17), the Department of Health of the City of Cape Town, as well as the Khayelitsha Matrix Centre management to use their rooms and clientele. The participants were recruited with the assistance of family therapists at the centre. Semi-structured interviews with interview schedules were used for data collection. Dawson (2017) stated that semi-structured interviews help in ensuring an emphasis on specific and crucial areas

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for concerned studies. As De Vos et al. (2011) explained, interviews are effective in the collection of large and in-depth information, thereby contributing to the development of rich datasets for studies.

3.6.4.1 Preparation of the participants

Initial contact was done through invitations given to the family therapists, via telephone conversations. Arrangements were made beforehand with participants, as to a suitable date and time, and these were confirmed telephonically. A room in each ward was identified by the relevant participants for the interview to be conducted. The rooms were comfortable with two chairs and a table on which the tape recorder was placed. A relaxed environment was created for facilitating warm and interpersonal interactions. The setting and environment were non-threatening since the participants were familiar with their department (De Vos et al., 2015).

Before the interviews, the researcher explained the purpose of the interview by providing the information sheet (Appendix A). The ethical considerations were explained to the participants, and they were requested to sign the consent form (Appendix B). Permission was also asked for the interview to be audio recorded. Face-to-face interviews were done following a semi-structured pattern. The benefit of the same is the presence of scope for the researcher to observe the participants' body language and facial expressions in response to the interview questions (De Vos et al., 2018).

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3.6.4.2 Individual interview sessions

Interviews varied in length and lasted between 40 – 45 minutes, depending on the level and magnitude of information collected from each of the selected participants. Neutrality was maintained while interacting with the respondents and follow-up questions were asked for probing them to put forward more perceptions and information (Mack et al., 2015). Probing involved the

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use of words that encourage participants in the provision of more information related to the issue of concern (Hennink et al., 2018). Communication skills, such as eye contact, nodding and verbal clarification, were used for better engagement of participants and to induce them to share their experiences and notes that had been kept during the same. The interviews with participants were conducted at the places where they are employed and were conducted in English (Babbie & Mutton, 2016). Interviews were conducted until data saturation was reached (De Vos et al., 2015).

3.6.4.3 Field-notes

Polit and Beck (2004: 718) suggested that these are a collection of unstructured and crude observations on the part of the researchers, which help in forming final interpretations. Mostly, the researchers write down information in field notes, as described in Russell Bernard (2011). In most cases, these scratch documents help researchers in recalling information about their observations during data collection, which otherwise could be missed in the absence of any documents.

3.6.5 Data analysis

Thematic analysis was used to analyse the data, and it followed the five analysis steps as recommended by Creswell (2007).

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- In the **first step**, the participants have been identified and the individual interviews had been conducted, and with the consent of the concerned participants, the information has been recorded.
- In the **second step**, the obtained information has been sorted and organised in terms of the main themes as per the requirement and issue of concern of the concerned study.

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- In the **third step**, data in different categories have been analysed (keeping into consideration the variations in the assertions of different participants) and for doing the same, a thorough analysis of the transcripts of the respondents has been done several times.
- In the **fourth step**, different assertions from the transcripts were then categorised under the relevant themes developed for the concerned research. The information obtained under each of the constructed themes was then studied and interpreted to put forward the information obtained for the concerned themes.
- In the **fifth step**, that is the interpretation step, meaning the assertions and information obtained and categorised under each theme have been put forward in the concerned research, which in turn, has helped in reaching conclusions and drawing inferences about the issue of concern for the concerned study.

3.6.6 Data verification and trustworthiness

- Data verification and trustworthiness are the magnitudes of the accuracy of reflection or assessment of the concepts and issues of concern incorporated in the studies (Howell et al., 2015). Guba and Lincoln, (1982 as cited in Trochim, 2018), proposed four criteria for judging the soundness of qualitative research:
- **Credibility** - This is the level of confidence that is imposed on the reliability of information collected (Polit & Beck, 2004: 715). The information for the concerned study is credible, as considerable time had been invested in each respondent to ensure the collection of sufficient data and the collection of information continued until reaching the data-saturation point. Triangulation was also applied. Both field notes and audiotapes were used to collect data simultaneously. These allowed repeated reviews of the original raw data. Peer examination was also employed (Imel et al., 2002; Polit & Beck, 2004; UNISA, 2010).

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- **Transferability** – This is the attribute that shows the degree of generalisation and application of the study outcomes in other contexts or research settings. Purposive sampling and rich descriptions provide as much information as possible so that other observers may judge the potential application of the results to other contexts. For the concerned study, it was ensured that there exists a thick description of the phenomenon by respecting the explorative research method (Lincoln & Guba, 1985; Helen & Dona, 2007). A discussion of the research site was done for the reader to make the judgement. This is because the study conducted in this case cannot be generalised to all kinds of rehabilitation or care settings across the globe.
- **Dependability** – This decides the level of consistency of study outcomes if the same would have been conducted in a similar setting or with the same study participants (Helen & Dona, 2007). It highlights the accountability needs of researchers when there is any alteration in the research context or the study setting, and the impacts of the same on the research approach and outcomes are also to be highlighted in these aspects. For a study to be accurate, Lincoln and Guba (1985) suggested that an audit trail should be kept. Another researcher should find the same results if given the same data and using a similar decision trail (Brink et al, 2018). In this study, the co-coding of data from the transcripts was done by the researcher, supervisor and with the co-supervisor's assistance to minimise any kind of unintended or intended inclinations at the time of information analysis. All primary data are included in the final report to understand how the researcher concluded the findings.
- **Conformability**- This is the level of neutrality of the data, that is, their accuracy, relevance or meaning. By ensuring transferability and credibility as described above, the conformability of this study was also enhanced. Additionally, the method of bracketing

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was incorporated, where any presumptions about the perceptions of selected respondents were not taken into consideration to stay open to the participant's perceptions (Brink, 2008:113; Imel et al., 2002; Polit & Beck, 2004; UNISA, 2010).

- The aspects of ethics and welfare, as well as the rights and interests of the study participants, were prioritised by the researcher to attain trustworthy assertions and inferences. The integrity of the institution, as well as the respondents, was uncompromised, and the ethical aspects incorporated in the research are discussed below.

3.6.7 Self-reflexivity

The researcher and research subjects are both living and experiencing beings, therefore, it is necessary to reflect on how that might affect the research process (Shaw, 2018). Malterud (2018) describes self-reflexivity as an approach to looking analytically at the background of information production, mainly via the influence of the researcher throughout every stage of the research progression. The researcher was conscious of her role as a researcher and did not take the stance of a therapist. Therefore, the researcher had to separate her experiences with substance abuse and treatment from those of the participants. Initially, it seemed challenging. However, starting and maintaining a reflexive journal aided in separating her experiences from those of the participants. The journal assisted the researcher in truly engaging with and being focused on the participants and their experiences. The researcher respected the participants and was non-judgemental about the experiences that they encountered and described.

3.7 ETHIC CONSIDERATIONS

In qualitative research, it is of immense importance to consider the possible ethical issues that can occur, thereby designing the study in the same. When ethics are not respected, then, the outcomes may have negative implications, not only on the welfare of the participants but also on the research

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as a whole (Brink et al., 2018). Ethical considerations observed to protect the participants' rights of voluntary participation, confidentiality, consent and anonymity were as follows:

Voluntary participation: participants were made aware of their right to voluntarily participate in the concerned interviews and also about their right to withdraw at any time, which would not result in any penalties (De Vos et al., 2007).

Informed consent: an information sheet about the concerned study was provided to each of the respondents before conducting the research (Appendix A) and a consent form (Appendix B) which they were requested to read and sign (Brink et al., 2018). The information was verbally explained and any questions regarding the same had been entertained before receiving their informed consent (Appendix B).

Confidentiality and right to anonymity: participants were assured of the confidentiality of the information collected from them. The recordings and transcripts would be stored under lock which no one will access, except the researcher. These would be discarded after 5 years by shredding the client's information (Gonzalez-Perez, 2007). Participants were ensured of the protection of their identities and their confidentiality in any kind of publication. This would be done by using respondent codes and not their names in case of future publications of the thesis.

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Potential benefits and risks: qualitative interviews on sensitive topics may provoke powerful emotional responses from a participant (Gonzalez-Perez, 2007). Participants were informed about the potential risks for participation in the concerned research, which are normal in any kind of human interaction. They were, however, assured that such risks would be minimised and acted promptly to assist if any discomfort was experienced during the interview. Participants were also informed that there were no financial incentives for their participation nor any financial benefits

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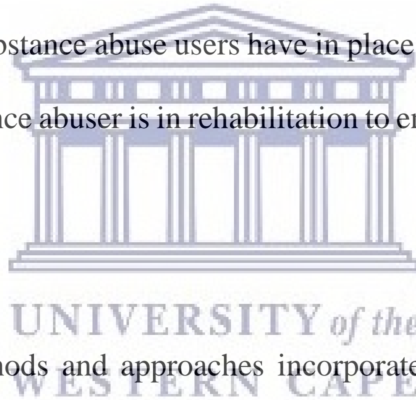
to them. The research would be used to improve the knowledge of family involvement and support in substance abuse treatment (Brink et al., 2018).

3.8 LIMITATIONS OF THE STUDY

In the work of Babbie (2013), he posited that there are many fundamental inconsistencies with qualitative research. He revealed that some of these limitations include the inability to generalise to the general population, and the incapacity to give a statistical description of the total population (Babbie, 2013). In that regard, one of the limitations of this study was that the finding could not be generalised to the whole population of alcohol and substance users in South Africa because a fraction of them were just purposively selected. Furthermore, this study's results do not give a statistical description of family involvement in substance abuse treatment of substance users, support systems families with substance abuse users have in place for recovery and the family unit to be employed whilst the substance abuser is in rehabilitation to ensure minimising the probability of relapse.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3.9 CONCLUSION

This chapter described the methods and approaches incorporated in the concerned study. The methodology highlighted the use of a qualitative approach and a descriptive and exploratory research design. The population and sampling were described and the selected procedures were shown and discussed elaborately. Issues regarding validity/trustworthiness and research ethics maintained in this study were discussed. In the following chapter, the results of the research findings are presented, interpreted and discussed.

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CHAPTER FOUR

PRESENTATION AND DISCUSSION OF THE FINDINGS

4.1 INTRODUCTION

In this chapter, the results of the research are presented, interpreted and discussed. This chapter presents the demographic data of interviewees and present and discusses the findings of the study that is based on the objectives of the study. Thematic analysis, which was outlined and discussed in the previous chapter, was employed during the data analysis process to arrive at the results that are presented in this chapter.

The following research objectives were the focus of this research study:

- To explore and describe the need for family involvement in substance abuse treatment of substance users.
- To explore the support systems families with substance abusers have in place for the recovery of the substance abuser.
- To explore the steps that the family unit can employ whilst the substance abuser is in rehabilitation to reduce the probability of relapse.

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The profiles of the participants according to their demographics are presented in Tables 4.1, 4.2 and 4.3 respectively. Four major themes, with ten subsequent sub-themes, emerged during data analysis.

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4.2 DEMOGRAPHIC DATA OF PARTICIPANTS

Twenty-four participants took part in the study which comprised ten participants (parents and caregivers) of the substance users, ten substance users undergoing rehabilitation and four family therapists.

Table 4.1: Demographic data of the parents and caregivers siblings of the abusers

	Race	Gender	Age	Marital Status	Number of Children	Substance abusers
PO15	African	Male	61	Married	4	1
PO16	African	Female	72	Widowed	5	2
PO17	African	Male	57	Married	4	1
PO18	African	Female	28	Single	2	1
PO19	African	Female	78	Widowed	5	2
PO20	African	Female	42	Married	3	1
PO21	African	Male	27	Married	2	1
PO22	African	Female	24	Single	1	1
PO23	African	Female	68	Married	4	1
PO24	African	Male	56	Married	5	1

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In Table 4.1 above, with regards to race, all ten of the respondents were Africans. The gender composition of the respondents was six females and four males out of the ten respondents. The age of the parents and caregivers and those caregivers who had a sibling who was a substance abuser ranged from 24 - 78 years of age. Six respondents were married, two were widowed and two were single. The number of children each parent and caregiver of the substance users had ranged from 1 – 5 children. Lastly, the number of substance users ranged from 1 – 2 children. Table 4.2 below provides the demographic data of the substance users.

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Table 4.1: Demographic data of the substance users

	Gender	Race	Age	Marital Status	Education Level	Number of Children	Substance abuse child(ren)
PO5	Female	African	23	Single	Grade 12	-	-
PO6	Male	African	19	Single	Grade 12	-	-
PO7	Male	African	27	Married	Grade 12	1	-
PO8	Female	African	43	Married	Grade 12	3	-
PO9	Male	African	26	Married	Grade 6	4	1
PO10	Male	African	21	Single	Grade 11	-	-
PO11	Female	African	27	Single	Grade 12	-	-
PO12	Female	African	31	Married	Grade 11	2	-
PO13	Male	African	58	Married	Grade 5	5	1
PO14	Male	African	24	Single	Grade 12	-	-

As reflected in Table 4.2 above, the gender composition of the respondents was presented by four females and six males who were substance users. All the respondents were Africans. The age of the substance users ranged from 19 - 58 years of age. Five respondents were married, and five respondents were single. Regarding the education level of the ten respondents, six have grade 12, two respondents have grade 11, one has grade 6 and the other respondent has grade 5. The number of children of the substance users ranged from 1- 5, with other substance users having no children. The number of substance users who had children who are also substance users was only two out of the ten respondents.

Table 4.3 below represents the demographic data of the family therapists.

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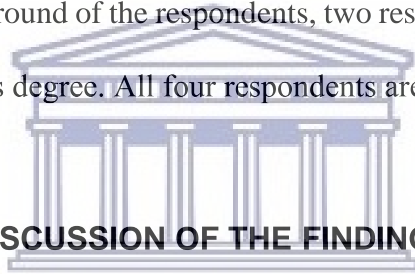
Table 4.3: Demographic data of the family therapists

	Gender	Race	Age	Marital Status	Education Level	Occupation
PO1	Female	African	36	Married	Degree	Therapist
PO2	Male	Coloured	35	Married	Degree	Therapist
PO3	Female	White	50	Married	Masters	Therapist
PO4	Female	African	48	Married	Masters	Therapist

The gender composition of the therapists was three females and one male. All the respondents were married at the time. The age distribution of the respondents ranged from 35 – 50 years of age. Regarding the educational background of the respondents, two respondents had obtained a degree, and the other two held a Master's degree. All four respondents are employed as therapists.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4.3 PRESENTATION AND DISCUSSION OF THE FINDINGS

This section presents a detailed analysis of the responses of the participants and concurrently integrated it with the existing body of knowledge and theory adopted in this study. This section is presented using narratives around different emerging themes and subthemes from the research objectives and data from the participants to address the research question. Data were analysed, discussed and supported with narratives and voices of the participants from the transcribed data.

Table 4.4 provides a summary of the themes and sub-themes discussed in this study.

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Table 4.2: Themes and sub-themes

Themes	Sub-themes
Theme 1 Family involvement in substance user treatment	**Sub-theme 1.1:** Social interaction with family members **Sub-theme 1.2**: Reaction and steps taken **Sub-theme 1.3:** Relationship between family members
Theme 2 Family Support services put in place for recovery	**Sub-theme 2.1:** Emotional/Moral support **Sub-theme 2.2:** Financial support
Theme 3 Challenges facing the recovery process	**Sub-theme 3.1:** Stigmatisation **Sub-theme 3.2:** Police enforcement **Sub-theme 3.3:** Urge or desire to use drugs
Theme 4 Strategies adopted to avoid relapse	**Sub-theme 4.1:** Role of family on relapse **Sub-theme 4.2:** Role of rehabilitation of the abuser on relapse

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4.3.1 Theme 1: Family involvement in substance user treatment

Family involvement in substance abuse treatment, in many cases, can be a highly advantageous tool to help families break the cycle of addiction (Horgan, 2018). However, many parents/family members are simply unaware of destructive behaviours, such as enabling that they have kept their children/loved ones in the cycle of addiction. NIDA (2016) added that family involvement includes engaging family members in the treatment and recovery process of adults and youths from alcohol and substance abuse. Shulamith and Pracana (2018) added that it is important for family members to be provided with information from a trained professional(s) so that they may take a look at their behaviours and the subsequent role they may have played in their loved one's addiction. Therapists commonly recommend that families attend either Nar-Anon or Al-Anon to seek support and education about effective methods to help address common issues inherent in substance abuse

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treatment (Pons et al., 2016). It is common that when a parent has a child in a formal treatment setting (and removed from the home), they become aware of their behaviours that could have perpetuated the cycle of addiction (Brady & Sonne, 2018). As noted by Morojele and Ramsoomar (2016), the family's role in the continuation of the habit of children in substance abuse is significant as the family suffers simultaneously from direct results of abuse. Meanwhile, the family holds the prospect of being influential in helping people defend against substance abuse (Shulamith & Pracana, 2018). The role played by parents is central in any family given power, role modelling, and control strategies against substance abuse. Parental use of drugs and substance abuse by siblings, as well as violent attitudes of parents that increase the risk of drug abuse, are strongly connected to drug problems in families (Liddle, 2018). Support groups are also highly effective to help family members set healthier boundaries. In particular, support groups can help teach families effective methods to hold the addicted individual accountable for past and future actions (Orford et al., 2018).

4.3.1.1 Sub-theme 1.1: Social interaction with family members

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The social lives of family members staying with substance user(s) change to the extent that some family members do not value the importance of living as a family (Pons et al., 2016). However, some families also lack healthy social interaction which results in impaired communication. Padgett et al. (2018), in their exposition, suggested that impaired communication can lead to a period of denial of the painful truth that substance users within their families are addicted to drugs and have resorted to theft. Brauna and Clarke (2018) agreed that some families tend to be in complete denial whereas the substance user(s) are stealing other family members' possessions and lying when questioned about these missing items. This creates conflictual situations and a lack of trust among some family members and substance users. The quality of life and the mental well-

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being of family members are negatively affected by these events, resulting in weakened bonds, but family members try to avoid stressing the already distraught parent by forming alliances in dealing with the abuser (Cox et al., 2017; Dayton, 2014). A participant indicated the impact of their interaction with a substance user in their family:

> *"... It is terrible; our hearts are broken. We can't even talk to one another nicely because it is in the talk; we continue to look at each other in a bad way as family members, and it is not nice at all. Even when we are in one room, you can feel the tension in the room. The fights and arguments we have as a family are too much to handle. No one among the family members talks nicely to each other. The family members shout at each other, and you find out that sometimes, it is usually a minor misunderstanding that could have been resolved easily, but this does not change the fact that we are family; we always have to stand together in hard and good times." (PO24)*

This was also reported by Pons et al. (2016) that a good number of the participants in their study shared their interest in supporting their family members who are substance users. Participants felt the need to be involved as family to ensure that their loved one was supported, as it gave them a sense of being capable of also caring for their loved ones. This is also consistent with the findings from the study conducted by Dayton (2014) where some of the respondents reported their interest to give full support to their loved ones who are substance users. Respondents who were substance users also contributed to the responses. Extracts from some of their responses revealed thus:

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> *"I steal, sometimes even rob people of their money. I lie for the money and say I will do this or that meanwhile I know I will not do it. I usually smoke the money that was supposed to be doing something important. I am lucky enough to get people who ask me to do tasks for them, and they pay me money. But, I do not use the money wisely; instead, I use the money to buy drugs. My sisters have been trying to show me the importance of using money, but I find it easy to just ignore them. They now want to throw me out in*

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the streets, as they believe I am not serious about my life; they also want me locked away because of the possessions I have stolen from them." (PO13)

"… I have been stressing my mother. My mother has tried many times to talk with me to show me that what I am doing is not fine, but I always find it easy to do drugs over and over and then come back apologising that I will not abuse drugs again. She has been complaining that each time she has been talking to me, I continue to abuse drugs over and over again. I do not open up to anyone; she usually says. My mother always complains that I am always not around, and I come home very late at night when everyone is asleep. I wake up while everyone is asleep and leave. I do not spend time with my family because I avoid them shouting at me for the life choices I have made." (PO11)

It is evident from the above that interaction with the family is important in aiding the substance user. The next subtheme will focus on the reaction and steps taken to ensure that the substance user is assisted with the addiction.

4.3.1.2 Sub-theme 1.2: Reaction and steps taken

The findings indicate that the reaction among family members who live with substance users is always questionable in the sense that most family members try all means to avoid interaction with substance abusers (Simmons et al., 2016). However, some family members avoid talking about the problem behaviour to protect the parent of the substance abuser who is caught between calming the other siblings by replacing the stolen items while indirectly feeding the abuser's habit. Formation of alliances aims at diffusing the outburst of potentially violent behaviour when the substance user is high and exhibiting aggression makes the family live in fear and anxiety (Grant et al., 2018). Family members are also stressed and experience emotional exhaustion due to family disintegration caused by drugs but are afraid to report the drug dealers in the area due to fear of

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potential violence that can erupt in the neighbourhood, as some community members gain financially from selling drugs for the drug lords (Eaton et al., 2014).

> *"... I am scared to talk to him about drugs but try to minister to him about Jesus to change. At first, this idea of talking to him about Jesus was working because he had respect for me as his parent. Time went on and he started to avoid these conversations and motivations I was giving to him when we had a chance to sit down and talk. My daughter who is her sibling does not talk and now has a severe skin condition from stress. My son now pushes and demands money; this has been ongoing for some time. He threatens me if I do not give him money. I went to get a restraining order from the court to ensure that my daughter and I are safe." (PO20)*

This shows that substance users face challenges at home from some family members, as there is a stigma attached to them. This in turn makes them not look forward to rehabilitating themselves, as this might lead to a lot of accusations from some family members (Botzet et al., 2019). The viewpoints from some participants also revealed that they just want the substance users to immediately change, without going on the right path to recovery.

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> *"We do not talk as a family because of fear of these drugs that my son engages in. We end up shouting and blaming each other for the actions of my son. He fights with his grandmother and demands money from her and threatens her. When my mother calls the police to take him away, that makes us fight as a family, and there has been a lot of tension among us." (PO18)*

Substance users in their responses were ready to change given a chance (Penkoff, 2019). This leads to society believing that substance users are unwilling to rehabilitate, as it was stated in the findings of Botzet et al. (2019). This further revealed that sometimes society does not have confidence in willing substance users that want to rehabilitate. The next subtheme will focus on the relationship between family members.

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4.3.1.3 Sub-theme 1.3: Relationship between family members

Families always express feelings of despair because of the relationship between family members that are mostly headed by women and rarely headed by men (Margolis & Zweben, 2018). Moreover, the case is that there is a thought that there is something wrong with the socialisation of their children who grew to be substance users when they are burdened with poverty. There is an element of untrustworthiness when the addict is home because family members have to constantly watch his movements within the house though they become very stressed when he leaves home early and comes back late (Babbie & Mouton, 2016). However, frustration results from continuous stealing in the home, despite many confrontations, which impact on their limited finances. Stress and anger towards the substance abuser arise when straws of drugs are left unattended and are picked up by the children in the family kitchen (Mason-Jones & Cabieses, 2015).

Family members are hoping the situation might improve, as they pray for Jesus to change his behaviour (Saugeres et al., 2014). The quotation below is an example of how families struggle to engage with the substance user:

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> *"… the family is not together, as they were before he used drugs. They cannot even talk to him because he does not take us seriously anymore. They have tried all means to give him support as a family, but it seems like they are failing. The more they offer him support, the more we drive they to a substance user. They did send him to a rehabilitation centre and a few weeks after he was back, he relapsed again. I would like to think some of the reasons for him to relapse before was that the family was not fully supportive about his situation and he felt isolated." (PO3)*

The responses from the participants of this study suggest that there are many issues families face due to living with substance users. These issues complicate relationships between family members,

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and some families use different strategies to calm the situation, but with time, these strategies do not work out, which leads to matters getting out of hand. Some families are residing with substance users that still obey family rules. This goes in line with the family system theory, which holds that individuals are inseparable from their network of family relationships (Bowen, 2014). From this, we would then see that families are bound to help the family member(s) that are substance users as there are no ways of disowning them or discarding them.

> *"... this has been a terrible journey for me because at first, I did not know that my son was a substance user. When I learnt about this, I was shocked, and I tried by all means to offer him support to show that I love him. I discovered that the more support I was giving to him was driving him to use these drugs more. The person who identified that he was a substance abuser was his stepfather. We were struggling to make ends meet, but I ensured that he did not suffer while I am still around, but I guess I did not meet his expectations as my son. I tried to do activities with them, like sitting with them to join their conversations so that I could pick up what was the issue, but it did not work." (PO8)*

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Family involvement as a support mechanism is also a perfect strategy to assist on the road to recovery and not allow substance users to relapse again (Roozen, de Waart & van der Kroft, 2010). Furthermore, it was revealed that if families come together to support the substance user, then, it becomes easier to save the individual from addiction. Most participants spoke of lacking necessary family/social support during abstinence periods. Over the years, their family ties had been stretched to the limit or broken entirely. Estrangement from loved ones was a central theme. They spoke about many aspects of such estrangements, such as being divorced, living alone away from one's family, being deserted by relatives and friends, lacking family and social ties, living in poverty without insurance, lacking understanding from others and feelings of loneliness.

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"I had taken part in drug maintenance treatment for almost 5 years. However, my family came my way because they could not understand it. Despite my mother occasionally supporting me, they all regarded drugs as harmful, such as heroin. They would be suspicious of me, thinking that I was still into drugs, still hopeless and dependent." (PO11)

According to Sanchez- Hervas and del Pozo (2012), stressful family environments are predictive of relapse. He identified traumatic family conditions to be indicative of relapse. Research conducted by Haegerich and Tolan (2009) on self-efficacy and social support of ex-substance users who have finished their treatment therapies confirms that family support is the key factor found leading to relapse. Results show that a lack of open contact between former substance users and members of their families raises the likelihood of addict's relapse (Kinyua, 2019). Therefore the next theme will be focusing on family support services put in place for recovery. The family support offered to substance users contributes to their self-efficacy and the risk of relapse. To avoid relapse, emphasis should be centred on family support as a factor related to self-efficacy (Kinyua, 2019).

4.3.2 Theme 2: Family support services put in place for recovery

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Many individuals addicted to drugs or alcohol in recovery will find that they have no support system. Since drugs cause isolation, recovering addicts may feel that no one relates to them, in return feel alone (Summons et al., 2016). However, negative behaviours brought on by addiction can damage relationships to the point of no return, leaving some addicts with no one to sympathise with or understand them. When a recovering individual has no support group throughout treatment, that person needs to learn to accept and embrace love from others so that a support system can be developed. Once the recovering addict can learn to accept love from others, a support system can bloom and be implemented into the addiction recovery healing process (Horgan, 2018).

For those that have family and friends that have investments in their addiction drug treatment, it is effective to implement the support system into treatment with therapy sessions (Velleman et al.,

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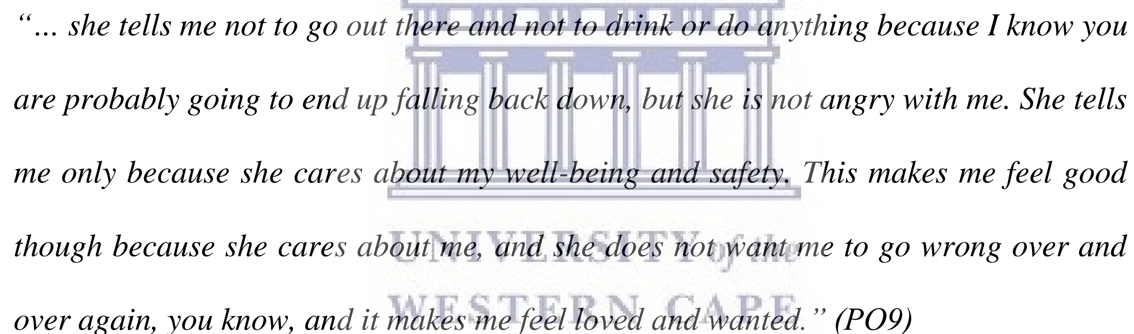
2018). When support is apparent and can be involved in drug treatment, there is more chance of long-term recovery success and less chance of immediate relapse for the addict (Padgett et al., 2018).

The first subtheme will discuss the emotional/moral support offered to substance users by their family members

4.3.2.1 Sub-Theme 2.1: Emotional/Moral support

Some participants indicated that confrontation combined with caring emotional support could be helpful during periods of abstinence from alcohol and drugs. As an illustration, a 46-year-old man described the supportive confrontations of his mother, who was worried about him when he was in and out of jail and worried about him still in his sobriety as expressed below:



> *"… she tells me not to go out there and not to drink or do anything because I know you are probably going to end up falling back down, but she is not angry with me. She tells me only because she cares about my well-being and safety. This makes me feel good though because she cares about me, and she does not want me to go wrong over and over again, you know, and it makes me feel loved and wanted." (PO9)*

A study by Margolis and Zweben (2018) revealed that one aspect of confrontation that appeared to have varying effects on substance users was being reminded about the past. For some study participants, being reminded about past consequences associated with substance use reinforced motivation for change and the need to be vigilant (Braun & Clarke, 2018). A poignant example of this type of confrontation was described by one participant, whose confronter asserted:

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"… my family tries to do confrontations sometimes and these confrontations come at the time when I need them. I have had multiple conversations with my mother concerning my drug addiction, and I have to say that she is very worried. She wants me to get all the help I can get to beat my addiction. I have identified that I need to take a step back and do some self-introspection so that I can start to have a different vision of my life. I have seen that my recovery could best work for a healthy relationship with my mother, and I intend to maintain a good relationship with her and the entire family at large." (PO7)

In other cases, it was the ongoing love and support of these special individuals that sustained and motivated them to attempt to change, hence this suggests that natural inclination is one of the factors that fuel the appetite of some substance users to quit abuse of drugs. Babbie and Mouton (2016) agreed that the identification of self-righteousness is important, and it leaves no space for conflicts in a relationship or threatening estrangement of the loved one remaining. As one man poignantly described, he would sometimes use drugs in secret, but his daughter could always tell and it was the knowledge that his addiction could hurt his daughter that gave him pause:

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"… I usually get unusual looks from my daughter … gave me the look like don't even think about that type of look. You know, I would sit there and feel guilty for the decisions I have made as someone who is a parent. I sometimes feel like the decision of being a substance user, I wish I could change backs the hands of time, but it is a matter of allowing myself to be clean. In the beginning, I thought she did not know at first until she asked me about drug addiction. There were times she would see me high, and it was an image that was not good for her." (PO14)

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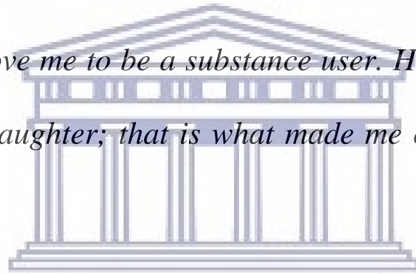
Another participant also explained how the continuing support of his daughter and best friend, helped him recognise his need for help and eventually seek recovery from being a substance abuser. The participant also expressed how grateful they were for the support they received throughout the journey to recovery (Baldwin et al., 2012).

> *"I think that when people show you that your life has value and that you are loved, it is what drives you to change the decisions you make concerning your life. My family was very supportive of the fact that I was ready to change my ways of being a substance user. My biggest support was my daughter, who was there every step of the way. She constantly checked up on me, and she made me feel comfortable with having conversations about my condition. While we had these conversations, she wanted to clearly understand what drove me to be a substance user. Her support and love made me see that I had a great daughter; that is what made me change my ways of doing things." (PO10)*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All the participants reported periods of abstinence during their drug use careers, with durations of about two months to more than 10 years. They described how they overcame withdrawal symptoms and what the driving forces for their abstinence were. Participants described the various ways that they overcame withdrawal symptoms by leaving their hometown (four participants), utilising medicines/other drugs (two participants), concentrating on work (two participants), tapering off drug doses (one participant), participating in drug maintenance treatment (one participant), detoxification in compulsory rehabilitation settings (four participants) or utilising only their willpower (nine participants). A majority of interviewees expressed that it was not very difficult to overcome the physical withdrawal and cleanse their bodies. Yang et al. (2015) indicated

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that an understanding of the factors relating to relapse provides basic information for the development of relapse prevention strategies. Psychosocial risk factors include interpersonal pressures, such as peer pressure, adverse socioeconomic conditions, such as low literacy, unemployment, a lack of housing and social and neighbourhood problems. The others that contribute to relapse or abstinence include a lack of support, whether that support is spiritual, material or cultural, with emphases on isolation and a lack of recreation, trust and social insurance.

> *"I think it is not so hard to control the withdrawal symptoms of drugs. If my addiction went out of control, I would go to the village for some time, a couple of days or months, till the withdrawal symptoms die down, and I am replenished. I did this so that I can be away from what drives me to abuse drugs which work under pressure, having to meet deadlines and having the urge to use drugs to boost my energy. I think it is easy to quit the physical addiction; it needs a couple of days." (PO5)*

> *"I visited a clinic and asked for some tablets and intravenous drip. When I was done at the clinic, I went home and slept all day. By doing this, I managed to quit heroin and avoided pain and suffering. It is hard for people to believe, but I managed to overcome the demon that was in me that drove me to be a substance user." (PO8)*

Some of the participants shared that giving yourself a break from the place you are at that has drugs available actually helps to find yourself and assists you to face the withdrawal symptoms in a place that will assist you to always be calm at most times. Another participant shared how helping yourself assists rather than having to go to a rehabilitation centre. A study by Padgett et al. (2018) indicated that if support is apparent and can be involved in drug treatment, there is more chance of long-term recovery success and less chance of immediate relapse for the addict. Steinglass et al.

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(2007) concurred that the characteristics of a good family are that each family member should support each other, share opinions, rectify each other's mistakes and guide each other so that they could live within society without facing any problems.

> *"... I continuously tried quitting drugs, by my willpower, for almost two months, after becoming addicted to heroin. Within the first month, I could not eat anything and would vomit everything I ate. I received support from my family, and they assisted me by ensuring that I do not lose focus and within a few weeks, after two months, I started to become better. The journey to recovery was not easy at all, but the support I received from my family was the drive behind me pushing myself and telling myself that I can do this, and eventually I got better and beat the addiction." (PO9)*

The majority of interviewees described family responsibilities as the main driver for abstinence, with their responsibilities for their children and parents being the most frequently mentioned (six interviewees mentioned the former on 16 occasions and nine interviewees mentioned the latter on 14 occasions). A study by Ribeiro (2016) stated that families that disapprove of substance abuse, along with alcohol consumption, may deter other members of the family to become less inclined towards the use of illegal drugs. Given that substance abuse has huge adverse implications on the family unit, this thesis utilised the family systems theory to explore how family-involvement assists in the treatment of the substance abuser. Bowen (2014) highlighted that substance use by one family member affects the whole family. When one person in a family begins to change his/her behaviour, the change will affect the entire family system. It is helpful to think of the family system as a mobile. When one part in a hanging mobile moves, this affects all parts of the mobile but in different ways, and each part adjusts to maintain a balance in the system (Babbie & Mouton, 2018).

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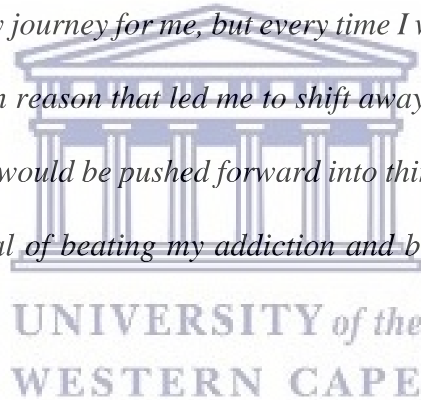
When a parent has a substance use disorder, it can corrupt the harmonious spinning of all of the parts, break some of the strings that tie the mobile together and fracture individual sculptures as they fall. Substance use disorders are family diseases because there can be an intergenerational transmission that affects the entire family unit and its members. One consequence of this accommodation can be that various family members may inadvertently sabotage treatment with their behaviours, as they respond to the change in the individual using substances (Bowen, 2014).

> *"I had to enrol in drug maintenance treatment and abstain from drugs for five years; this decision was motivated by the fact that I had to take care of my mother. In the beginning, it was not an easy journey for me, but every time I wanted to fall off the edge, I would think about the main reason that led me to shift away from abusing drugs, and every time I got reminded, I would be pushed forward into thinking that I can be able to make it and achieve my goal of beating my addiction and be able to take care of my mother." (PO10)*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"I decided to start a new journey apart from doing drugs when I realised that my son who is 8 years old is growing and he needs a father that will mentor him to be a strong young man. It was not an easy decision for me, as the withdrawal symptoms were to hit me hard, ...I was dedicated to quitting doing drugs because I knew that my son is all that I have and the sacrifice I made was worth it in the end because it was worth it at the end." (PO14).

Some of the interviewees admitted to having given up on drugs just to pursue a normal life, and it was the best choice they made for their lives and their families. This promoted healthy relationships among their families, and this meant that they were to live their best lives with their loved ones.

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Duka (2016) stated that to protect the substance abuser from substance abuse, family members need to be involved in regular monitoring and keeping the person away from harmful substances. Family involvement defines the way adult members of the family support their members to overcome obstacles and assist that member to grow and develop within society (Babbie & Mouton, 2018). One important aspect of the family systems theory states that each member's behaviour impacts the other family members, depending on how the emotional system operates. Bowen's systems theory suggests that these behavioural patterns can lead to either balance or dysfunction of the system (Bowen, 2014). Hence participants' recovery was progressing because each member played a role to assist them in rehabilitation. According to Bowen, emotions are more or less influenced by family, therefore, it is the family's impact that helps heal the most.

> *"I was in a rehabilitation centre for one month, and almost two months after I was released from the rehabilitation centre, I abstained from drugs because I wanted to start a good and normal life. From the experiences I had, I have to say quitting drugs has been the best decision I have made in my life. I am now living a healthy life, where I ensure that I mentor young children who are still at school on which routes to take in life, and I have to say, I am enjoying the task of ensuring that the young ones around me are safe and do not get exposure to drugs." (P09).*
>
> *"... The thought I had in my mind was that I was growing older and not younger anymore. I decided that I should choose a different life from the one I was living when I was a substance user. The feeling I had was to be stuck into drugs as an adult, whereas there are young adults who look up to me as their role model." (PO9)*

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A discussion of substance users and how they behave in their homes cannot be divorced from how society perceives them, which is highly rooted in the behaviour they exhibit in their homes and society at large (Pons et al., 2016). Results from this study show that some substance users were positive about their lives, and they were eager to beat the drug addiction they were facing. Most of them were motivated by the support from their families. Furthermore, the results show that some

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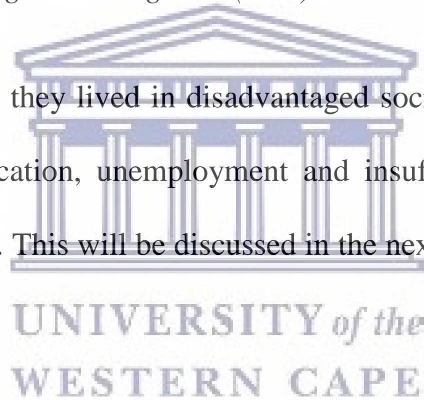
substance users understood that society and some family members can be judgemental of their addiction, but they were ready to face the pain of shifting from substance abuse, renewing their lives and being back to their normal lives with their families. Moreover, some participants expressed other driving forces, including building or recovering relationships with friends and relatives, not wanting to be looked down upon, having responsibility for their friends, acknowledging that drugs are harmful to the body and running out of money.

> *"The savings I had were running out, and being timid, I could not dare steal. I decided to stay home and be drug-free. I think if I had the money, I would have continued with my drug addiction, and this would have not helped me at all, given the fact that most of my family members and friends were behind me to fight this addiction. I have to say that their support pushed me to greater heights." (PO5).*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Most participants expressed that they lived in disadvantaged socioeconomic conditions and felt powerless to change: poor education, unemployment and insufficient income were the most frequently emphasised problems. This will be discussed in the next sub-theme, which is financial support.

4.3.2.2 Sub-theme 2.2: Financial support

Characterising the problems substance users face daily as they battle with their addiction can be a struggle, as society does not understand why many individuals abuse drugs (Velleman et al., 2018). A study by Shulamith and Pracana (2018) noted that the challenges faced by substance users are viewed as troubles that the individual using drugs has chosen for themselves, without considering the consequences of such choices. Furthermore, it is added that the financial implication of drug abuse can substantially harm the financial support an individual is receiving from his/her family due to the drug addiction. Braun and Clarke (2018) also revealed that the perceptions of society

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towards substance users are shaped by the behaviours addicts show, as they continue with their addiction as a normal life. The participants reported that they were unemployed, were globe-trotting troubadours (had no job, were idle much of the day, engaged in unproductive activities or play and were friends with similar individuals) or occasionally took some odd jobs during their abstinence periods. They lived with no steady income. Among them, four participants were dependent on their families or sex partners, one made money by stealing, robbing or other illegal means, one lived on government aid and three mentioned that they earned money by every means without describing the details.

> *"I had a very supportive family that was giving me money on a monthly basis, and I decided to try out drugs and that was when I started to be doomed. The monthly allowance I was getting was now stopped, and I started to face many financial problems and due to this, I decided that it would be wise for me to quit drugs and ever since I stopped using them, I am regaining the trust of my family, even though it is a tough journey. I am willing to walk it to ensure my family trusts me again, and I can get financial support from them since am drug-free." (PO7)*

This shows that not all substance users continue to be substance users for the rest of their lives. Some of the issues they face are financially related because drug addiction and its maintenance need a lot of money (Brady & Sonne, 2017). The viewpoints of the participants reveal that doing some self-introspection and telling oneself about the importance of overcoming drug addiction is rewarding.

The next theme focuses on the challenges faced by substance users and their family members

4.3.3 Theme 3: Challenges

Substance users have been characterised as individuals who face a lot of challenges due to the problems they encounter regarding the life choices they have made concerning drug addiction, and

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on the other hand, society does not make life easy for substance users (Orford et al., 2018). Furthermore, it is often a norm in society to stigmatise those who are substance users and not meeting the community's expectations. Society believes that young or old individuals should have a contribution to the development of the community, and when individuals diverge from such expectations, they face challenges such as being judged or excluded from community engagements (Horgan, 2018). Completing a drug and alcohol rehabilitation programme and re-entering society as a sober individual do not come without unique challenges. Maybe your loved one is in rehabilitation and you want to understand what he or she may be experiencing or perhaps you are considering enrolling in a rehabilitation programme yourself, but your fears are holding you back.

4.3.3.1 Sub-theme 3.1: Stigmatisation

Immediately after a substance user comes back from a rehabilitation centre, they usually face problems of stigma, given the mindset in society that the substance user (from a rehabilitation centre) cannot be easily trusted (Simmons et al., 2016). Furthermore, the stigma experienced by substance users has a way of affecting them. Participants said that despite their being abstinent, even for many years, they were still looked upon as drug addicts and suffered continual stigmatisation. They found it almost impossible to conceal their identities as substance abusers. Acquaintances, relatives and even immediate family distrusted and excluded them, and they were often labelled dishonest or evil and degraded by others, including medical or other service providers.

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> *"There was this old guy who I had assisted with kindness. Still, he wouldn't get to know me or interact with me … he insisted that it was not up to him that he would be isolated if he helped me ... he thought I'd affect him negatively." (PO17)*

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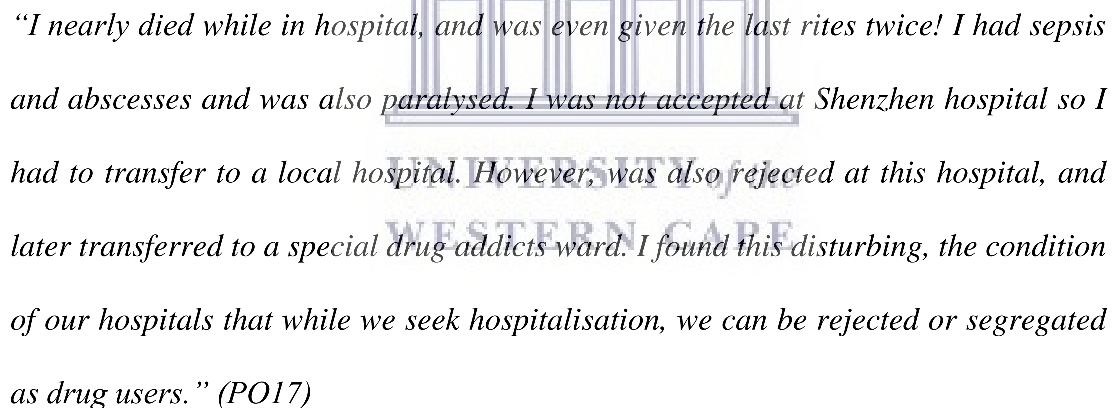
"My uncle, who was the boss at the factory I was working at did not trust me. He would think I always need money to buy drugs … I had truly become drug-free despite this." (PO16)

Stigma is a 'stain or attribute' marking out someone as unacceptable. Stigma undermines employment. For people who have had drug problems, it can be vital for establishing a new social identity. However, a study of employers found that almost two-thirds would not employ a former substance user even if they were fit for the job (UKDPC, 2008; White & Mojer-Torres, 2010). UKDPC (2008) and White and Mojer-Torres (2010) discovered that family members of people with drug problems also reported problems at work. The expressed attitudes of work colleagues towards drug users can make it difficult for family members to disclose their situation and is painful for them to hear.



"I nearly died while in hospital, and was even given the last rites twice! I had sepsis and abscesses and was also paralysed. I was not accepted at Shenzhen hospital so I had to transfer to a local hospital. However, was also rejected at this hospital, and later transferred to a special drug addicts ward. I found this disturbing, the condition of our hospitals that while we seek hospitalisation, we can be rejected or segregated as drug users." (PO17)

Muncan et al. (2020) provided evidence that stigmatising experiences of people who inject drugs in formal healthcare settings contributed to negative attitudes towards seeking healthcare in the future.

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Some interviewees referred to a sense of self-stigma, resulting from their feelings of "wrong-doing," "law-breaking," "deviance" and "inferiority," and from the verbal and non-verbal discrimination of others (Horgan, 2018).

"Drug addicts or users are normally ill-mannered, deceitful and dishonest." (PO1)

"Drug users are hopeless and worthless. I cannot stand them." (PO3)

"Sometimes I felt shy, being home and having to speak to relatives. It was hard; I would bow my head while around them. I felt lonely and without friends. . ." (PO6)

"I think drug use is worse and more shameful than murder or even stealing. It's harder and more shameful for drug users to get help. I think people are justified in ignoring drug users because these people do very ugly things and are so inferior." (PO8)

One outcome of stigmatisation for participants was their exclusion from mainstream society, including employment opportunities and friendships with normal people. Generally, participants' friend circles were limited to only other drug users, or they were completely isolated (Simmons et al., 2016). Moreover, participants were often regarded as less deserving groups in competition for limited resources, such as subsistence allowances and low-rent housing for low-income populations by the government. Another outcome was their increased likelihood of rejecting community or other public services, whether drug-related or not, considering the lack of privacy in using such services and the discrimination from residents if recognised. Both outcomes exacerbated the participants' struggles with addiction (Jones, Simonson & Singleton, 2010; UKDPC, 2008; White & Mojer-Torres, 2010).

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"I get easily hurt because am fragile, and already feel inferior so I can't imagine being friends with a non-user. I had the option of choosing between a world that consists only 'our kind' and drug user's circles ..." (PO14)

"We are socially discriminated against even in employment. We don't get to live in low-rent houses. They think we don't deserve such privileges. They said clearly that drug users are ineligible for subsistence allowances laid out by the government ..." (PO17)

"Being a drug- user made people neglect, ignore and isolate me. I couldn't bear such loneliness, so I sought something to get me excited …" (PO6)

"I did not want everyone within the community to know my status as an addict, therefore, I avoided community services. It would be quite shameful. My family never attended community talk meetings." (PO1)

Buchanan and Young (2000), Goffman (1963) and Jones et al. (1984) explained that a necessary part of the stigmatisation process is that the stigmatised person accepts the 'normal' worldview and be intimately alive to what others see as his failing, hence the avoidance from all walks. Not all participants expressed feelings of being judged negatively by others. It may be that some users either were insensitive to such judgements or could not verbalise their sensitivity.

The next subtheme is a discussion on the impact of police enforcement

4.3.3.2 Sub-theme 3.2: Police enforcement

Some participants complained about how the police's identification card registration system for substance users and the consequent police enforcement disrupted their everyday lives, deterred

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their access to treatment services, held them back from job opportunities and even led to arbitrary arrests.

"Sometimes I would obtain drugs from associates, though I wouldn't enter with it because one had to use an ID card that is registered with the police station. However, one cannot freely walk outside once the ID card gets registered (as a substance user). It becomes troublesome ... like you wouldn't even get accommodation in a hotel because the police would be notified in case you try checking in." (PO5)

This shows that police enforcement also played a role in ensuring that there is order in reducing the rate of substance abuse. This enforcement has made life difficult for substance users, although this is an intervention to assist them to stop abusing substances. When substance users resist assistance, society remains endangered, and this is an encouraging factor that leads to society taking matters or law into their own hands, hence police enforcement plays a vital role in protecting substance users (Orford et al., 2018). The viewpoints from the participants also revealed that sometimes substance users find it difficult to live once the police enforcement knows about them and their problem of being substance users (Copello et al., 2018). This further revealed that life for resistant substance users can be tough difficult l given that they might face societal issues.

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"I had only stayed in my room for 30 minutes after checking in, then I hear a knock, and think it is the room attendant, only to open and find the police! I was immediately taken to the police station and forced to undergo a urine test … all this because of my ID card. I now fear using the card for any service outside ..." (PO9)

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"Despite the goodness of drug maintenance, the problematic issue is that people always get arrested when outside. If a urine test reveals positive, you get arrested; it's almost like the police just wait for you to do anything they dislike to arrest you." (PO10)

There are some areas in which stigma has become formalised. For example, many drug treatment services demand that ex-drug users are abstinent for two years before they employ them (Bath & Edgar, 2010). But this time, the limit is arbitrary and creates a barrier to recovery. Similarly, we have heard the allegation of how the police's ID card registration system for drug users and the consequent police enforcement disrupted their everyday lives, deterred their access to treatment services and held them back from job opportunities and even led to arbitrary arrests (Yang et al., 2015). In conclusion, stigma can play a setback role in substance users' recovery and stigma experienced by substance users and their families often delays people seeking help as well as putting barriers in the way of recovery and reintegration.

Drug craving is a strong desire or urge to use drugs, which can elicit relapse and even lead to addiction (Sinha, 2013). The next subtheme will discuss how the urge or desire to drug use influences the relapse

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4.3.3.3 Sub-theme 3.3: Urge or desire to use drugs

Craving, the urge or desire to use drugs, is the key to evolving drug-taking behaviour into compulsive drug-taking behaviour (Dharmadhikari & Sinha, 2015). Cravings for substances are triggered by something external (people, places, events, experiences or objects) or internal (feelings, thoughts or memories). Cravings vary in intensity from low to severe, and also in how they show in thoughts or how they make one feel physically (Back et al., 2014). More than half of the interviewees reported experiencing the urge or desire to use drugs while in abstinence. Research has shown that no matter your stage of recovery, you are likely to experience the urge to

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use substances and the urges are normal psychological and physical responses to addiction (Yang, et al., 2015). Especially for methamphetamine abusers, craving may be a major impediment to withdrawal, which often contributes to high relapse rates, even after long-term abstinence with psychosocial support (Culbertson et al., 2010; Shahbabaie et al., 2014; Pickens et al., 2011).

> *"I had tried quitting, but I couldn't. There's this conscious desire, a hunger and thirst for drugs ... given that I had no severe physical addiction." (PO9)*

Some substance users feel that the urge to always use substances will always be there no matter how hard they try to quit using them (Padgett et al., 2018; Tiderington, 2018). Furthermore, a discussion brought up by the participants shows that it is difficult to quit substance abuse.

> *"I couldn't fathom why I was unable to get over that desire for drugs; it was always there ..." (PO7)*

A study by Tiderington (2018) distinguished the difference between substance users who are willing to quit drugs and substance users who always entertain the urge to use drugs. Moreover, the study revealed that substance users who entertain the urge to use substances are more likely to relapse. Relapse is a possibility and failure to comply with treatment weakens the chances for successful recovery. The major contributors to relapse among addiction treatment patients are low socioeconomic status, co-occurring psychiatric conditions and a lack of family or other social support (Reno et al., 2000). The findings of the study by Amat et al. (2020) revealed that the relapse of drug abuse could happen because of internal and external factors. Internal factors include post-acute withdrawal syndrome, while influential external factors comprise the environment and friends. The major events in life that could be protective factors include family support and following anti-drug programmes. Such major events can initiate and increase self-awareness and

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be a factor in protection against drug abuse. The influence of old friends also plays a role in causing drug addicts to relapse.

I don't know of any way to help me overcome the craving for drugs." (PO8)

Sometimes participants described craving as spontaneously arising, particularly in situations that were troubling or exciting. People also experience urges which refer to urges brought on by social pressures and substance problems. The findings also show that frustration puts drug addicts at a greater risk of using drugs and becoming addicted. There are many possible reasons for this increased risk of addiction. One is that some people get frustrated to take drugs because the drugs make them feel better or they believe the drug helps them deal with their problems (Amat et al., 2020).

"I went through a lot of suffering. When in trouble, I had no one to help or talk to. I could only resort to using drugs, especially provoked by such times." (PO6)

"Sometimes when I was moody, I just felt this craving to inject." (PO11)

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"Prior to our wedding day, I was nervous and excited. I felt like taking some .... And later, when I was a bit upset, this desire increased and had to!" (PO9)

Participants also emphasised their reactivity to drug-related environmental cues (cue-evoked cravings). Such cues caused extremely intolerable cravings, which they attempted to suppress with drugs.

"When I visited home, going into my room brought back those memories and I really felt the craving to do drugs. I am so used to the feeling ... it's quite intense and deep!

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Also, my old friends used to visit ... and that's when I could not resist the craving any further ..." (PO6)

It was opined that the urge to substance use can be triggered by memories and the past of a recovering substance user (White & Jackson, 2015). Furthermore, it was added that life for the substance abuser is usually not the same when the user comes back home, so the chances of a relapse are very high.

"I cannot, under any circumstance, go back to my old place. I once went back, after my old friend insisted I go visit … then, the craving (heroin) was just too much." (PO12)

Participants reported that cravings diminished or vanished when they changed their places of residence, such as leaving downtown and spending some days in the country or working and living in another city far away from home.

"Whenever I was far away from home, I would not experience the craving. I wonder why … one time in 2015, when I worked as a migrant, there used to be a drug trafficker staying right next to our room. I completely avoided him because I never wanted to go back." (PO12)

One participant reported changing their pastime in a way that was useful for alleviating the craving.

"I could feel the craving sometimes … and had learnt of a way to make it die down. I would meet up with friends to play music or chat in a coffee house. I would feel better then without having to spend much." (PO11)

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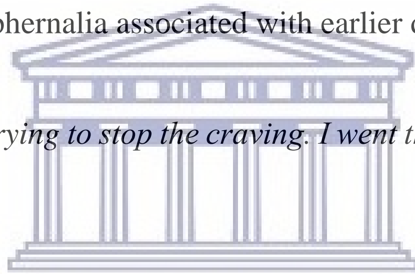
During the interviews, 5 of the participants gave descriptions of why they relapsed, which involved aspects of the surrounding circumstances, events and feelings. Two of them expressed “conscious desire” as a major reason. Edwards (2001) found that individuals are susceptible to peer pressure and will follow their lifestyles as a requirement for group acceptance. Mahoney and Stattin (2000) found that old friends’ influence also plays a significant role in a person’s involvement in substance addiction. Environmental cues play an important role in the process of relapse (Bain, 2004:29). Simply returning to the place where the drug(s) was taken can trigger a relapse, even months after abstinence commenced (Bain, 2004:29). Cami and Farrè (2003:975) added that environmental stimuli associated with drug use can produce withdrawal and craving in the absence of the drug. For Hyman and Malenka (2001:697), environmental cues elevate the risk of relapse when addicts encounter people, places or paraphernalia associated with earlier drug use.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”I faced a lot of difficulties trying to stop the craving. I went through a lapse, then a relapse.” (PO5)

Unexpectedly, the other three did not mention any cravings to use drugs when describing their reasons for relapse. Rather, the relapse triggers reported by these participants focused mainly on negative feelings, interpersonal conflicts and stressful events. The negative feelings governing relapse included feelings of loneliness, emptiness, helplessness, hopelessness and extreme desperation due to social isolation, social exclusion and a lack of support. Doweiko (2006) postulated that the individual’s access to strong social support systems during times of craving seems to contribute to continued abstinence . O’Connell and Bevvino (2007) indicated that during drug use, conflict is dealt with in dysfunctional ways – the psychological consequences of conflict may have been muted and diluted by the presence of drugs in the system.

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"I had no way of overcoming the loneliness other than doing drugs. It got me numb, and I would not feel lonely!" (PO6)

"Whenever I felt lonely or confused, I would only think of drugs as a remedy… and relapse." (PO11)

"I felt entirely neglected and had nobody on my side. I couldn't get a job, as my situation made it harder. I had no family, no money or job. I went back to drugs. I felt desperate. People would look at me, with their eyes revealing distrust and despise. It hurt me deeply. Only drugs would see me through such days." (PO12)

"I went back to using ice because of my mother. She would scold me, argue and disrupt my plans. I hated her company. She would constantly pressurise, despise and give me long talks to make me stop drugs." (PO6)

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Lack of family support is the second major factor identified. The result shows that the absence of open interaction between the participants and their family members contributed to the tendency of relapse among the drug addicts. Taib and Khairi (2000) believed that one of the reasons for addicts' discomfort in communicating their problems with family members is the existing communication barriers and ineffective interactions among family members. This finding is parallel with the works by Merikangas and Steven (2005) and Ibrahim and Kumar (2009) who found that the lack of open interaction and loose communication among family members would lead to depression, which might eventually lead to drug addiction. Furthermore, the findings highlight that a safe and supportive family environment has a significant impact on a person's risk for drug abuse and addiction (Mericle et al., 2015).

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Stressful events, such as divorce or being shamed by others, provoked negative emotional responses, which in turn led to relapse.

> *"I think if I hadn't gone through that divorce, I could have avoided the relapse." (P09)*

> *"I went back to using ice after my girlfriend left me … and worse, my friend laughed and made fun of me. I had stood out for him many times, and I would get into fights, which later got me arrested and detained, yet, he still laughed at me. I got really mad!" (PO10)*

Exceptionally, one participant stated that his relapse into drug abuse was due to working irregular hours.

> *"We would work in three shifts. Sometimes I would get too sleepy during the night shift. The ice would make me stay alert." (PO14)*

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Clearly, addiction recovery is not just a walk in the park. It comes with its challenges and difficulties, but having a thorough, experienced and compassionate team of addiction treatment experts on your side makes all the difference.

Generally, if the family involvement in drug and substance abuse treatment was enhanced, the chances of relapse would be minimised. In a study on family involvement in recovery from drug abuse, Galanter and Keber (2014) suggested that recovery involves the entire family because it is a family disease and that involving families together with the alcohol or drug-addicted client can improve family functioning and possibly improve treatment outcomes. The substance abuse participants in that study felt that they could talk to their family members about problems, as well

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as how much they perceived their family cared about them (Akard et al., 2018). The substance users in this current study also sensed that they could talk to their family members, and valued their opinions more than those of their friends. The results of the study of Akard et al. (2018), similarly, indicated that an overwhelming number of the participants valued their families' opinions more than their friends' when serious decisions were involved. The next theme to be discussed is strategies that are adopted to avoid the relapse of substance users.

4.3.4 Theme 4: Strategies adopted to avoid relapse

Relapse is a common occurrence for people in recovery from substance use disorders. But, relapse can be damaging, and it is important to take steps to try prevent it. Starting with a good treatment programme as a solid foundation. You should learn what your triggers are and how to avoid and cope with them, rely on your social support system, make positive and healthy lifestyle changes for the long-term and, if appropriate, use evidence-based medications to help prevent a relapse because relapse is common but that does not mean that you should not work hard to prevent it. A drug or alcohol relapse not only disengages a lot of hard work, but it can also be deadly (Babbie & Mouton, 2016). Relapsing can lead to a serious binge that can cause an overdose. There are steps you or someone you care about who is struggling can take to prevent relapse and its consequences.

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4.3.4.1 Sub-theme 4.1: Role of family on relapse

The findings in this study indicated that there is a positive correlation between relapse and family-expressed emotions. This means that the higher the family is characterised by negative attitudes showing anger, sarcasm, disapproval and over-protection of the alcoholic, the more likely that the alcoholic would relapse. Hence, the present findings seemed to resonate more with the proponents of the emotion/relapse association (Pourmand et al., 2015; Hooley, 2007). Statements from the

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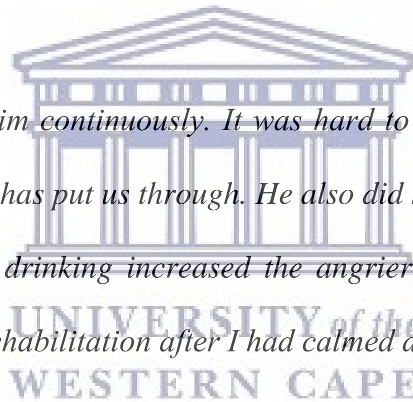
interviewed family members suggested the occurrence of high family involvement. Similar to earlier findings (Hendershot et al., 2011; Nordfjærn, 2011), this study found family support to positively impact the recovery process. The family forms an integral part of healthcare decision-making and contributes to the direct care of patients (Coyne et al., 2012; Nordfjærn, 2011; Ducray et al., 2012).

"I felt embarrassed that he had gone back to drinking after an abstinence period of 2 months. I had to try keep him from meeting his friends. I also ordered the gateman to never let him out alone. I had to constantly check up from home, calling several times to find out whether he had left, sometimes this situation makes me feel like he cannot take care of himself." (PO12)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"I got mad and yelled at him continuously. It was hard to control my temper. He is oblivious to the suffering he has put us through. He also did not seem to care about my feelings. Nevertheless, his drinking increased the angrier I became. I was able to convince him later to visit rehabilitation after I had calmed down." (PO13)

From previous studies, substance users have been viewed by people in society in different ways. Some people understand what they are going through, and some do not understand at all. This is what equally influences those who understand the situation to also turn a blind eye and have their attitudes influenced towards substance users (Horgan, 2018). Substance use disorders can positively influence public norms, yet there is evidence that reframing these disorders as brain diseases produces mixed results on people's attitudes and behaviour towards people with substance disorders. As noted above, public education campaigns that frame substance use disorders as brain diseases can have unintended consequences, including the increased perception of difference and

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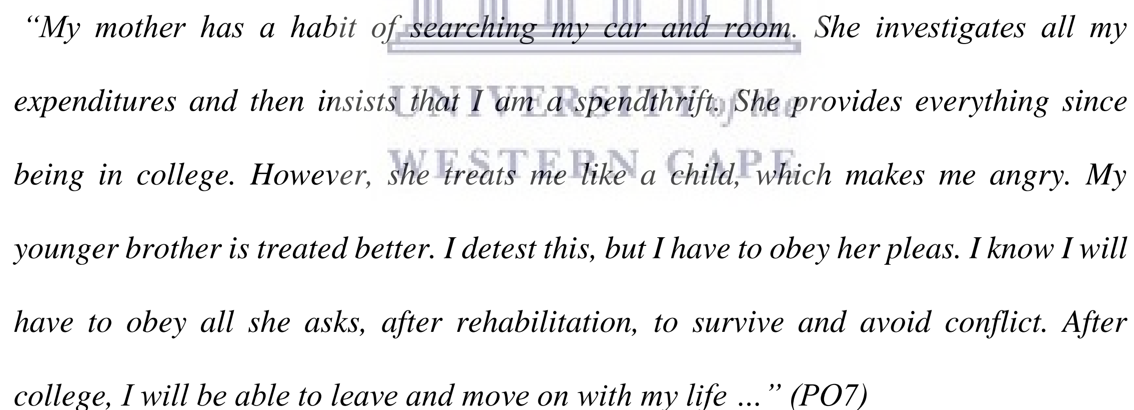
disbelief in the likelihood of recovery (Pescosolido et al., 2010; Schomerus et al., 2012; Trujols, 2015). People with substance use disorders, in particular, are viewed by the public as weak-willed (Schomerus et al., 2011), although evidence shows that they are as likely to adhere to treatment as people with other chronic medical conditions, such as hypertension or diabetes (McLellan, et al., 2000).

Daley (2013) reported that Substance Use Disorders impact the social functioning of individuals and create a burden for society as well. These disorders contribute to medical or psychiatric conditions, disability and death, as a result of accidents or diseases caused or worsened by substance use or higher rates of suicidality, all of which affect society (Daley, 2013). Daley (2013) stated that other social problems associated with SUDs include housing instability, homelessness, criminal behaviours (victim or perpetrator) and incarceration, the transmission of HIV due to IV drug use or high-risk sexual behaviours and unemployment or dependence on welfare.



"My mother has a habit of searching my car and room. She investigates all my expenditures and then insists that I am a spendthrift. She provides everything since being in college. However, she treats me like a child, which makes me angry. My younger brother is treated better. I detest this, but I have to obey her pleas. I know I will have to obey all she asks, after rehabilitation, to survive and avoid conflict. After college, I will be able to leave and move on with my life …" (PO7)

"Not that I had a lot of money to spend on liquor frequently, my mum was becoming suspicious about my endeavours. She would constantly call or ask my sister to call. They would sneak into my room and search it while am away, hunting for drugs or anything

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suspicious. My mother has a bad attitude. Someday I got too drunk, unintentionally and blacked out. I had to go home the following day." (PO12)

Most of the analysed studies agreed that family support influences the respondents recuperating from substance dependence. In summary, relapse and substance abuse occur within the individual's social environment. social network, such as family members as they provide encouragement by expressing their confidence in the ability to maintain abstinence. The next theme will highlight the role of rehabilitation of substance abusers on relapse.

4.3.4.2 Sub-Theme 4.2: Role of rehabilitation of the abuser on relapse

Family member participants suggested that rehabilitation centres should provide them with support systems during and after treatment of the alcoholic so that they can continue discussing the challenges that may affect the whole family and that are likely to precipitate relapse. As per the study participants, the entire family needed to be involved in the treatment as well as the recovery process. This way, the family would need to learn to listen to and be supportive of the recovering individual once the treatment programme had ended. Some suggested that family members needed education, not just about how addiction works but it may also be necessary to equip alcoholics with skills in stress and anger management. Recovering substance abusers and drug addicts may be more susceptible to stress, which can increase their chances of relapses (White & Jackson, 2015). To help maintain recovery, it was important for family members to assist substance abusers in lessening their stresses. Stress had been a major factor in the relapse of alcohol and needed to be managed for effective recovery.

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"I was inspired to seek a support group after seeing my dad asking for support from his friend concerning alcoholic problems. I joined a friend of mine in AA meetings. However, I relapsed after discontinuing the meeting attendance." (PO8)

"I had not come to comprehend that the rehabilitation would primarily benefit me. I was very cunning. After every argument with my mother, I would get angry and drink a lot. I am still mad at her for bringing me to this wretched place [rehabilitation centre]. I know she cares; she has made so many sacrifices for me. I have relapsed frequently. I have been admitted to many rehabilitation centres. I plan to improve my condition. I know I have let her down and wasted her money, time and effort." (PO5)

Daley (2013) found that there are rehabilitation programmes put in place to assist abusers in not relapsing. Families benefit from education on substance user disorders (symptoms, causes, effects), treatments (including medication-assisted treatments), recovery challenges for members with a substance user's disorder, relapse, mutual support programmes, the impact of substance users' disorder on families and members and professional services and mutual support programmes available for families. Daley (2013) indicated that families also benefit from addressing their emotional burdens and behaviours that can interfere with the recovery of the member with the substance user disorder. Treatment can be provided in sessions with the individual family or in multiple family groups, which provide a supportive environment for families to share their common experiences and concerns. In conclusion, Adejoh et al. (2018) agreed that rehabilitation officers play a massive role in improving professional assistance to families of substance users members undergoing rehabilitation.

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4.4 Summary of the findings

Several researchers have collaborated in identifying the role of family members' involvement and support in the substance abuse treatment of their relatives (Harwin, 2018; Orford et al., 2007). The following main components were identified as the main focus of this current study: family involvement in substance abuse treatment, family support services put in place during recovery, strategies adopted to avoid relapse and challenges that family members face and drug and substance users during recovery. Harwin (2018) and Orford et al. (2007) argued that these components contribute to the different levels of success in drug and substance abuse treatment. This can be identified by how the substance user is treated by their family and how the substance user is supported by his/her loved ones. The study further adds that the road to recovery can be very tricky if the family is not cognisant of their loved one who is a substance user, and that might lead to their relapsing if support and care are not given by the family members.

Family environments with high criticism have unclear communication patterns referred to as a crisis. It is as if, on one hand, the family is judgemental and shows disapproval of the alcoholic's behaviour. On the other hand, it is so protective of the alcoholics. For example, such a family may cover up for the behaviours of the alcoholic from his neighbours and other extended relatives, yet criticise him for lacking to attend extended family functions. The individual may get confused by such contradictory communication patterns, hence may lower his ability to make better choices in his life. Rehabilitation efforts should help family members to unlearn using such unclear statements that have a double-bind. The families should be sensitive to the needs of the alcoholic family members who need clear communication patterns and consequences of behaviour that are followed up. Criticism may damage relationships of family members who interpret it to mean rejection, while over-protection has been found to nurture dependency and repressed hostility.

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CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This section relates the conclusion of the results from exploring whether family involvement and support can assist in the substance abuse treatment of relatives. The final chapter presents a summary of the study, the conclusions of the findings, as well as recommendations to explore and describe the need for family involvement in substance abuse treatment of substance users, to explore the support systems families have for substance abuse users for recovering and to explore steps that the family unit can employ whilst the substance abuser is in rehabilitation to ensure minimising the probability of relapse. This was achieved through a qualitative methodological approach, which sought to provide answers to family involvement and support systems, usually directly from the participant's standpoint, as against the use of predetermined methods (Babbie, 2012). The research question was answered in Chapter Four, where the research findings were presented and discussed. Data were presented in four main themes with ten sub-themes identified. A review of appropriate literature and a theoretical framework were used to substantiate, explain, compare and contrast the findings of this study, as comprehensively presented and discussed in Chapter Four. These conclusions are based on comparing the aim, objectives and findings of the study and assessing whether these aspects were reached.

The study had three objectives:

- To explore and describe the need for family involvement in substance abuse treatment of substance users.

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- To explore the support systems families with substance abusers have in place for the recovery of the substance abuser.

- To explore the steps the family unit can employ whilst the substance abuser is in rehabilitation to reduce the probability of relapse.

A summary of each of the previous chapters, as well as conclusions and recommendations from the findings, will be presented in the following segments.

5.2 Summary of the study

5.2.1 Chapter One – Background and introduction

This chapter is an overview of the proposed study; it outlines the introduction which explains in detail several components of the study. It introduces the topic at hand and a brief definition of the theory on which the study is based. Furthermore, it states the problem statement that discussed why there is a need for the research, the significance of the research, as well as the gap in the literature. Additionally, this section presented the research question, aim and objectives and defines the terms or concepts of the research study.

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5.2.2 Chapter Two- Literature Review

Chapter Two consists of two parts: the literature review and the theory that underpin this study. The theoretical framework provides an understanding of the family systems theory and its applicability to this research. The literature review involves family involvement and support, substance abuse, strategies for family involvement and support, parenting and childcare support and family-focused programmes so that a clear background could be built to understand family involvement in the treatment of substance abuse. Additionally, this chapter would point forward

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the reason behind the rise of substance abuse, the effect of substance abuse on family, along with the process through which family members would help an individual deal with addiction.

5.2.3 Chapter Three – Research Methodology

This chapter provides an explanation of the methodology used to execute the research. The chapter includes the research design, research setting and population of the study, research instruments, data collection procedure and data analysis. Ethical considerations of the study are also presented.

5.2.4 Chapter Four – Presentation and discussion of findings

A detailed analysis of the findings presented in the form of narratives to illustrate the results of the study is presented in this chapter. This chapter provides insight into the demographics of the sample and the data gathered in addressing the research question. The data obtained were analysed thematically. It allows for the integration of results with literature and the theory underpinning this study, to gain an understanding of the ways family involvement would help in the treatment of substance abuse.

5.2.4.1 *Theme 1: Family involvement in substance abuser treatment*

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This theme focused on family involvement in substance abuse user treatment and how substance users can be assisted in breaking the cycle of addiction by their families. This section also focuses on the important role family plays in ensuring that substances do away with their drug addiction. This theme was described by three sub-themes namely: *Social interaction with family members, reaction and steps taken and relationship between family members.* The findings show that substance users can be motivated by their family members to beat drug addiction, and this can be done by having the family involved. This section was fully discussed with the extensive engagement of literature and theories.

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5.2.4.2 ***Theme 2: Family support services put in place for recovery***

This theme presented the findings regarding family support services that are put in place for recovery. From what has been gathered by the study, and participants' discussions it can be concluded that family support plays a vital role in the recovery phase. The support services that families associate themselves with get to assist substance users with recovery. This theme was described by two sub-themes namely: *Emotional support/moral and financial support.* The gathered information revealed that when families are invested in support services for recovery, these support services help substance users with their addiction. The information also showed that most families face challenges from communities that may lead to isolation, stigmatisation and judgement for having a member in their family who is a substance user.

5.2.4.3 ***Theme 3: Challenges***

This theme presented the challenges that are faced by substance users within their communities and how they are treated for the choices they have made. This theme was described by three sub-themes namely: *Stigmatisation, police enforcement and urge or desire to use drugs.* The findings revealed that most substance users face challenges within their communities and some participants shared that some community members judged them without even getting to know what led the substance user to be a drug addict. Some participants shared that although they faced challenges, they managed to beat the addiction. They also revealed that some of the challenges they faced assisted them to be determined in moving away from their drug addiction.

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5.2.4.*4 Theme 4: Strategies adopted to avoid relapse*

This theme reported on the strategies adopted to avoid relapse. Information revealed that families that adopt different strategies can avoid relapse. This theme was described by two sub-themes namely: *Role of family on relapse and role of rehabilitation of the abuser in relapse.* In the findings, participants revealed that family involvement in assisting the substance user with their addiction is vital. Many families that have substance users and decide to opt for different strategies have substance users that do not relapse again. Moreover, family members helped substance users not to give up on the strategy they have adopted to avoid relapse.

5.2.5 Chapter Five - Summary, Conclusion and Recommendations

The final chapter provides a conclusion and recommendations, with an overall presentation of the summary of the chapters covered in the study. The limitations observed and experienced in the execution of this study are also captured.

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5.3 Summary

From the findings of this study, it was evident that family involvement plays a vital role in the substance abuse treatment of users in recovery. The findings show that substance users can be motivated by their family members to beat drug addiction, and this can be done by having the family involved. It was also illustrated that family support services put in place for recovery assist in abstinence. The findings revealed that when families are invested in support services for recovery, these services help substance users with their addiction. Data showed that substance users, despite their being abstinent even for many years, are still looked upon as drug addicts and suffer continual stigmatisation. Most substance users face challenges within their communities, as

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participants shared that some community members judged them without even getting to know what led to the substance user being a drug addict. Additionally, a lack of community support and stigmatisation can lead to a sense of isolation or rather loneliness in this regard, thus making substance abusers feel less committed and driven to continue their abstinence. During recovery, commitment and motivation to maintain abstinence seem to decrease. The study also explored the strategies that were adopted to avoid relapse and found that family and rehabilitation played a role in the relapse of the users.

5.4 Recommendations

5.4.1 Evaluation

Where concerns exist for drug users at any level, a complete evaluation of their needs must be undertaken. An integrated evaluation aims to get a full understanding of the events and situations impacting drug users' lives to inform actions and decisions and help them achieve their potential. In circumstances where there are on-going issues involving substance and drug abuse, referrals must be made to a specialist agency within the framework of multi-agency and inter-disciplinary team working. Drug users with conditions, such as ADHD or impulsivity, are understood to be at increased risk of developing problems in relation to substance and drug abuse and other forms of anti-social behaviours. Thus, professionals working with such drug abusers must be cognisant of the consequences that result when issues involving substance and drug abuse are unaddressed.

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5.4.2 Family Support

The involvement of family members, caregivers and significant others in the lives of drug abusers is central to their health, well-being and stability. Therefore, professionals need to be aware of the benefits of supporting families towards strengthening informal support, especially where there is

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a family history of substance and drug abuse. The provision of family support services in all formats, from information giving, direct practical support and parenting support groups or family therapy, can contribute to the empowerment of family members and caregivers, particularly where a drug user is engaging in substance and drug abuse. It is appreciated that drug users are offered some protection when family members communicate openly, are emotionally supportive and monitor the drug user's activity. In circumstances where a drug user is affected by a parent's substance and drug abuse, family support could be viewed as the most appropriate first step towards assessing and addressing the impact of such activity. In the context of the tiered model of family support and with supervision from child protection services, such an intervention may eliminate the need for a drug user requiring out-of-home care.

5.4.3 Support services

The establishment of protocols between services makes for good practice in the interest of drug users and families. In this regard, there are specific recommendations within the Report of the Working Group on Treatment of Drug abusers (Department of Health and Drug abusers, 2015), National Drug Strategy 2017-2016 (Department of Community, Rural and Gaeltacht Affairs, 2017) and the Steering Group Report on a National Substance and drug abuse Strategy (Department of Health, 2017). It is important that these recommendations are progressed and that professionals know how to respond to child protection issues. A multi-agency response is required where drug users' lives are affected by personal and/or parental substance abuse. All professionals and agencies must have a good understanding of the tiered model of intervention so that appropriate and timely referrals are made where a particular need is identified.

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Early intervention and efforts to support drug users in delaying induction or avoiding substance use in the first instance are likely to have an impact on lifetime trajectories in terms of substance use. The enhancement of decision making by drug users could delay or inhibit their engagement in harmful activities, including substance and drug abuse. In this regard, drug users need to be supported in building resilience and the management of delayed gratification within all contexts. Given the prominence of peer influence as a predictor of adolescent substance and drug abuse, it is important to support drug users in developing interests/activities that may lead to positive peer group associations. Additionally, family members/careers need to be informed and involved where there are concerns for substance users about substance and drug abuse.

In situations where professionals are aware of drug users engaging in substance and drug abuse, they can identify processes and strategies to elevate concerns for such activities among drug abusers themselves and their family members. Mainly, this is handy in circumstances where family members or significant others are facilitating substance and drug abuse and where there are signs that a drug user's use of substances extends beyond curiosity and experimentation. Failure to act may be viewed as collusive and enabling. Organisations and services that are ideally positioned to assess a drug user's circumstances and to elevate concerns include courts, probation officers, hospitals, schools, training centres, social workers, general practitioners, practice nurses, adult addiction services, youth services and family support services.

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Within the context of continuing professional development, there is a need to focus on collaborative practices and the sharing of knowledge and skills across disciplines, especially between adult and adolescent addiction services. Having an appreciation of the most effective approaches to working with drug users or adults concerning substance and drug abuse may help

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avoid cross-cutting interventions and encourage awareness of referral pathways within the tiered intervention framework. In addition to training programmes, there is a need for professionals to understand interventions that are inclusive of family and wider social/support networks.

For good outcomes to be achieved for substance users, families and communities, it is essential that models of good practice are supported at an organisational level and that inter-disciplinary and inter-agency co-operation and collaboration are encouraged. In keeping with the Ottawa Charter (WHO, 1986), a focus on activist and protective/preventative and health promotion measures, in addition to harm reduction programmes, would allow for the possibility to break the cycle of addiction that has affected so many families. Within the context of integrating alcohol and drug services, an opportunity exists for HSE Addiction Services to expand the consultation process when considering practice issues and formulating policy. Given the increased emphasis on child protection, family support and inter-agency working on the approaches to intervention in relation to substance and drug abuse might achieve different outcomes, if viewed through a lens of health promotion and child welfare, as opposed to harm reduction and containment. Such a move will require a shift in thinking from primarily medical perspectives to advancing therapeutic approaches that transcend simple cause-and-effect explanations to include those aspects of an individual's context in the treatment process.

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In addition to the work that is being done to address sponsorship and advertising by alcohol and tobacco industries, there is a need for national governments and other organisations to review the practice of including substance abusers within adult categories when referring to "normal" alcohol consumption levels. Additionally, family members and other adults require information about the

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risks and harmful effects of early-onset substance and drug abuse to make informed choices and be empowered in taking a stance on teenage substance and drug abuse.

5.5 Further Research

Based on the time constraint and the limitation of its coverage, this study could not cover some other important areas that need to be researched. Other studies may also need to look at:

- evaluating intervention plans and measures put in place by the government in addressing the challenges facing substance users in communities across South Africa.
- whether the assistance and involvement of families and government officials assist in the rehabilitation process of substance users.
- how the life choices of most individuals have led them to be substance users in relation to their environment and upbringing.

5.6 Limitations of the study

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The study selected patient participants at a substance abuse rehabilitation centre in Khayelitsha within the Western Cape Province. Arguably, due to the lack of rehabilitation centres that deal purely with a particular drug of abuse, the study included participants who combined alcohol with other drugs, but whose main drug of choice was alcohol. Both male and female alcoholics, family members and family therapists were interviewed in the study. Some limitations were anticipated in the study. Firstly, there was a small population of re-admitted alcoholics at any given inpatient rehabilitation centre in the country. Therefore, data were collected for three months to increase the sample for the study. Secondly, the interview questionnaire was quite lengthy and some participants could not pay comprehensive attention to it. Lastly, due to the COVID-19 pandemic, the matrix centre experienced a drop in the number of clients seen for assistance with rehabilitation,

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making it difficult for the researcher to work effectively, efficiently and timeously to conduct the study.

5.7 CONCLUSION

The research question was sufficiently explored through a qualitative approach, thereby attaining the research goal and objectives of the study. The results of this study provided insight into the family support services put in place for recovery, the importance of family support during the recovery process of a person with a substance abuse disorder, challenges that are faced by substance users within their communities and the strategies adopted to avoid relapse.

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APPENDIX A: INFORMATION SHEET

Project Title:

Exploring weather family involvement assists in substance abuse treatment of relatives

What is this study about?

This is a research project being conducted by Mkosana Thandeka from the University of the Western Cape. I am inviting you to participate in this research project because you have expertise and experience in the field. The purpose of this research project is to explore whether family involvement assists in the substance abuse treatment of relatives. The interviews with participants will be conducted at your home and will be conducted in English or IsiXhosa giving preference to the participants' language of choice. The translation of the interview transcript will be done when the participant prefers the Xhosa language.

What will I be asked to do if I agree to participate?

You will be asked to participate in an interview pertaining to the study. The semi-structured interviews will take approximately 30-60 minutes to complete. The interview is confidential and anonymous, therefore, there will be no consequences to you based on the information provided by you in the interview.

Would my participation in this study be kept confidential?

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The researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity, thus your name will not be included for any purpose in this research project. A code will be used to differentiate different transcriptions of participants. Only the researcher will be able to link your identity and will have access to the identification key, especially for the information verification. To ensure your confidentiality, the interviews will be copied to a computer immediately afterwards and deleted from the audiotape. The interviews will be kept in the password-protected folder which will be known to the researcher only. The transcriptions will be identified with codes and stored in filing cabinets which will be locked, and personal to the researcher. If we write a report or article about this research project, be sure your identity will be highly protected.

What are the risks of this research?

There are no risks in participating in this study. In case there is any form of harm that may come as a result of the study, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator explore whether family involvement assists in the substance abuse treatment of relatives. We hope that, in the future, other people might benefit from this study through an improved understanding of how family involvement assists in the substance abuse treatment of relatives.

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Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

Is any assistance available if I am negatively affected by participating in this study?

All possible precautions will be taken to protect you from experiencing any harm from the research process. If however, you are or feel that you are being negatively affected by this research suitable assistance will be sought for you at the University of the Western Cape.

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What if I have questions?

This research is being conducted by Mkosana Thandeka in the Social Work Department at the University of the Western Cape. If you have any questions about the research study, please contact +27785251073 or 2958476@myuwc.ac.za. Alternatively, you can contact my supervisor at rich.edna2@gmail.com. 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

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This research has been approved by the University of the Western Cape's Human and Social Science Research Ethics Committee.

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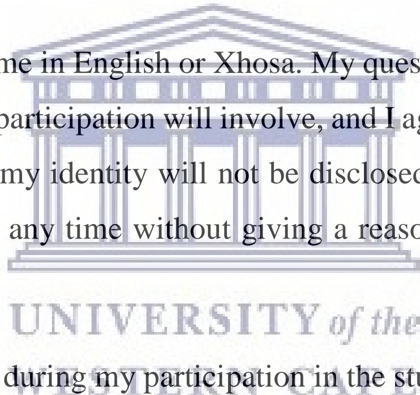
APPENDIX B: INFORMED CONSENT FORM

Title of Research Project: **Exploring weather family involvement assists in substance abuse treatment of relatives**



The study has been described to me in English or Xhosa. My questions about the study have been answered. I understand what my participation will involve, and I agree to participate of my choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

_____ I agree to be audiotaped during my participation in the study.

_____ I agree not to be audiotaped during my participation in this study.

Participants' Signature ……………................................ Date ……………………

Researcher's Signature... Date.............................

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APPENDIX C: INTERVIEW GUIDE- -SUBSTANCE ABUSER

NB: ensure written consent form is signed and collected before the interview commences.

Thanks again for agreeing to take part. I would like to inform you that participation in the research is voluntary, and you can withdraw from the study at any stage. There are no right or wrong answers to any of these questions; I just really want to hear about your views and experiences.

Background information

1. Age: _________
2. Sex: Male, Female
3. Tell me some of the drugs that you have been abusing.
4. Can you tell me how long have you been on drugs?
5. Describe your relationship with your family members before you started abusing drugs when you were abusing and now.
6. Tell me who first knew about your problem when you were on drugs and what was his/her reaction.
7. Can you tell me when and how you decide that you wanted to quit?
8. Tell me some of the support initiatives by your family members towards your drug abuse treatment.
9. Explain to me some of the measures that your family has put in place to make sure you have minimal chances of relapse.
10. Do you think your family has had challenges in providing care and support during your road to recovery?
11. Explain the nature of the support systems that your family has in place.

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APPENDIX D: INTERVIEW GUIDE – FAMILY MEMBERS

NB: ensure written consent form is signed and collected before the interview commences.

Thanks again for agreeing to take part. I would like to inform you that participation in the research is voluntary, and you can withdraw from the study at any stage. There are no right or wrong answers to any of these questions; I just really want to hear about your views and experiences.

Background information

1. Do you mind telling me your age? If no, ___________
2. Sex: Male, Female
3. Can you tell me who resides with you and the drug user?
4. What is your relationship with the substance abuser? Father[ ], Mother[ ], Grandmother, [ ] Grandfather[ ] Other ______ (specify)
5. Can you talk to me about how long you have been supporting your family member affected by substance use?
6. Explain to me how you get involved in providing this support.
7. Can you tell me about your experience with a loved one with a substance abuse problem?
8. Can you tell me whom the family support service is for? (i.e. are there any limitations, e.g. a lower age limit)
9. Can you talk about how people view family support services?
10. Can you tell me some of the challenges you face when offering family support services?
11. Can you talk about strategies you employ to ensure that the substance abuser does not relapse again?
12. As a caregiver, to what extent is your role to ensure that a substance abuser has minimal chances of relapse?

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13. Supporting people in other ways can be hard work at times. Can you tell me the kind of support you get for yourself?
14. Can you share some of the challenges you face in offering support to the substance abuser?

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APPENDIX E: INTERVIEW GUIDE – FAMILY THERAPIST

NB: ensure written consent form is signed and collected before the interview commences.

Thanks again for agreeing to take part. I would like to inform you that participation in the research is voluntary, and you can withdraw from the study at any stage. There are no right or wrong answers to any of these questions; I just really want to hear about your views and experiences.

Background information

1. Do you mind telling me your age? If yes, ______________
2. Sex: Male, Female
3. Can you tell me how many people you work with on average each day/week?
4. In your opinion, does the family support service have child substance abuse protection policies? How about adult substance abuse protection policies?
5. I would like to know if you have any knowledge about the rehabilitation centre. How many close family members to substance users attend the rehabilitation centre?
6. Explain to me how the rehabilitation centre is structured, for example, does it have a particular mode for counselling, and if it does, how often is it done?
7. Can you talk about family support services from your perspective?
8. From your experience of working with substance abusers, can you mention some of the challenges caregivers face when offering family support services?
9. As a family therapist, to what extent is it your role to ensure that a substance abuser has minimal chances of relapse?

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10. Supporting people in other ways can be hard work at times. What support do you get for yourself?
11. What are the challenges that rehabilitation face in offering support to family members who are substance abusers?

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APPENDIX F: PERMISSION LETTER

January 26, 2018

____

____

RE: Permission to Conduct Research Study

Dear Sir/Madam:

I am writing to request permission to conduct a research study at your institution. I am currently enrolled in the Social Work Department at the University of Western Cape and I am in the process of writing my Master's Thesis. The study is entitled: exploring how family involvement assists in substance abuse treatment of relatives.

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I hope the administration will grant me permission to recruit five substance abusers undergoing rehabilitation at your centre, five caregivers and two drug abuse treatment professionals, who will be involved in the study. Interested participants, who volunteer to participate, will be given a consent form to be signed by them (copy enclosed).

If approval is granted, participants will conduct an interview schedule at their homes (copies attached). The interview schedule should take no longer than 60 minutes. The interview schedule results will be pooled for the thesis project and individual results of this study will remain confidential and anonymous. Should this study be published, only pooled results will be documented. Either your school/centre or the individual participants will incur no costs.

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Sincerely,

____

Mkosana Thandeka

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ISIHLOMELO A

IPHEPHA LENKCUKACHA

Isihloko seprojekthi yophando: Uvavanyo lobangaba ingaba ukubandakanya usapho lwezihlobo elunyangweni lokusebenzisa iziyobisi luyanceda na

Lungantoni oluphando?

Olu luphando oluqhutywa ngu Mkosana Thandeka osuka kwi dyunivesithi yaseNtshona Koloni. Ndiyakumema uthathe inxaxheba koluphando ngoba unobuchwepheshe namava kwelibakala. Injongo yoluphando kukuvavanya ukuba ingaba ukubandakanya usapho kunyango lweziyobisi kuyanceda na. Udliwano ndlebe nabathathi nxaxheba luzokwelwa ekhayeni lakho kwaye luzokwenziwa nge singesi okanye isiXhosa ngokuthanda komthathinxaxheba . Uguqulelo lwesikhokelo lodliwano-ndlebe luzokwenziwa xa umthathi-nxaxheba efuna ulwimi lwesiXhosa.

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Yintoni endizokucelwa ndiyenze ukuba ndiyavuma ukuthatha inxaxheba?

Uzokucelwa uthathe inxaxheba kudliwano-ndlebe malunga noluphando. Udliwano-ndlebe oluhlahliweyo luzokuthatha malunga nemizuzu eli 30 ukuya kwe60. Udliwano-ndlebe luyimfihlo ngako oko akubakho zohlwayo ngakuwe ngokudibanisele nolwazi olunikezwe nguwe kolundliwano-ndlebe.

Ingaba ukuthatha kwam inxaxheba koluphando luzogcinwa luyimfihlo?

Umphandi uyazibophelela ekukhuseleni ubuwena nobume begalelo lakho. Ukuqinisekisa imfihlo yakho igama lakho alizukubandakanywa nanini na koluphando. Ngumphandi yedwa onokwazi ukudibanisa ubuwena afikelele kwi nombolo eveza ubuwena ngakumbi xa kuqinisekiswa

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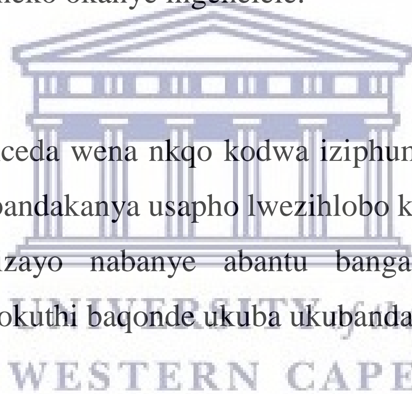
iincukacha. Ukuqinisekisa imfihlelo yakho, udliwano-ndlebe luzokukhutshelwa kwi compyutha kwangoko ,emveni koko zicinywe kwi teyipu yoshicilela. Udliwano-ndlebe luzogcinwa kwi folda ekhuselwe ngenombolo yokuvula (phaswedi) leyo ezobe isaziwa ngumphandi kuphela. Imbibhalo izokuchongwa ngee khowudi zigcinwe kwi khabhinethi etshixwayo, eyeyomphandi kuphela. Ukuba sibhala ingxelo okanye inqaku ngoluphando ubuwena buzokukhuselwa kakhulu.

Yintoni ubungozi boluphando?

Bungakhona ubungozi ekuthatheni inxaxheba kolu phando. Ubungozi bungabandakanya ,obasengqondweni,obezentlalo kwakunye nobemvakalelo. Bungakho ubungozi obungabonakaliyo nje : ngokusebenzisana kwabantu bonke, nokuthetha ngawe okanye abanye kuthwala ubungozi obuthile. Kwananjalo sizokubunciphisa ubungozi obunjalo ngokukhawulewuzileyo ukukuncedana nawe, ukuba ufumanise ukungakhululeki,ngengqondo okanye ngezinye indlela ngexesha lothatha kwakho inxaxheba koluphando. Apho kuyimfuneko uzokudluliselwa kwingcali efanelekileyo enokuncedana nawe ngokwemfuneko okanye ingenelele.

Yintoni inzuzo zoluphando?

Oluphando alwenzelwanga ukunceda wena nkqo kodwa iziphumo zinganceda umphandi ahlole kabanzi ukubangaba ingaba ukubandakanya usapho lwezihlobo kunyango lweziyobisi kuyanceda na.Sithemba ukuba kwixa elizayo nabanye abantu bangaxhamla koluphando ngokuthi babenolwazi oluphangaleleyo ngokuthi baqonde ukuba ukubandanya usapho lwezihlobo kunceda njani elunyangweni lweziyobisi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Ingaba ndinyanzelekile na ndibe koluphando kwaye ndingakwazi ukurhoxa nanini na?

Ukuthatha kwakho inxaxheba koluphando kuyintando yakho ngokugqibeleleyo. Ungakwazi ukukhetha ukungathathi nxaxheba kwaphela. Ukuba uthatha isigqibo sokuthatha inxaxheba koluphando, ungakwazi ukurhoxa nanini na. Ukuba uthatha isigqibo sokungathathi nxaxheba koluphando okanye ukuba uyayeka/uyarhoxa ukuthatha inxaxheba nanini na awuzukohlwaywa okanye awuzuphulukana nayiphi na inzuzo ekufuneka uyifumene.

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Ingaba lukhona uncedo olukhoyo ukuba ndiye andaphatheka kakuhle kukuthatha inxaxheba koluphando?

Onke amanyathelo afanelekileyo azokuthathwa ukukhusela ukuba ungafumani nayiphi na ingozi ngexesha yenkqubo yophando. Ukuba kwenzekile uzive uphatheke kakubi loluphando uncedo olufanelekileyo luzokufunelwa wena kwiDyunivesithi yaseNtshona Koloni.

Ndithini ukuba ndinemibuzo?

Oluphando lwenziwa ngu Mkosana Thandeka kwi Sebe lomsebenzi lwezentlalo (Social Work Department) kwi Dyunivesithi yase-Ntshona Koloni.Ukuba unayo nayiphi na imibuzo ngoluphando nceda uqhagamshelane +27785251073 okanye 2958476@myuwc.ac.za . Ngenye indlela ungaqhagamshelana nomphathi wam ku rich.edna2@gmail.com .Ukuba ngaba unayo nayiphi na imibuzo malunga noluphando okanye ngamalungelo akho njengamthathi-nxaxheba okanye unqwenela ukuxela naziphi iingxaki ozifumeneyo ezinxulumene noluphando nceda uqhagamshelane:

Head of Department:
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021 9593674

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Dean of the Faculty of Community and Health Sciences:
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Oluphando luvunywe yi Komiti Dyunivesithi yaseNtshona Koloni.

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ISIHLOMELO B

IFOMU YEMVUME

IPHEPHA LESIVUMELWANO SOMTHATHI-NXAXHEBA

Isihloko seprojekthi yophando: Uvavanyo lobangaba ingaba ukubandakanya usapho lwezihlobo elunyangweni lokusebenzisa iziyobisi luyanceda na

Olu phando luchaziwe kum ngolwimi lwesiNgesi okanye lwesiXhosa. Ndiphendulekile kwimibuzo ebendinayo ngolu phando. Ndiyazi ukuba ukuthatha kwam inxaxheba kuzokubandakanya ntoni, kwaye ndiyavuma ngokunganyanzelisiyo. Ndiyazi kwaye ndiqinisekile ukuba ubumna abukudizwa/abusayikuvezwa elubala nakubani na. Ndiyazi ukuba ndingarhoxa kolu phando nanini na ngaphandle kokunika sizathu nangaphandle kokoyika iziphumo ezigwenxa okanye ukuphulukana nenzuzo.

_____ Ndiyavuma ukushicilelwa ngexesha lokuthatha inxaxheba kwam kolu phando.

_____ Andivumi ukushicilelwa ngexesha lokuthatha inxaxheba kwam kolu phando

Utyikityo lomthathi-nxaxheba……………………….. Umhla……………………..

Utyikityo lomphandi………………………………. Umhla………………………

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ISIHLOMELO C

IPHEPHA LEMIBUZO- LOMSEBENZISI ZIYOBISI

ISIKHOKHELO SONDLIWANO-NDLEBE – ABASEBENZI BEZIYOBISI

NB: Qiniseka ukuba iphepha lwesivumelwano lityikityikwe lwathathwa phambi kodliwano-ndlebe.

Intshayelelo yophando: Olu phando lwenziwa ukuzalisekisa ukuba iimfuno zokufumana isidanga semasters kwizifundo ngabantwana neentsaphi kwiDyunivesithi yaseNtshona Koloni. Olu phando lufuna uvavanya ukuba ingaba ukubandakanya usapho lwezihlobo elunyangweni lokusebenzisa iziyobisi luyanceda na

Umbambi ngxoxo (Interviewer):	
Ikhowudi yomphenduli:	
Ubudala:	
Isini	
Indawo	
Ixesha:	

1. Khandixelele ngezinye zeziyobisi obuzisebenzisa?

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2. Ungandixelela unexesha elingakanani usebenzisa iziyobisi?
3. Khawuchaze ubudlelwane bakho nosapho lwakho phambi kokusebenzisa kwakho iziyobisi nangelaxesha wawusebenzisa iziyobisi nangoku.
4. Ndixelele ngubani umntu wokuqala ukwazi ngengxaki yakho yobakwiziyobisi kwaye yabanjani indlela awabayiyo
5. Ungandixelela wasithatha njani,nini na isigqibo soba ufuna uyeka?
6. Ndixelele ngamanye amanyathelo enkxaso wosapho lwakho elunyangweni lwakho lweziyobisi
7. Ndicacisele ngamanyathelo usapho lwakho eluwabekileyo ekuqinisekiseni ukunciphisa amathuba okubuyela kwiziyobisi
8. Ndicela undixelele ngeminye imicela mngeni usapho lwako olubenayo ekunikezeleni konyamekela nenkxaso kwindlela yakho eya elunyangweni?
9. Ingaba usapho lwakho lukuxhasa njani logama ukunyango nakamva nje?
10. Yeyiphi imicela mngeni wena nosapho lwakho enihlangabezene nayo ngonyango lwakho?
11. Ingaba ukuxhaphaza kwakho iziyobisi nonyango lunempembelelo enjani kusapho lwakho nakwintsebenziswano?
12. Ucinga usapho lwakho lungakunceda ngantoni kwaye njani?

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ISIHLOMELO D

IPHEPHA LEMIBUZO- LELUNGU LOSAPHO

NB: Qiniseka ukuba iphepha lwesivumelwano lityikityikwe lwathathwa phambi kodliwano-ndlebe.

Intshayelelo yophando: Olu phando lwenziwa ukuzalisekisa ukuba iimfuno zokufumana isidanga semasters kwizifundo ngabantwana neentsaphi kwiDyunivesithi yaseNtshona Koloni. Olu phando lufuna uvavanya ukuba ingaba ukubandakanya usapho lwezihlobo elunyangweni lokusebenzisa iziyobisi luyanceda na

Umbambi ngxoxo (Interviewer):	
Ikhowudi yomphenduli:	
Ubudala:	
Isini	
Indawo	
Ixesha:	

1. Ungandixelela ukuba ngubani uhlala naye osebenzisa iziyobisi
2. Buyintoni ubudlelana phakathi kwakho nalomntu obexhaphaza iziyobisi?
3. Ungaandixelela ukuba lithuba elingakanani nizama ukumxasa nje mgosapho?
4. Khondixelele ngokuphangaleleyo wenze njani ukuba ube uthabatha inxaxheba ngokunika inkxaso
5. Khondixelele ngolwazi olusondeleyo

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6. Ungandixelela ukuba lenkxaso yosapho lolukabani (ingaba kukhona iminyaka emiselweyo?)
7. ungandixelela ukuba abantu balubona njani oluhlelo lweknxaso yosapho?
8. Ungandixelela ngezinye ingxaki enizifumanayo njengosapho olunika inkxaso?
9. Nje ngomxhasi ingaba loluphi umncedo okanye yintoni indima yakho oyidlalayo ukunciphisa amathuba okubuyela ekuxhaphazeni iziyobisi kwilungu lakho losapho?
10. Ukunika inkxaso komnye umntu kungumsebenzi onzima; ungandixelela ukuba wena loluphi uncedo olufumanayo?
11. Ungandixelela ukuba zeziphi izinto ezikusokolisayo odibana nazo ekuxaseni kwakho umxhaphazi ziyobisi?

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E-mail: rich.edna2@gmail.com ; **2958476@myuwc.ac.za**

ISIHLOMELO E

IPHEPHA LEMIBUZO - LOM

NB: Qiniseka ukuba iphepha lwesivumelwano lityikityikwe lwathathwa phambi kodliwano-ndlebe.

Intshayelelo yophando: Olu phando lwenziwa ukuzalisekisa ukuba iimfuno zokufumana isidanga semasters kwizifundo ngabantwana neentsaphi kwiDyunivesithi yaseNtshona Koloni. Olu phando lufuna uvavanya ukuba ingaba ukubandakanya usapho lwezihlobo elunyangweni lokusebenzisa iziyobisi luyanceda na

Umbambi ngxoxo (Interviewer):	
Ikhowudi yomphenduli:	
Ubudala:	
Isini	
Indawo	
Ixesha:	

Imvelaphi yolwazi

1. Ungandixelela ukuba bangaphi abantu osebenza ngabo ngosuku okanye iveki?
2. Ingaba ngokokwakho ukubona, inkxaso yosapho iinazo nha iipolisi zokhuseleko lwabantwana nabantu abadala abaxhaphaza iziyobisi?

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ndingathanda ukwazi ukuba unalo nha ulwazi lwendawo zooluleko. Kwaye ngabe bakhona amalungu osapho olusondeleyo abakhe bathabatha inxaxheba?

3. Ungandixelela ngokuphangaleleyo kuba lomizi yoluleko ime njani, umzekelo, ingaba zinazo iprograms zokunika iingcebiso. Ukuba zikhona zifumaneka kanjani?
4. ungathetha ngenkxaso yalenqubo yosapho, ngoko lwakho uluvo?
5. Ekusebenzeni kwakho nabantu abasebenzisa iziyobisi, ungatsho ukuba yeyiphi imingeni odibana nayo?
6. Nje family therapist ingaba iyintoni indima oyidlalayo eyenza abasebenzisi ziyobisi bangabuyeli ekuxhaphazeni iziyobisi kwakhona?
7. Ukunika inkxaso kwabanye abantu kunzima, ingaba wena kukhona apha ufumana khona inkxaso?
8. Yeyiphi imingeni enithi nidibane nayo ekuxaseni amalungu osapho azokunika inkxaso?

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Appendix F: Permission letter

CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

Dr Natacha Berkowitz
Epidemiologist: City Health

T: 021 400 6864 **F**: 021 421 4894
E: Natacha.Berkowitz@capetown.gov.za

Ref: 24222

2018-11-26

RE: Exploring whether family involvement and support can assist in substance abuse treatment of relatives

Dear THANDEKA Mkosana

Your research request has been approved as per your protocol. Please refer to the subsequent pages for the approval of any facilities or focus areas requested. Approval comments on any proposed impact on City Health resources are also provided.

Eastern & Khayelitsha:

Contact Person: Dr Virginia De Azevedo (Area East Manager)

Tel/Cell: 021 360 1258/083 629 3344

Head Substance Abuse: Ms Letitia Bosch

Letitia.Bosch@capetown.gov.za

Please note the following:

1. All individual patient information obtained must be kept confidential.
2. Access to the clinic and its patients must be arranged with the relevant Manager such that normal activities are not disrupted.
3. A copy of the final report must be uploaded to http://web1.capetown.gov.za/web1/mars/ProjectClosure/UploadReport/0/8074, within 6 months of its completion and feedback must also be given to the clinics involved.
4. Your project has been given an ID Number (8074). Please use this in any future correspondence with us.
5. No monetary incentives to be paid to clients on the City Health premises
6. If this research gives rise to a publication, please submit a draft before publication for City Health comment and include a disclaimer in the publication that "the research findings and recommendations do not represent an official view of the City of Cape Town "

Thank you for your co-operation and please contact me if you require any further information or assistance.

Kind Regards
Dr Natacha Berkowitz Epidemiologist: City Health

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CIVIC CENTRE IZIKI LOLUNTU BURGERSENTRUM
HERTZOG BOULEVARD CAPE TOWN 8001 PO BOX 2815 CAPETOWN 8000
www.capetown.gov.za

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Appendix G: Ethics clearance

OFFICE OF THE DIRECTOR: RESEARCH
RESEARCH AND INNOVATION DIVISION

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South Africa
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07 June 2018

Ms T Mkosana
Social Work
Faculty of Community and Health Science

Ethics Reference Number: HS18/3/17

Project Title: Exploring whether family involvement and support can assist in substance abuse treatment of relatives.

Approval Period: 06 June 2018 – 06 June 2019

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

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WESTERN CAPE

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

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Appendix H: Language editing certificate

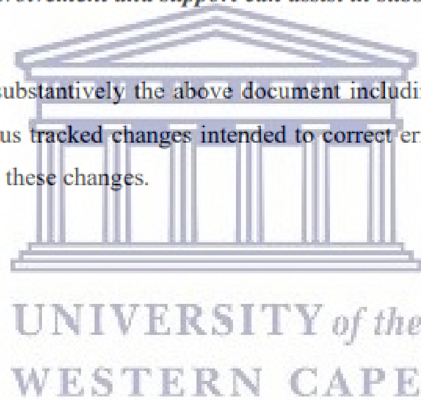
APPENDIX H: LANGUAGE EDITING CERTIFICATE

Registered with the South African Translators' Institute (SATI)
Reference number 1000686

SACE REGISTERED

08 November 2022

TITLE: Exploring whether family involvement and support can assist in substance abuse treatment of relatives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WESTERN CAPE

This serves to confirm that I edited substantively the above document including a Reference list. The document was returned to the author with various tracked changes intended to correct errors and to clarify meaning. It was the author's responsibility to attend to these changes.

Yours faithfully

Dr. K. Zano

Ph.D. in English
kufazano@gmail.com/kufazano@yahoo.com
0631434276

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Registered with the South African Translators' Institute (SATI)

Reference number 1000686

SACE REGISTERED

22 July 2023

Exploring whether family involvement and support can assist in substance abuse treatment of relatives

This certificate confirms that I edited substantively the above document, including a Reference list. The text, as edited by me, is grammatically correct. The document was returned to the author with various suggestions and tracked changes from me intended to correct errors. After completion of my language editing, the author can accept or reject suggestions/changes before re-submission to the supervisor who will check the content and instances of plagiarism, if any.

Yours faithfully

Dr. K. Zano

Ph.D. in English

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