

TABLE 7: Description of background factors.

	Family substance use		Patient sexual abuse history	
	<i>n</i>	%	<i>n</i>	%
Yes	70	72.9	21	21.9
No	26	27.1	75	78.1
Total	96	100	96	100

Table 6 illustrates that the majority of the participants (72.9%) reported a history of substance use in the family. The incidence of previous sexual abuse was 21.9% ($n=21$).

TABLE 8: Description of interpersonal factors.

	Gang membership		Employed		Legal history		Partner substance use	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Missing	0	0	0	0	2	2.1	0	0
Yes	23	24.0	4	4.2	42	43.8	28	29.2
No	73	76.0	92	95.8	52	54.2	68	70.8
Total	96	100	96	100	96	100	96	100

From Table 7 it is evident that the incidence of interpersonal factors among the participants was varied. The majority of participants were unemployed ($n=92$, 95.8%), reported not belonging to a gang ($n=73$, 76.0%), and were in a relationship with a partner who used substances ($n=68$, 70.8%). Slightly more than half of the participants reported a previous legal history ($n=52$, 54.2%).

TABLE 9: Type of intrapersonal factors.

		Co-morbid diagnosis				Total	
		Yes		No			
		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Previous treatment	Yes	20	39.2	31	60.8	51	53.1
	No	16	35.6	29	64.4	45	46.9
Total		36		60		96	100

The data in Table 8 indicate that of the 53.1% ($n=51$) of participants who had previously received substance abuse treatment, 39.2% ($n=20$) also had a co-morbid diagnosis.

TABLE10: Description of the level of depression for male and female participants.

BDI	Total BDI		Gender				Total gender	
			Male		Female			
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Missing	5	5.2	4	5.7	1	3.8	5	5.2
Minimal	17	17.7	13	18.6	4	15.4	17	17.7
Mild	16	16.7	14	20.0	2	7.7	16	16.7
Moderate	23	24.0	18	25.7	5	19.2	23	23.9
Severe	35	36.5	21	30.0	14	53.8	35	36.5
Total	96	100.0	70	72.9	26	27.1	96	100.0

As illustrated in Table 9, more than a third of all participants ($n=35$, 36.5%) presented with severe depression according to the guidelines for the BDI-II. BDI scores for the female participants revealed that 53.8% ($n=14$) of them reported severe depression.

The descriptive statistics indicate that 63.5% ($n=61$) of the participants were between the ages of 18 and 27 years. Male substance users comprised 72.9% ($n=70$) of the participants.

Analysis revealed that 91.7% ($n=88$) of the participants achieved scores on the DUDIT indicative of substance dependence, with the majority of the patients ($n=57$) reporting polysubstance use.

The age group between 11 and 15 years was shown as the age of onset of substance use for 52% of the participants, followed by the age group 16 to 20 years where 41.1% of the participants initiated substance use. The levels of education achieved by participants was reported as 47.9% having an educational level between grades 8 and 10, and 36.5% of the participants having either a grade 11 or grade 12 level of education.

The summary of background factors indicated that the participants' familial substance use involvement was 72.9% and that 21.9% of the participants reported having experienced sexual abuse. The profile of interpersonal factors for these participants revealed that 24% of the participants reported belonging to a gang, 95.8% of the participants were unemployed, more than half of the participants (54.2%) reported a previous legal history, and 70.8% of participants' partners were involved in using substances.

4.3. Section 2: Inferential analysis

Inferential statistics were used to assist the researcher to draw conclusions about the specific sample by exploring the archival data relevant to the sample of patients (Babbie, 2013).

Pearson's chi-square test was used to explore the relationships between the information gained from the patients' archival data. This statistical test was utilised to explore whether the pattern of frequencies between the variables was random or not. The exploration of the variables provided an evaluation as to whether or not the variables were associated.

TABLE 11: Association between background factors:Family substance use history and sexual abuse history.

		Sexual abuse history		Total
		Yes	No	
Family substance use history	Yes	13 (13.5%)	57 (59.4%)	70 (72.95)
	No	8 (8.3%)	18 (18.8%)	26 (27.1%)
Total		21 (21.9%)	75 (78.1%)	96 (100.0%)

It can be concluded from Pearson’s chi-square test (with Yates Continuity Correction) that the result was not significant [$X^2 (1, n = 96) = 0.131, p = 0.31, \phi = -0.13$]. This indicates that for the participants, who had all relapsed, there was not a significant association between those who had a familial history of substance use and those with a personal history of sexual abuse.

TABLE 12:Association between interpersonal factors:Gang membership and employment status.

			Employed		Total
			Yes	No	
Gang membership	Yes	Count	1	22	23
		% of total	1.0%	22.9%	24.0%
	No	Count	3	70	73
		% of total	3.1%	72.9%	76.0%
Total		Count	4	92	96
		% of total	4.2%	95.8%	100.0%

Statistical analysis (two-sided Fisher’s exact test) provided an indication that the association between patients’ employment status and gang membership was not significant ($p=1$).

TABLE 13: Association between interpersonal factors:Gang membership and partner substance use.

			Partner substance use		Total
			Yes	No	
Gang membership	Yes	Count	4	19	23
		% of total	4.2%	19.8%	24.0%
	No	Count	24	49	73
		% of total	25.0%	51.0%	76.0%
Total		Count	28	68	96
		% of total	29.2%	70.8%	100.0%

A non-significant association between gang membership and partner substance use [X^2 (1.3, $n = 96$) = .145, $p = 0.24$, $\phi = -0.14$] was established from the Pearson's chi-square test (with Yates Continuity Correction), which revealed that there was not a significant association between intimate partner substance use and gang membership in this patient sample.

TABLE 14: Association between interpersonal factors:Co-morbid diagnosis and previous treatment.

			Previous treatment		Total
			Yes	No	
Co-morbid diagnosis	Yes	Count	20	16	36
		% of total	20.8%	16.7%	37.5%
	No	Count	31	29	60
		% of total	32.3%	30.2%	62.5%
Total		Count	51	45	96
		% of total	53.1%	46.9%	100.0%

The Pearson's chi-square test with Yates' Continuity Correction revealed that the association received previous treatment [X^2 (.02, $n = 96$) = .038, $p = 0.874$, $\phi = 0.38$].

4.3. Conclusion

The results of the analysis did not reveal any significant association between the identified groups of factors in this patient sample. This finding suggests that none of these factors which were identified from the archival data for these patients could be identified as significant in the reasons for these patients' relapse.



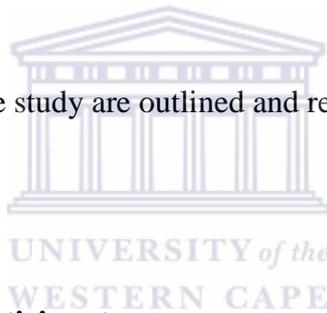
CHAPTER 5

DISCUSSION AND CONCLUSION

5.1. Introduction

The current chapter comprises a description of the participants as well as the findings of the present study which aimed to explore the presence of significant interrelationships between identified factors that might have contributed to the reasons that the participants in the study relapsed. Factors within the background, interpersonal and intrapersonal groups of factors are discussed to explore whether their association within the group was significant. Thereafter, the interaction among the different factors and groups of factors is described.

To conclude, the limitations of the study are outlined and recommendations for future research are suggested.



5.2. Descriptive summary of participants

The majority (72.9%) of the participants were male. This proportion is similar to that of male admissions (75%) in the Western Cape reported by Dada et al. (2014). More than half of the patients reported polysubstance use (59.4%) and the majority were evaluated as being substance dependent (91.7%). The report for the period July to December 2013 by Dada et al., (2014) found that 48% of patients used a number of substances. Fifty of the 96 participants started using substances between the ages of 11 and 15 years, 15 participants had an educational level below grade 8, and only 35 participants reported achieving grades 11 and 12. The BDI-II scores for more than half of the female participants revealed severe depression, while 36.5% of all participants presented with severe depression.

5.3. Background factors

The background factors which were explored using the information available from the archival data did not reveal any significant association for the participants. However, the incidence of familial substance use was present for almost three-quarters (72.9%) of the participants. This figure should be noted as an area of concern and highlights the need for possible interventions in family dynamics that could contribute to potential relapse after treatment. The possible dangers of a challenging external environment as risk factors for substance use are noted in Lachman (2012).

5.4. Interpersonal factors

Although the present study did not find a significant association between the factors of gang membership, employment status, legal history and partner substance use, the incidence of unemployment was found to be high (95.8%) among the participants. This figure is worrying and could point to the possible effect of negative interpersonal factors within this patient sample. The rate of unemployment in this particular centre is higher than in the SACENDU Research Brief compiled by Dada et al. (2014) which found, in their study of Western Cape treatment centres, that 55% of patients were unemployed.

5.5. Intrapersonal factors

More than half (53.1%) of the participants had previously received treatment for their substance abuse problems. This figure is lower than the 71% of re-admissions in the Western Cape reported by Dada et al. (2014). Of the participants who had received previous treatment, more than a third (39.2%) presented with a co-morbid diagnosis. As noted in Lachman (2012), the co-occurrence of mental illness with substance abuse was evaluated to be indicative of relapse and re-admission.

5.6. Description of groups of factors

In the patient sample, the occurrence of adverse background factors (family history of substance use and a personal sexual abuse history) was 47.39%. The incidence of deleterious interpersonal factors among the participants of the present study was 48.17% (gang membership, unemployment, legal history and a partner who used substances). The rate of patients who had previously received treatment and who had a co-morbid diagnosis (intrapersonal factors) was 45.31%.

These data provide an indication that, across these groups of factors, no specific group might be deemed to occur more than any other group among those patients who had relapsed after treatment.



5.7. Limitations

Research exists on substance abuse and the precipitants for relapse in adolescents. However, there is a gap regarding relapse precipitants for adults specifically within the South African and Western Cape contexts. Although the researcher wished to address this gap by undertaking the present study, the course of the study highlighted many limitations that should be considered.

The archival data, although providing easy and time-saving access to patient information, was limiting in the type of data that were elicited that allowed for analysis in terms of the theoretical framework. Further, the researcher found constraints in the information that was gathered post discharge in the aftercare report, and insufficient data existed to allow examination of causality of the factors identified from the archival data concerning patients' relapses.

In addition, owing to the self-reporting nature of return to substance use and of reports from ‘significant others’ about return to substance use, an area is opened up for possible concerns about the veracity of relapse. The use of archival data and aftercare follow-up for a period of 6 months was also found to be limiting in terms of an evaluation of the impact of possible relapse factors over a longer time period. A further limitation was that only patients who had relapsed were included in the study, which restricted the analysis that could be conducted, which might otherwise have allowed for a more nuanced and richer interpretation of this specific patient group.

5.8. Recommendations

In light of the pervasiveness and damaging effects of substance use in all spheres of the country’s communities, the above-mentioned limitations point to the need for further research on the factors that might contribute to a return to substance use after rehabilitation.

Research is needed that allows longitudinal prospective evaluation to explore the temporal and causal links between background, interpersonal and intrapersonal factors and relapse. It is recommended that such further research includes patients who were admitted and discharged within the same timeframe but who had not relapsed. This inclusion will serve the purpose of informing treatment interventions by allowing earlier identification of areas of concern for specific patients (e.g. more extensive involvement of families in the treatment process, and broader involvement of social services regarding the psycho-social environment post discharge). It is also recommended that further research should encompass the involvement of the researcher prior to admission in connection with structuring a screening instrument pre-admission with the aim of investigating factors that are potentially associated with relapse as well as a post-discharge structured questionnaire administered at pre-set intervals to allow exploration of temporal and causal links to relapse.

5.9. Conclusion

The study did not reveal any significant association within the background and interpersonal and intrapersonal factors identified from the available archival data. Therefore, it is hypothesised but not generalisable that all the factors may have played a role in relapse of the participants, but it is noted as a limitation because of the constraints of being guided by what was able to be categorised as possible factors relating to relapse from the existing archival clinic data. For that reason, further research would be valuable in aiding the fight against the return to substance use by means of identifying unique socio-cultural and individual factors in the Western Cape patient population.



APPENDIX D

Beck's Depression Inventory – II (BDI-II)

