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Declaration

I declare that this thesis has been composed solely by myself, Fatiema Benjamin and it has not been submitted in any previous application for a degree in any way. The work presented is entirely my own, except where otherwise stated by reference or acknowledgement.

Signature: 

Definition of Terms

Coloured. A categorised racial group referring to people of mixed race during the apartheid era and still commonly used.

DSM-V. The Diagnostic and Statistical Manual of Mental Disorders, 5th edition. This is used by a professional psychologist or psychiatrist to diagnose or dismiss disorders in individuals.

Interpretive Phenomenological Analysis (IPA). Research analysis which allows researchers to explore and interpret participant subjective experiences and helps to describe and understand participants' accounts of the process they use to make sense of these experiences.

Inpatient treatment facility. The therapeutic intervention provided in a residential setting where service users stay for 24 hours a day.

Outpatient treatment facility. The therapeutic intervention provided at a facility in which service users attend the facility for a certain number of days by going back and forth between their home and the treatment facility.

Phenomenology. Refers to the study of lived experiences from the perspective of the individual, with its purpose being the identification and understanding of the lived experience with emphasis being placed on the world as lived by the participant.

Service Provider. Refers to the organisation or persons, such as a counsellor, who renders substance use treatment services.

Service User. Refers to the individual receiving substance use treatment.

Substance use/abuse. Refers to the misuse of both legal and illegal substance.

South African Community Epidemiology Network on Drug Use (SACENDU). An alcohol and other drugs (AOD) sentinel surveillance system.

SUD. Substance use disorder.

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Abstract

Substance use is a worldwide health concern that has received significant attention as it is often related to deleterious outcomes. Various treatment programmes have been made available to assist people and their families who misuse substances, to aid rehabilitation and equip people with the necessary tools with the aim of preventing possible relapse. The Western Cape Province has been identified as experiencing the highest increase of substance use, with Cape Town being disproportionately affected. Substance use treatment and prevention programmes are therefore an increasingly important means of addressing substance use and related harms. This study aimed to explore the lived experiences of individuals in relation to the treatment they received at a treatment facility in the Cape Town area. As such, the researcher made use of the phenomenological approach as a theoretical framework as it aims to describe the lived experiences of individuals in relation to a particular phenomenon. Furthermore, a qualitative methodological framework was utilised to explore the experiences of individuals who received substance use treatment. Ten participants were purposively selected from an outpatient substance use treatment facility in Cape Town. Focus group discussions were used to collect data and the data were analysed using Interpretive Phenomenological Analysis (IPA).

Findings suggest that there were various reasons participants sought treatment. This includes the challenges they experienced in both their personal and occupational lives as well as the realization of the negative effects substance use had on them physiologically. Findings also revealed that the environmental setting individuals were in fostered their treatment; the various aspects of the programme provided by the treatment facility had a significant contribution to their recovery and improved relationships with others; receiving support from family and friends were important in service providers treatment retention as well as individuals ability to identify the changes within themselves since receiving treatment. Overall, results indicate that the treatment programme helped participants in their recovery and enhanced personal relationships, self-perception as well

as personal and occupational growth. Findings suggest that there are various reasons as to why people seek treatment and although this may differ, the treatment modality they were provided with contributed substantially to their recovery. Furthermore, this study will contribute to the literature and understanding the ways in which treatment fosters recovery, personal growth and relationships.

Chapter One: Introduction

1.1 Background

Substance Use Disorder (SUD)[1] has become an immense social issue across the world. It is a phenomenon that continues to grow and affects the lives of not only persons with SUD but also the family members of the substance user, community and society. The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-V: American Psychological Association, 2013, p. 483) defines SUD as "a cluster of cognitive, behavioural and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems." SUD is characterised by the repeated misuse and dependence on various substances, which range from legal substances such as alcohol, tobacco or prescription/over-the-counter medication to more illicit drugs such as methamphetamine, methaqualone, crack cocaine and heroin. Furthermore, SUD includes a compulsion to use, difficulties in controlling and reducing use and a fixation with obtaining and using substance(s) (Penny, 2012). This disorder is also characterized by increased impairment and negative life consequences (Merikangas & McClair, 2012; Penny, 2012). That said, it should be noted that, although substance use is a prominent health concern across the world, not everyone who uses a particular substance goes on to development SUD (Marel *et al.*, 2019). This could be related to individuals sometimes using these substances as a recreational activity. For example, not everyone who drinks alcohol becomes an alcoholic. Therefore, SUD needs to meet certain criteria for abuse and/or dependence on alcohol or other substances. This also includes how intensely and how often substances are used, making prevalence a significant factor when discussing substance use.

[1] The researcher is aware that Substance Use Disorder (SUD) is the appropriate term to use when referring to individuals who are in treatment for substance use. However, for this study, the researcher will make reference to substance use only. This is due to the researcher not being aware as to whether or not participants were clinically diagnosed with SUD.

In the United States, for instance, it was found that between the years 2001 to 2002 and 2012 to 2013, there was an increase in the 12-month prevalence of cocaine use, from 0.6% to 1.0%, indicating that approximately 1.2 million and 2.4 million of Americans used cocaine respectively (Kerridge *et al.*, 2019). Similarly, it is estimated that in 2015, approximately 11.8% of 250 million Australian adults who used drugs at least once, became addicted to a substance (Marel *et al.*, 2019). Thus, rates of substance use could be country specific for various reasons. South Africa, for instance, went through a social, political and economic transition when it progressed from an apartheid regime to a democratic society. This progression was accompanied by a significant growth in substance use (Brook, Morojele, Pahl & Brook, 2006). The socio-political changes that occurred within the country, as well as its poorly resourced law enforcement agencies and transport and communication agencies, allowed for easier access into South Africa (van Heerden *et al.*, 2009). This may be attributed to South Africa opening its boarders for more accessible trading, which subsequently left the country vulnerable to the influx of illicit drugs (Watt *et al.*, 2014; Hobkirk, Watt, Myers, Skinner & Meade, 2016; Emerson & Solomon, 2018). That said, it is estimated that the Western Cape Province has the highest substance-related problems compared to the other provinces in the country (Myers, Louw & Pasche, 2010).

In the absence of prevalence statistics, South African Community Epidemiology Network on Drug Use (SACENDU), which is an alcohol and other drugs (AOD) sentinel surveillance system operating in all nine provinces in South Africa, provides information regarding treatment facilities or programmes available in the country and how many people access them. Due to treatment being one aspect of addressing substance use and the harms related to it, availability and accessibility to these treatment programmes becomes of paramount importance. It was found that in the Western Cape Province, between July and December 2017, 30% of admissions in treatment facilities were for methamphetamines (“tik” as it is colloquially known) as a primary drug of use, followed by alcohol (24%); marijuana (also referred to as “dagga”) (22%); heroin (14%); methaqualone

(mandrax also known as “white pipe”) (7%) and cocaine at 2% (SACENDU, 2018). With the Western Cape experiencing these prolific rates in substance use, the city of Cape Town, being the largest city in the province, is significantly affected by these problems. It is known as the epicentre for tik and other illicit substances (Myers, *et al.*, 2010; Watt *et al.*, 2014; Asante & Lentoor, 2018). Tik was identified as being the fastest growing drug in Cape Town as almost half of admissions into treatment centres reported tik as either their primary or secondary used substance (Watt *et al.*, 2014; Asante & Lentoor, 2018). Although tik is the fastest growing substance, dagga is still the most common drug used (van Heerden *et al.*, 2009; Asante & Lentoor, 2018). Thus, with the staggering increase of substance use, it continues to be a worldwide health concern as it is linked to chronic and acute health problems such as cancer, cardiovascular diseases as well as accidents and violence, indicating that there are a number of consequences related to substance use (Pompili, *et al.*, 2015; Motamedi, Caldwell, Wegner, Smith & Jones, 2016; Burnhams, Bharat, Williams, Stein & Myers, 2019).

Alcohol consumption is the second leading risk factor for burden of disease among South African adults in 2015 (Probst, Simbayi, Parry, Shuper & Rehm, 2017). For instance, it is indicated that alcohol use and misuse have been identified as contributing to an increased number of people engaging in unprotected sex, which in turn has been associated with an increased human immunodeficiency virus (HIV) infection risk (Probst *et al.*, 2017). Alcohol consumption has further been found to contribute to socioeconomic differences in mortality rates in that people of lower socioeconomic status (SES) are at higher risk of dying prematurely within a given country (Probst, Parry, Wittchen & Rehm, 2018). Therefore, substance use is a phenomenon that affects various people regardless of age, gender, SES or race.

Age differences were identified as being a variable associated with substance use initiation, as earlier research indicates that the years between 18 and 22 are considered the peak ages for substance use (Kellogg *et al.*, 2006). Similarly, Lipari, Ahrnsbrak, Pemberton and Porter (2017)

indicated that within 2016, it was found that the age of onset for many substances had an average age of younger than 20 years. This is important to note as early substance use initiation is a risk factor for substance abuse disorder in adulthood, risky sexual behaviour and crime (LoBraico *et al.*, 2017). This indicates that the younger generation are particularly vulnerable to falling victim to using illicit drugs and the effects thereof. Furthermore, it is believed that various environmental stressors such as poverty, unemployment, crime and violence, discrimination and exposure to substance use contributes to the increased use of substances (Chartier, Karriker-Jaffe, Cummings & Kendler, 2017). However, the use of these substances may result in an increase in environmental stressors (Hobkirk, *et al.*, 2016), making treatment services for substance use of utmost importance.

There are various forms of treatment services for substance use, which plays an essential part in the therapeutic process. Treatment programmes may include Cognitive Behaviour Therapy, 12-Step Facilitation Therapy (also known as the 12-step programme), Motivational Enhancement Therapy and Family Therapy (Madson, Villarosa-Hurlocker, Schumacher, Williams & Gauthier, 2019). The most well-known form of treatment is the 12-step programme which is often employed with the therapeutic treatment. Mendola and Gibson (2016) notes that since the development of alcoholics anonymous 12-step programme, there has been a rise in the number of other 12-step programmes using similar principles to address other addictions. These included, but not limited to, Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Cocaine Anonymous (CA).

Substance use treatment is offered at either an inpatient or outpatient facility. An inpatient facility is referred to as the therapeutic intervention provided in a structured environment where clients (hereafter referred to as service users) stay and recover for a fixed period of time, for 24 hours a day, whereas outpatient treatment is provided in settings where service users do not stay overnight and have the freedom to maintain their daily responsibilities outside of treatment

(Karriker-Jaffe, Klinger, Witbrodt & Kaskutas, 2018).This is related to an individual either remaining in a facility for the duration of their treatment period, that is to sleep in, or attend a facility for a certain number of days by going back and forth between their home and the treatment facility. With treatment being an essential process for people using substances, their experiences of treatment, whether they are receiving it from inpatient or outpatient facilities, becomes important in treatment access as well as treatment retention.

With substance use treatment being one pathway to recovery, treatment has shown to be an effective response to the various problems associated with substance use and dependence. This is supported by Greenfield, Back, Lawson and Brady (2010) who reports that studies conducted with women-only samples, that there is improved psychological functioning, improved levels of personal stability and social support. However, for these benefits to be achieved, individuals using, or who are dependent on substances, first need to enter into treatment. Although a number of treatment programmes have been put in place, it continues to be a prominent public health concern as fewer people are accessing treatment (Isobell, Kamaloodien & Savahl, 2015). Accordingly, SACENDU (2018) indicated that across the 84 treatment programmes/facilities in South Africa, there was a significant decline in the number of people accessing treatment, where the number of people admitted for treatment in the first half of 2017 decreased from 10,047 to 9489 in the second half of 2017. This could be related to various barriers people may experience in terms of accessing treatment services. Specifically, within the South African context, financial and geographical factors act as access barriers to treatment utilization which is related to affordability; the presence of competing financial priorities, such as the need for food and shelter; and the location of a treatment facility to which service users will possibly have to travel (Myers *et al.*, 2010). Additional access barriers to substance use treatment utilization includes lack of awareness of substance use treatment facilities and self-perceived severity (Myers *et al.*, 2010). However,

regardless of these barriers, substance use treatment services are still accessed, emphasising the importance of understanding someone's experience of substance use treatment.

1.2 Rationale

South Africa has experienced a substantial growth in substance use since the end of apartheid due to easier trade with other countries (Meade *et al.,* 2015). In the Western Cape, specifically between January and June 2018, the number of service users seen in treatment was 2977, from which 27.6% sought treatment from inpatient facilities and 72.4% in outpatient facilities (SACENDU, 2018). Additionally, SACENDU (2018) indicated that 71.3% of patients were first-time admissions. They also found that 26.9% of people seeking treatment were between the ages of 10 and 19 years old. Overall, people admitted for treatment between January and June 2018 went into treatment for prescription medication (2.6%); heroin (12.5%); mandrax (20.2%); alcohol (33.9%); dagga (35.2%); and tik (37.9%), with 812 people indicating that alcohol was their primary substance used, making it the most common primary substance people sought treatment for (SACENDU, 2018). With these indicators, it is evident that substance use rehabilitation treatment is of great importance as it aids the attainment of recovery. Engaging with people who received treatment for substance use allows for an understanding of their experiences with treatment, as well as their self-perceived changes and interactions with others. Findings could also potentially improve current interventions or provide recommendations for treatment programme developers and facilitators. This study particularly focuses on individual experiences on their reasons for seeking treatment; how they experience the different treatment programmes provided at the facility; and how they express the possible changes that took place in their lives whilst in recovery. This could further aid in understanding the subjective benefits as identified by participants such as improved relationships, self-perception and employment, among others.

South Africa is experiencing various factors associated with these access to treatment challenges including motivation, as an individual should willingly want treatment; affordability,

because not everyone is by the financial means to either afford inpatient treatment or transportation to a specific treatment facility. Availability is also associated with treatment access as there are insufficient facilities or space available; including limited knowledge on where to seek treatment (Myers *et al.*, 2010; Isobell *et al.*, 2015). It is important to understand how these persons' experience treatment and their process of recovery, as they already overcame the aforementioned barriers. Although some of the literature reviewed focused on substance use and treatment, this study is important as there is insufficient literature focusing primarily on the experiences of service users receiving rehabilitation treatment, specifically within the Cape Town region.

1.3 Aims

This study explored the experiences of individuals who used substances in relation to the treatment they received.

1.4 Objectives

The objectives of this study were to:

- Ascertain the treatment programme protocols employed at the treatment centre;
- Explore and understand individuals' experiences of the treatment.

1.5 Chapter Layout

Chapter one presents background information on substance use in and around South Africa with specific focus on substance use in the Cape Town, Western Cape region. Additional information is presented by indicating the importance of the study as well as the aim and objectives set out by the researcher. This chapter ultimately aimed to provide the reader with an understanding of substance use and the challenges it is accompanied by within various communities in the Western Cape, as well as treatment utilization. The following chapters build from the previous one. *Chapter two* consists of a literature review focused on factors related to substance use and treatment resources, availability and access. *Chapter three* outlines the

methodological framework used in this study and provides a description of the research design, research setting, study participants and sampling, data collection and procedure, data analysis and the ethics considered for the study. *Chapter four* presents the findings and discussion of the study. *Chapter five* comprises of the conclusion for this thesis, as well as the limitations of the study and future recommendations.

Chapter Two: Literature Review

2.1 Introduction

In this chapter, international as well as local literature related to substance use will be discussed and reviewed. The literature review assists in familiarising the researcher and reader with existing information in the phenomenon of interest. Many studies have focused on the risk factors of substance use among adolescents and adults, as well as substance use treatment and the barriers related to receiving treatment. The researcher gathered information from previous research relating to the factors associated with substance use; rehabilitation facilities and treatment availability; how often people access substance use treatment; barriers and individual perceptions of treatment. The theoretical framework used is also discussed in this chapter, followed by the concluding remarks.

2.2 Factors Related to Substance Use

Within the South African context, HIV/AIDS, crime, violence, as well as substance use and abuse have been identified as prevalent challenges in various communities (Magidson, Dietrich, Otwombe, Sikkema, Katz & Gray, 2017). Earlier research conducted by Madu and Matla (2003), which focused on the prevalence of illicit drug use, cigarette smoking and alcohol drinking behaviour among high school adolescents in an area in the Northern Province, South Africa, found that 12% of the sampled adolescents reported using drugs, the most common being dagga. Furthermore, the prevalence rate of alcohol use, as reported by Madu and Matla (2003), was substantially high at 39.1% and was attributed to the greater availability and accessibility of alcohol as opposed to illicit drugs, as well as the greater social acceptability of alcohol use. Additionally, recent literature states that within the Western Cape, it is reported that 91% of teenage tik users are coloured (categorised racial group) males and that one out of every five school-going youth are actively using tik (Asante & Lentoor, 2018). It is then evident that these social ills should be dealt with effectively, as younger generations are starting to use drugs. As

such, the reasons why individuals begin to use substances is an important aspect when looking at substance use.

Individual experiences have been identified as being associated with substance use. Major negative life events such as traumatic experiences, for instance, being a victim of a criminal act or the loss of a loved one, correlates with the increase of substance use (Gayman, Cislo & Hansard, 2014). This is emphasized by authors indicating that trauma survivors, at times, try to numb traumatic experiences through self-medication (Sommer *et al.*, 2017). This is supported by Freedman (2018), who indicated that substances are often used in an attempt to cope with emotional pain and overwhelming stress, among others. Therefore, a history of any type of trauma is a central correlate to substance use and environmental factors. Unemployment was another variable identified as being directly related to substance use (Mokwena & Morojele, 2014). South Africa has been identified as having the third highest unemployment rate in the world, with an estimated 50% of people between the ages of 15 and 24 years old being unemployed (Mokwena & Morojele, 2014).

Additional social factors associated with substance use include rebelliousness, peer pressure and experimentation (Waller, Finch, Gile & Newbury-Birch, 2017). It was also found that the use of substances provides individuals with a sense of connection with others (Maté & Neufield, 2014). Regardless of the reasons as to why an individual might begin to use substances, the use thereof carries numerous repercussions. For instance, individuals using substances could be vulnerable to drug dependence; personal and social disorganisation; injury and death because of interpersonal violence; motor vehicle accidents or drowning; and fatal diseases contracted as a consequence of risky sexual behaviour (Mokwena & Morojele, 2014). Granted that there are numerous reasons why individuals may begin to use substances, many of these individuals suffer catastrophic effects and may therefore seek help at rehabilitation facilities. Seeking treatment is

an essential part of recovery and therefore, it is important for individuals to know what rehabilitation facilities are available, as well as the various types of treatment they offer.

2.3 Rehabilitation Facilities and Treatment

Substance use treatment are found at either outpatient or inpatient facilities, with the former being the first step to treatment and acting as motivation for further treatment and recovery (Isobell *et al.*, 2015). Outpatient treatment is characterised by a team of health care multidisciplinary individuals such as social workers, counsellors, psychologists, psychiatrists, medical doctor(s) and an occupational therapist (The Prevention of and Treatment for South African Abuse Act 70 of 2008). This, in turn, provides a holistic approach to treatment, as service providers (treatment staff) are able to assist and support service users in various aspects. With this, outpatient facilities often offer various methods of treatment including, the Matrix Model (Gouse *et al.*, 2016); Cognitive Behavioural Therapy (CBT) in conjunction with Motivational Enhancement Therapy (MET) and Motivational Interviewing (MI) (Wu, Schoenfelder & Hsiao, 2016); and 12-Step Facilitation Therapy (Madson *et al.*, 2019) to name a few.

Cognitive behavioural therapy was developed from social learning and clinical research (Benjamin *et al.*, 2011). It focuses on teaching service users skills to help them recognize and reduce relapse risk, maintain abstinence and enhance self-efficacy (Perry & Lawrence, 2017). Additionally, cognitive behavioural therapy holds that substance use is a learned behaviour and aims to change individuals' distorted thinking about used substances and increasing adaptive coping responses (Perry & Lawrence, 2017). Motivational enhancement, however, was developed as a brief intervention for substance use problems and other addictive behaviours, with its main goal being identified as addressing and enhancing individual motivation for change (Crits-Christoph *et al.*, 2009). Furthermore, the Matrix Model is an evidence-based, extensive 16-week outpatient cognitive-behavioural programme that comprises of individual, family and group sessions (Gouse *et al.*, 2016).

The 12-step programmes were identified as being a recognisable form of treatment, which is often employed in the therapeutic process (Pettersen *et al.,* 2019). However, Hoeppner, Hoeppner and Kelly (2014) made mention of some concerns specifically related to AA and its suitability for sub-groups of individuals including women; people with psychiatric comorbidities; atheist and agnostics; and young people, stating that not everyone attending AA would perceive and thus benefit from it in the same or similar manner. Furthermore, as adolescents and young adults were identified as being more likely to use or become dependent on substances, earlier research by Kellogg *et al.*, (2006, p. 16) stated that "there is still a great deal to learn about the successful treatment of adolescent and young adult drug and alcohol users."

In relation to the various treatment approaches employed, behavioural change is an essential part of the process, as it is a critical part of effective health care. This is due to the individual actively wanting change to assist in their recovery. Motivational Interviewing (MI) is a treatment method of interacting with service users to enhance behaviour change (Moyers, Hauck, Rice, Longabaugh & Miller, 2016). It is identified as being a short psychological treatment that can help people cut down on or stop using substances (Smedslund *et al.*, 2011). It was developed as a means of helping people through ambivalence and committing to change (Moyers *et al.,* 2016). MI is the process by which the service provider sits down with the service user and expresses that he or she understands how the service user feels about their problem and supports them in their decisions (Smedslund *et al.,* 2011). Therefore, when MI is used, a sense of support and understanding is presented to assist or facilitate behaviour change in the service user, ultimately aiding the treatment process. Additionally, MI is a client-centred method for enhancing fundamental motivation to change by exploring and resolving uncertainty as experienced by the service user (Smedslund *et al.,* 2011). MI is commonly combined with other intervention components and can also be developed as a freestanding intervention (Hardcastle, Fortier, Blake & Hagger, 2017).

Although there are a number of treatment facilities available offering numerous methods of treatment, accessibility is of concern as there has been an indication of a decline in the number of persons seeking treatment (Myers *et al*., 2010).

2.4 Prevalence of Access to Substance Use Treatment

According to the World Health Organisation (WHO), there is an approximate number of 76.3 million people with alcohol use disorders worldwide, followed by at least 15.3 million people who suffer from drug use disorders (Smedslund *et al.,* 2011). Within South Africa specifically, Magidson *et al.*, (2017) states that Cape Town experienced an approximate increased rate of 150-fold tik users receiving substance use treatment since 2002. However, it was found that Cape Town experienced a decline in treatment utilisation between 2007 and 2009 as rates went "from a high of 3058 treatment slots filled in the second half of 2007 to 2642 treatment slots filled in the second half of 2009" (Myers *et al.,* 2010, p. 2). Thus, Cape Town is disproportionately affected by substance use as there seems to be a significant growth in the number of people using illicit substances. Furthermore, SACENDU (2018) indicates that, in 2017 alone, there was a significant decline in people accessing treatment in the Western Cape. Furthermore, Sommer *et al.* (2017) found that 55.2% of participants who were in treatment for substance use showed symptoms of having SUD from which the most used substance reported was dagga at a rate of 38.6%. Alcohol was the second most used substance with 33.4%, followed by tik and mandrax with percentages of 13.4% and 5.2% respectively. Therefore, when the findings from Sommer *et al.* (2017) and the SACENDU (2018) report are taken into consideration, it becomes evident that the most common substances people often seek treatment for is dagga, alcohol, tik and mandrax. Additionally, in the Western Cape specifically, SACENDU (2018) states that, between July and December 2017, the most common primary substance of use for which people were admitted, as reported by 35 specialist treatment facilities/programmes, was tik, dagga, alcohol and heroin, which together comprised 90% of admission during this period. Due to the significant growth of

substance use, the quantity of persons seeking treatment also becomes important. This raises concern and, more specifically, questions on what could be influencing this drastic decline in people utilizing treatment.

2.5 Factors Affecting Treatment Utilisation

Numerous barriers were identified as reasons why service users are not utilising treatment services: individual perceptions; service availability and affordability; limited knowledge on where to seek treatment; geographic access barriers; blame, as well as stigma and neighbourhood violence (Myers *et al.*, 2010; Isobell *et al.*, 2015). Therefore, the barriers experienced have the potential to worsen an individual's substance use or prevent them from seeking treatment overall. Myers *et al.*, (2010) states that the understandings or views individuals have regarding the intensity of their substance use is an influential factor for the utilization of treatment. Therefore, individuals who do not see their substance use as a problem, are less likely to voluntarily seek treatment.

In a study conducted in Cape Town, it was found that cultural and erroneous community beliefs were further barriers to treatment utilization as "referring agents believed that cultural practices and beliefs in black/African communities hindered treatment-seeking" (Isobell *et al.*, 2015, p. 6). However, the unique cultural practices within black African communities were given preference over the individual receiving treatment from either outpatient of inpatient facilities. Furthermore, these authors also found that community members had a lack of empathy for service users. This may be related to their lack of knowledge and understanding of substance use as an addiction. In addition, stigma, which is defined as a moral failing, is considered the most common access barrier in seeking treatment (Freedman, 2018). This is due to substance users often being met with rejection by others as well as others' preconceived assumptions and perceptions (Freedman, 2018), all of which increases the likelihood of these individuals experiencing stigma and to not seek treatment. Additionally, gang violence was also identified as a major barrier to

treatment utilization, as it threatened individual safety (Isobell *et al.*, 2015). This makes the geographical location of the individual another potential and expected challenge service users are to overcome as a means to access treatment.

Another factor affecting people seeking treatment is blame by others and the individual him/herself (Freedman, 2018). People using substance(s) receive no concern from others, as they are seen as being responsible for the position they find themselves in, or blaming themselves for not being able to have self-control. Furthermore, affordability and competing financial priorities were significant predictors also identified as contributing to treatment utilization as "participants without competing financial priorities, had roughly five times greater likelihood of utilizing treatment compared to their respective counterparts with competing financial priorities" (Myers *et al.*, 2010, p. 7). This means that individuals who are financially stable or can financially afford treatment are more likely to seek and receive treatment as opposed to those who cannot.

Owing to the substantial growth of substance use, the numerous barriers people are faced with when seeking treatment and the limited availability of services, it becomes important to understand the experiences service users have with treatment and their process of recovery.

2.6 Individual Perceptions of Treatment

In a qualitative study conducted by Tarasaff, Milligan, Le, Usher and Urbanonski (2018) which focused on understanding substance use treatment that comprise of integrated programmes for pregnant and parenting women, it was found that participants generally had positive experiences regarding access and entry to substance use services. Additionally, participants reported positively regarding the services received during treatment, with the most helpful aspects in the programmes identified by participants was their relationship with staff as well as the support they received from staff (Tarasaff *et al.*, 2018). This was related to participants feeling welcomed when they entered into treatment, the home visits they would

receive from staff and extra support when needed (Tarasaff *et al.,* 2018). Therefore, the relationship between service user and service provider shows to be an essential part of the treatment process. This is related to service users receiving the necessary support and encouragement from service providers. Thus, this indicates that service users who perceive service providers as supporting and helpful are likely to engage with treatment in a more positive light.

Similar findings was brought forth in another qualitative study conducted by Ghani *et al* (2015), which focused on exploring self-reported outcomes and satisfaction among service users accessing an innovative voluntary drug treatment centre in Malaysia. The authors indicated that service users reported positively to the counselling they were receiving in treatment for their substance use. They further report on participants stating that treatment assisted them in their determination to recover from addiction and to overcome potential challenges they may face. Additionally, psychosocial programmes offered, either one-on-one or group sessions, were found to be beneficial as positive behavioural change was attributed to treatment such as improved anger management and avoidance of criminal activity (Ghani *et al.,* 2015). Participants also reported on the close relationship they experienced with service provides and their ability to express and speak freely about their emotions and thoughts (Ghani *et al.,* 2015). This alludes to the different aspects of a treatment programme as well as the service user and service provider relationship playing an intrinsic part in treatment experiences and outcomes.

2.7 Theoretical Framework

Phenomenological approach

Phenomenology consists of various influential sources that involve a descriptive investigation of a phenomenon (Spielberg, 1965). At its origin, phenomenology emerged at the end of the nineteenth century in part to solve a crisis in philosophy, the human sciences and the sciences

overall (Sadala & Adorno, 2002). Phenomenology is considered as both a philosophical discipline as well as a research method (Wojnar & Swanson, 2007). As a philosophical approach, phenomenology refers to the study of lived experiences from the perspective of the individual, with its purpose being the identification and understanding of the lived experience with emphasis being placed on the world as lived by the participant (Lester, 1999). Finlay (2012, p. 173) identifies phenomenology as "being a way of seeing how things appear to us through experience." As a methodology, it describes the lived experiences of individuals and what those lived experiences mean to them (Lester, 1999; Laverty, 2003). It also aims at understanding lived experiences, rather than explaining them (Finlay, 2012; Subramoney, 2015) by providing detailed descriptions (Kafle, 2011). Additionally, phenomenology describes what all participants have in common as they experience a phenomenon (Creswell, Hanson, Plano Clark & Morales, 2007). Therefore, for the purpose of this study, the phenomenological approach was employed to gain a better understanding of individual lived experiences with the substance use treatment they received.

Laverty (2003, p. 27) states that "phenomenological research is descriptive and focuses on the structure of experience" and seeks to make the invisible, visible. As such, this study seeks to provide further information on an area in substance use in which there are insufficient literature, as this study is focused on describing experiences rather than providing an explanation for them. When employing phenomenological research, there are a number of methods, which can be used when collecting data namely, interviews, participant observation, action research and focus groups (Lester, 1999). With this, Lester (1999) identifies the establishment of good rapport and empathy as being critical when requesting to gain in-depth information, especially when a phenomenon under investigation has a strong personal stake for individuals. Therefore, due to this study focusing on the lived experiences of individuals with treatment and participants sharing personal information, it is essential for the researcher to establish a rapport at the start of

interviews and exhibit empathy through the research process. This will ensure that participants will be and feel respected, thus establishing openness and comfort between the researcher and participants, allowing for in-depth information and rich data to be produced during interviews.

2.8 Conclusion

With South Africa and more specifically, the Western Cape, experiencing high rates of substance use and abuse, it becomes extremely important to evaluate addiction, why people become dependent and the treatment resources available to them. This is related to substance use being linked to various other social issues such as crime and violence. Although treatment facilities, both inpatient and outpatient, incorporates various types of programmes and therapies, there is evidence to suggest that, with the increase of substance use, there is a decrease in treatment utilization. Various barriers such as treatment availability and affordability, have been identified as contributing to fewer people actively and willingly seeking treatment. That said, individual experiences with treatment, once received, substantially affect treatment outcomes. For instance, if a person reports on good experiences and engagement with the different treatment programmes and service providers, they are likely to have a good treatment outcome. Therefore, reporting on individual experiences with treatment then becomes significantly important in order to see what people's needs are for recovery and generally, what works as a starting point to further promotion and growth in providing substance use and abuse interventions.

These considerations further indicate the importance of exploring the lived experiences of individuals who have received treatment for substance use. To do this, it would be necessary to find out the perspectives and experiences of service users of a treatment programme. Providing an open and safe space for individuals to express themselves could aid in achieving this through group discussions. The following chapter outlines the research process as well as the ways the researcher ensured that the research aim and objectives were appropriately answered.

Chapter Three: Method

This chapter presents information regarding the methodology followed in this research study that sought to explore the lived experiences of individuals in a substance use treatment programme in Cape Town. This chapter includes discussions of the research design employed in this study, research setting and the selection and profile of the participants. Data collection and analysis, trustworthiness and ethics considerations of the current study are also explained.

3.1 Methodology

As the aim of this study was to explore the shared and subjective experiences of persons in substance treatment programmes, a qualitative methodological framework was deemed most suitable. Qualitative research aims to provide an in-depth understanding of people's individual experiences, perspectives and histories and is concerned with exploring phenomena from the perspective of those who have first-hand experience with it (Spencer, Ritchie, Lewis & Dillon, 2003).

3.2 Research Design

As the study wanted to describe, understand and interpret the meanings of lived experiences of treatment (Bloor & Wood, 2006), a phenomenological design was favoured, which is characterised by researchers seeking to understand the lived experiences of persons about a phenomenon and focusing on individuals who have shared the same experiences (Creswell, Hanson, Plano Clark & Morales, 2007). This design was therefore seen as being most appropriate as the study focused on the lived experiences of individuals who received treatment for their substance use. Providing a deeper understanding of people's perceptions and experiences.

3.2 Research Setting

The research was conducted at an outpatient substance use treatment organisation established in 1985. The organisation has three branches across the Cape Town area: in Mitchells Plain, Atlantis and Observatory. Mitchells Plain, a suburb in Cape Town located 27.4 km from

the CBD (Central Business District), was established in the 1970's during the apartheid era, designated for the coloured community and it is estimated that more than 350 000 people live in the area (Hamdulay & Mash, 2011). It is characterised by crime, gangsterism, unemployment, overcrowding, substance abuse and poverty (Hamdulay & Mash, 2011). Atlantis, which is approximately 45 km north of the CBD, is identified as being a "purpose built" community which occurred in the early 1970's during apartheid to encourage industrial dispersal and became a settlement aimed at relocating coloured people from Cape Town (Todes & Turok, 2018). Today, the area is known for its crime rates, unemployment and substance use (Nel & Meston, 1996). Lastly, Observatory (7.1 km from CBD) is one of the older suburbs in Cape Town (Schenck, Roman, Erasmus, Blaauw & Ryan, 2017). It has a strong student population from one of the biggest universities in Cape Town with retail stores, a shopping complex and various restaurants and bars. However, Observatory is identified as having high crime rates and many homeless people, possibly as a result of substance use or abuse, unemployment or long-standing poverty (Schenk et al., 2017).

The service provider's staff component comprises of a director, branch manager for each respective facility, a clinical psychologist, social workers and registered counsellors, as well as administration managers. These centres rely on external funding, as treatment costs are dependent on the income of service users. Data was collected across these facilities, as the same treatment programme protocols and treatment procedures are carried out in the same way.

Description of the treatment programme modality

As part of the first objective of this study, to ascertain the treatment programme and protocols of the treatment centre, a file was received from the director of the centre which contained information related to the different treatment protocols implemented, as well as the various programmes provided. The treatment programme modality takes place over six weeks.

Each week comprises of individual counselling sessions with the counsellor, a group counselling session and a psycho-educational workshop. The treatment centre offers additional treatment techniques that compliments the treatment programme. These include acupuncture, aromatherapy and reflexology. To provide a comprehensive description of the programme, the researcher received the treatment programme protocols from the service provider. These protocols are employed across all three branches as set procedures on how to conduct an intake assessment. The intake assessment is the process by which a service provider initially meets with the service user as a means of gathering information to see what the immediate needs of the service user is. This also allows the service provider to ensure engagement to improve retention within the programme; administer drug tests; and provide referrals. Potential service users may be referred to the treatment centre by another institution, such as a school or place of employment, or the centre may be their primary point of contact. If the potential client is under the age of 18, consent is obtained from a parent or guardian, in addition to the minor's consent. At intake, a client is required to take a drug test to confirm their self-reported use of a legal or an illegal substance. Participation in the treatment programme is completely voluntary. The potential client must commit to an intensive treatment plan set out over a period of six weeks, in which adults and adolescents are treated separately. If the client commits to this treatment plan after being informed of what it entails, they are requested to sign a treatment contract stating that they are aware of their responsibilities such as being present for appointments on time, not using any substances while in treatment as well as participating in activities and sessions. Service users are required to achieve abstinence within the programme and attend and actively participate in all of the sessions provided.

During assessment, the service user is assessed by their assigned counsellor for suicidal ideation. If the client is found to be high risk in terms of suicide, confidentiality must be breached to ensure their safety and a referral is made to a state psychiatric facility to consult with a

psychiatrist. After this consultation and evaluation, the client may continue the outpatient treatment process, on condition that a 'no-suicide' contract is signed. This is an agreement between the service provider and service user in which the service user promises not to attempt suicide or self-harm. However, if the client is experiencing suicidal ideation, they agree to contact their counsellor immediately. The centre also comprises of an aftercare programme in which service users will stay in contact with their assigned counsellor, post treatment. This provides a space for service users to continue receiving assistance when needed as well as regular meetings. It should be noted that service users are only accepted into the aftercare programme if they are actively attending either AA or NA meetings, as service users are expected to take responsibility for their recovery.

3.3 Selection of participants

The participants of this study consisted of 10 recovering substance-abusing individuals in aftercare who received treatment at one of the three treatment branches. Morse (1994) recommended that at least six participants for a phenomenological study is acceptable and Creswell (1998) recommended between five and twenty-five for a phenomenological study (as cited in Guest, Bunce & Johnson, 2006), making the sample size for the current study suitable as it is focused on individual experiences.

Participants were purposively sampled in this research study. Purposive sampling is the selection of participants based on them possessing specific qualities which suits the purpose of the study (Etikan, Musa & Alkassim, 2016). The criteria for participation in this study were; completion of the six-week treatment programme at one of the three branches of the treatment centre and being older than 18 years of age. The final sample consisted of ten participants of which six were males and four were females with time in recovery, ranging between three months and nine years.

The demographic information of the participants is presented in Table 1 below, which consists of participant pseudo-names, age, the primary substance they were addicted to, earlier admissions, as well as the duration of their recovery. There was a total of 10 participants for this study, four females and six males. The most common substance used was tik followed by alcohol, heroin and marijuana and hallucinogens. The age of participants ranged between 28 years and 52 years with the duration of recovery ranging between three months to just over three years.

Table 1: Participant information

Pseudonym	**Gender**	**Substance Used**	**Age**	**Duration of Recovery**
Anne	Female	Tik	28 years	7 months
Bishop	Male	Marijuana and hallucinogens	32 years	11 months
Chad	Male	Tik	30 years	1 year
Chrissy	Female	Alcohol	36 years	6 months
David	Male	Heroine	30 years	7 months
Jacob	Male	Alcohol	52 years	1 year
John	Male	Tik	34 years	3 months
Mandy	Female	Heroine	30 years	1 years
Peter	Male	Tik	30 years	20 months
Samantha	Female	Alcohol and Tik	38 years	3 years, 1 month

3.4 Data Collection and Procedure

The research process commenced upon receiving ethics approval from the Biomedical Research Ethics Committee and permission from the three centres. The treatment centre made contact with potential participants on behalf of the researcher requesting their participation in the study. Once participants agreed to participate in the study, the researcher met with them at the facilities at a time convenient to the treatment branches and participants over a span of one to three days per facility. Thereafter, participants were presented with information regarding the particulars of the study (Appendix A) and consent forms (Appendix B). Participants were also informed that participation is optional and they could withdraw from the study at any given time without any negative consequences. Data was collected by means of focus group discussions. Focus groups consist of group discussions exploring a specific phenomenon by stimulating conversation and has the potential to produce information that might not be gathered from a single respondent (Guest, Namey, Taylor, Eley & McKenna, 2017). There were a total of three focus groups - one at each of the treatment facilities. Two focus groups had three participants each and the third focus group consisted on four participants, giving a total of 10 participants who partook in the study. Due to time constraints, lack of transportation and finances, in addition to the primary researcher conducting one focus group interview discussion, the researcher made use of research psychology masters students to assist in conducting and facilitating focus groups interview discussions with the other two focus groups. Co-facilitators were also present to assist in conducting the focus group discussions. Additionally, data across all three focus groups were collected within a one-week period. All facilitators and co-facilitators were trained in the data collection process and the use of the data collection tool before the implementation of the data collection process. Additionally, debriefing between the facilitators, co-facilitators and the primary investigator occurred as a means to minimise bias and for the primary researcher to better understand participants and the data collection process. That said, focus group discussions was an appropriate method as it allowed for

open discussions among participants thus allowing for deeper discussions, shared experiences and perceptions from participants.

A semi-structured interview schedule (Appendix C) was used while conducting focus groups. Before commencement of focus group, the interview guide was pre-tested on three participants who were identical to the sample. Questions were restructured and rephrased as a result of the feedback received during the pre-test sessions. The final interview schedule comprised of two sections. Section A consisted of biographical questions that allowed the researcher to access information about the participants' gender, age, primary use of substance and the length of their recovery. Section B of the interview guide comprised of seven primary questions which largely focused on their reason for seeking treatment, experience of being at an outpatient facility and experience of the treatment, what part of the treatment did they enjoy the most and what they identified as being most beneficial, what was their experience going back into the community as well as who formed part of their support system through their recovery. Many of these questions were guided by the theory and literature but also focused largely on the main research questions of the study.

Focus group discussions were audio-recorded with permission and then transcribed with all files being only accessible to the researcher, supervisor and co-supervisor. At the commencement of the focus groups, some of the participants initially seemed a little anxious while others were more comfortable and forthcoming with sharing information and experiences. However, for the duration of the focus group discussions, the researcher reassured participants about their autonomy and confidentiality. Later on, those who seemed a little anxious in the beginning of the discussion began to warm up and became more comfortable with sharing their information. Participants were also informed that should they require counselling, a counsellor would be provided at no cost. However, none of the participants requested counselling services after the focus groups were conducted. Once data was collected and interviews were transcribed, the researcher had a number

of debriefing sessions with supervisors. Furthermore, counsellors at the different facilities agreed to consult with participants if the study resulted in the emergence of any problems or concerns on the part of the participants.

3.5 Data analysis

After the transcriptions of the focus group interviews, the information collected were analysed using an Interpretative Phenomenological Analysis (IPA). IPA allows researchers to explore and interpret participant subjective experiences and helps to describe and understand participants' accounts of the process they use to make sense of these experiences (Brocki & Wearden, 2006; Smith 2011). Additionally, IPA is a suitable approach when establishing how individuals perceive particular situations they are faced with (Smith, 2011). According to Smith (2011), IPA involves the verbatim transcription of interviews from which themes will emerge. This allows for themes to not only be described but for its meanings to be interpreted (Smith, 2011).

IPA studies have most frequently made use of one-on-one interviews with relatively few studies making use of focus groups, which is related to the complex interactional environment (Palmer, Larkin, de Visser & Fadden, 2010). However, as stated by Palmer *et al.* (2010), focus groups are more appealing to a researcher as it allows multiple voices to be heard in one sitting, as well as eliciting more experiential reflection than a one-on-one interview. However, the use of focus groups when using IPA can be challenging, as the individual and shared context, as well as the interactional complexity of the discussion, makes it difficult to infer and develop personal, phenomenological accounts (Palmer *et al.*, 2010). Therefore, to successfully use IPA with focus groups, a researcher should recognise some of the potential problems or challenges that may arise during the analysis process. Smith (2004) suggests that when a researcher uses IPA and focus groups, he or she should approach the analysis twice: once for group patterns and dynamics and then for individual, subjective accounts. This will enable the researcher not only to identify

commonly shared experiences among participants but also idiographic accounts subjective to the individual's experience.

The researcher utilised IPA, as outlined by Pietkiewicz and Smith (2014), which consists of a three-stage process, specifically multiple readings and making notes, transforming notes into emergent themes and seeking relationships and clustering themes.

Stage 1: ***Multiple reading and making notes***

The initial stage involves reading and re-reading the transcripts a few times as well as listening to the transcriptions. For this stage, the researcher immersed herself in the data by constantly engaging with the transcriptions and listening to the audio-recorded interviews. The researcher also paid close attention to the atmosphere and the setting in which interviews were conducted. Whilst reading the transcriptions and listening to the recordings, the researcher made notes about her observations and reflected on the interview experience and also made comments of potential significance. This enabled the researcher to gain a better understanding and insight into participant experiences. This stage occurred as follows: the researcher wrote down the demographic information of each participant. This consisted of their gender, age, primary substance used, why they sought treatment, the length of their recovery, as well as whether or not it was their first time receiving treatment. The researcher went on to number each question asked in the interview as per the interview schedule used. This allowed the researcher to look for commonality among participants' responses for each question asked, contributing to the emergence of possible themes. With the questions of participants' responses being highlighted as well as the themes brought forth, the researcher kept the research objectives at hand to ensure that she does not deviate from the study's aim and objectives.

Stage 2: *Transforming notes into Emergent Themes*

In this second stage, Pietkiewicz and Smith (2014) stated that the researcher should work more with his or her notes as opposed to the transcriptions. Due to the researcher taking detailed notes while engaging with the transcriptions and recordings at an earlier stage, she was able to reflect on the notes she took. This allowed the researcher to identify and highlight dominant themes for each participant and look at common phrases they would use during the focus group discussions.

Stage 3: *Seeking relationships and clustering themes.*

The third stage involves the researcher looking for connections between emerging themes, grouping them together according to conceptual similarities and providing each cluster with a descriptive label (Pietkiewicz & Smith, 2014, p. 12). This means compiling themes for all transcriptions before looking for connections and clusters (Pietkiewicz & Smith, 2014). With the notes the researcher took on the emergence of core themes from each focus group, she then re-read the extract for each core theme across all three focus group transcriptions. Next, the researcher checked individual themes in relation to the core themes identified across the three focus groups and wrote down her comments for each theme. From this, the researcher then grouped themes into core theme categories. These themes were supported by identified sub-themes and extracts of verbatim quotations from participants, as presented in Chapter Four.

3.6 Trustworthiness

Trustworthiness is another important concept related to qualitative research. For trustworthiness to be established, Lincoln and Guba (1985) identified four criteria to be considered: credibility, transferability, confirmability and dependability (Krefting, 1991). Amankwaa (2016) outlines these criteria as follows: *credibility* refers to the assurance that the study measures what it is supposed to measure, ensuring confidence in findings; *transferability* is concerned with the generalisability of findings to other settings, times and people; and

confirmability refers to the "degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest" (Amankwaa, 2016, p. 121). Additionally, *dependability* as a concept implies trackable variability which includes increasing insight on the part of the researcher (Krefting, 1991).

To ensure that trustworthiness of the study was established by paying particular attention to the criteria outlined, the researcher ensured credibility by frequently debriefing with her supervisors during the data collection and write-up process. Due to focus groups being audio-recorded and transcribed, a rich account of information was obtained. The researcher continuously engaged with transcriptions and recordings, keeping in mind the study's aim and objectives, to ensure that the researcher does not move away from the study's focus. Additionally, confirmability was achieved by remaining reflexive and the researcher noting down everything she could throughout. This consisted of a detailed description of the steps taken by the researcher from the start of the project to the development and reporting of findings. Lastly, to ensure dependability, the researcher kept detailed information on the research context, the procedures undertaken during the research process, participant information and the perceptions and thoughts of the researcher.

3.8 Reflexivity

Reflexivity is viewed as a central concept to qualitative research (Dowling, 2006). It is the researcher's awareness of their role in the research practice, process and outcomes. Therefore, it is identified as being a self-aware and the awareness of the relationship between the researcher and the research setting and topic, which assists in enhancing the trustworthiness of a study (Dowling, 2006). As an individual residing in a low-income community in Cape Town, the researcher has had various interactions with individuals who misuse substances and people who have received treatment for their addiction. Therefore, due to the researcher having preconceived understandings and perceptions related to substance use and treatment, it was important for her to be self-aware and aware of her role as the researcher and the relationship which exists between the researcher

and the research topic, setting and participants. Throughout the research process, the researcher found herself knowing what participants meant when they spoke about certain experiences but constantly had to remind herself that she could not complete participant sentences when they had trouble finding appropriate words when answering interview questions. However, this was overcome by the researcher ensuring participants that they could relate their stories in any way which was comfortable for them. Furthermore, the researcher probed participants to verbally state and explain their experiences in ways they were most comfortable with. This was to ensure that the research aims and objectives are ultimately answered. Moreover, reflexivity within qualitative research consists of researchers articulating their personal views and insights about the phenomenon under study by keeping a journal or recording themselves whilst collecting data and data analysis (Dowling, 2006; Mauthner & Doucet, 2003). Therefore, the researcher ensured that her predetermined views and beliefs around substance use and treatment were clearly documented throughout the research process. This precaution ensured that the focus groups were conducted in an unbiased environment and lessened the researcher's preconceptions and individual beliefs about the phenomenon under study.

3.9 Ethics

This study followed the clear ethical considerations stipulated by the University of the Western Cape. Ethical clearance was obtained from the Biomedical Research Ethics Committee (BMREC), after which permission was required from the treatment centres to conduct research with service users and at the premises of their respective branches. Participants were informed on the aim of the study (Appendix A) after which they were informed of their right to voluntarily participate in the study. Participants were also informed on their right to withdraw from the research process at any time without consequence and that their responses will not be linked to their identity in any way, thus ensuring anonymity. This was done by replacing participant names with pseudo-names, thus ensuring that others will not recognise them once the study was

completed. No participant withdrew from the study at any time. Confidentiality was ensured by keeping the information retrieved from data collection, private and confidential. Additionally, audio-recorded files and transcriptions were kept on a password protected computer, only accessed by the researcher and the researcher's supervisors, if requested. Consent letters (Appendix B) were given to participants and signed before the initiation of the focus groups. After 5 years, all data collected in the study will be disposed of in a manner that cannot be retrieved. All hardcopy documents such as the interview transcripts will be shredded and data files will be permanently deleted from the researcher's personal computer. Furthermore, counsellors at the different facilities agreed to consult with participants if the study resulted in the emergence of any problems or concerns on the part of the participants. A counsellor was available for the participants that felt that they needed counselling. However, none of the participants requested counselling.

3.10 Conclusion

This chapter presented information regarding the research process. The research design was discussed as well as the research setting. The researcher outlined the selection process of the participants and the data collection procedure. Additionally, the researcher provided information regarding data analysis. She also described the three-stage process the researcher followed when analysing the data. Overall, the study made use of qualitative methods to spark in-depth discussions among participants during the focus group interviews by which the interview schedule was guided by the literature and the study objectives. The purposive selection of participants ensured that participants met the criteria set out for this study. This enabled the researcher to efficiently collect and analyse the data, by use of IPA. This study followed the ethical considerations stipulated by the University of the Western Cape and received ethical clearance from the BMREC. Thereafter, permission was requested and granted by the treatment centres to access individuals who have completed the treatment programme. The following chapter will present the findings of the study, followed by the discussion.

Chapter Four: Findings and Discussion

This study explored the experiences of individuals who used substances in relation to the treatment they received. This was achieved by ascertaining the treatment programme protocols employed at the treatment centre, as well as exploring and understanding individuals' experiences of the treatment. This information was obtained from the data collected through focus group discussions with the participants. The themes developed are as a result of analysed data, which is supported by verbatim quotes derived from the transcriptions of the focus group discussions and linked to the description and interpretation of the findings. The themes presented speak to the study's second objective, which is to explore and understand individuals' experiences of the treatment. The results are followed by the discussion, which is presented with supporting or opposing literature to further elaborate on the study's findings.

4.1 Themes

The themes identified and discussed were derived by employing interpretive phenomenological analysis (IPA). These themes contributed to the overall research study, which explores the lived experiences of individuals in a substance use treatment programme in Cape Town. Although the phenomenological approach only allows for description and not interpretation, Langdridge (2007) has argued that interpretation is necessary when working with qualitative data but also indicated that descriptions are important for gaining greater understanding (Davidsen, 2013). However, as IPA has its roots in phenomenology with its aim being to explore detailed descriptions of a participant's personal experiences and perceptions, analysis always involves interpretation, making it some form of double hermeneutic (Davidsen, 2013). Therefore, the researcher incorporated the interpretation of data when using IPA. For this study, five core themes were identified: *reasons for seeking treatment; therapeutic environment; service users' experience with the treatment programme; support system and peer relationships;* and *client self-perceived changes.*

Table 2: Themes

THEMES	SUB-THEMES
Theme 1: Reasons for Seeking Treatment	Family and Occupational Disputes
	Self-Reflection
	Ambivalence
Theme 2: Therapeutic Environment	Treatment from service providers
	Non-fraternization
	Experience with Returning to the Community
	Treatment Tools
	Challenges experienced with recovery
Theme 3: Service users Experience with the Treatment Programme	One-on-one Sessions
	Group Sessions
	Family Sessions
	Psycho-educational Workshops
Theme 4: Support Systems and Peer Relationships	Family and Community
	Peer Influence
Theme 5: Service user self-perceived changes due to Treatment	Appearance
	Improved Communication and Relationships
	Occupational and Personal Growth

4.1.1 Reasons for Seeking Treatment

This theme focuses on why participants sought treatment and encompasses three sub-themes: family and occupational disputes, self-reflection and ambivalence.

4.1.1.1 *Self-reflection*

Participants emphasised that self-reflection led to the realisation that they were no longer the same people they once were as a consequence of their substance use. Participants compared what their lives were like before and after they started using a particular substance. Some participants related their desperation for treatment to certain events that occurred in their lives. This was strongly brought forth by John who stated,

"I was looking at a photo on my mom's 60th birthday. But uhm, that was a reflection to me that, you don't look like you used to look. Like, my name's John, en, hulle call me "Lucky", daai lyk soos Lucky, it's nie John nie (they called me Lucky, that looked like Lucky, it's not John). You know, that sight of that made me change… But that picture made me saw that, that the background that I was, and I was... like closed. And that's what the tik and the buttons, mandrax did, has done to me." (In recovery for 3 months, 34 years old)

From his statement, one could see that John came to the realisation that he was no longer the same person due to the effects the drugs had on him. Seeing that photograph significantly contributed to him wanting to change his life. Another reason why participants sought treatment was the realisation that they could no longer differentiate between what is reality and what is not. Samantha, in particular, stated this:

"My rock bottom was [2s] bad… when I came here I was extremely desperate… I was extremely desperate uhm but towards making that choice uhm I think the idea of being an addict really scared me, and being an alcoholic... the drugs were starting to fuck with my perception [1s] of my reality and uhm and I'm in the arts and the ability to not think normal or be normal and that really scared me so I was desperate. I was going to take any help that I could get, you know." (In recovery for 3 years and 1 month, 38 years old)

For Samantha, realising that her substance use was becoming a problem was something she was not ready to deal with or confront. However, her desperation for seeking treatment started when she realized that her use of drugs and alcohol began altering her reality. Entry into treatment was related to the personal reflections of participants' lives no longer being what

they remembered it to be, in relation to their physical appearance as well as their psychological state.

4.1.1.2 *Family and Occupational Disputes*

Participants expressed that their substance use led to family and occupational disputes (arguments, confrontations and discomfort experienced within the home and workplace).

Chad, who alluded to experiencing family disputes, said:

> *"Well uhm, definitely, things got out of proportion at home. I, uhh, things got so bad, uhm, I was the first one that actually uhm, actually reached out for help, acknowledging that I have a problem."* (In recovery for 1 year, 30 years old)

In his statement, Chad does not specifically report on what complications he began experiencing in his home; however, it is evident that his home environment was significantly affected by his substance use, therefore encouraging him to reach out for treatment. A similar account was provided by Chrissy who was on the verge of losing her job due to her excessive drinking habits. She says:

> *"For me… the reason why I came here, I almost lost my job for a second time because of alcohol. Every Monday I was very sick, I could not get to work, or I just stayed out of work for about three days. The people at work told me "go and see someone, there is help for you" and they sent me here where I got everything that I needed, and everything is as it should be again."* (In recovery for 6 months, 36 years old)

Chrissy often missed work due to her excessive alcohol use over weekends. The continuous absenteeism because of her alcohol use caused Chrissy to almost lose her job for the second time and that is when she realised that she needed treatment. Chrissy's statement indicated that she received support and encouragement from her work colleagues to seek treatment, illustrating that substance use affects individuals not only on a personal level but also on a professional one.

This is indicated by Jacob, who provided an account of the challenges he began experiencing in both his home and at work.

> Jacob states, *"I picked up problems at work, my marriage, uh, my family life was going down spiral, everything was just falling apart. And I know I was gonna lose my job also. But to me, I didn't see the red light, because, all I could do was just picking up another drink, and it was really getting worse and worse."* (In recovery for 1 year, 52 years old)

Although Jacob experienced conflict both at home and work, these were not the core reasons for him seeking treatment. His denial fuelled his reluctance to acknowledge that he had a drinking problem. However, due to his work performance, Jacob went for mandatory treatment, which initially did not work for him, as he would start using alcohol again not long after leaving a rehabilitation centre.

> "*I went for a programme of treatment… for that I took sick leave for about a month and two weeks, to do that programme in rehab. But also not forgetting I have been doing that same programme about a few times before, and every time I would go back in my addiction again, my choice of drug is uh, alcohol. Then what happened was, when I have completed that programme I went back to work and then uhm, I was looking around because I know I needed something else and I knew something changed. And, that's how I was informed about the (treatment centre's name)."* (In recovery for 1 year, 52 years old)

Jacob's extract suggests that the treatment he received from the outpatient treatment centre helped him in his recovery. The three examples given by the participants above provide a sense of the challenges they were confronted with which encouraged them to seek the treatment they needed to not only deal with their substance use but also the consequences of

their use. However, although many reported going for treatment voluntarily, some participants experienced doubt and reluctance.

4.1.1.3 *Ambivalence*

Though there are a number of reasons why participants sought treatment, some participants were uncertain of pursuing treatment, although they had initiated the treatment process. Participants expressed that they initially thought that treatment would not work for them but had a change in belief during the treatment process. Two such participants were Peter and Mandy, as indicated in the extracts below:

> Peter: *"I wasn't really keen on coming here, I was, uhm [laughs] because I didn't think that it would help me and uhm, but ya (yes), I made the choice to come, and ya (yes), it helped me dramatically."* (In recovery for 20 months, 30 years old)
>
> Mandy: *"when I came to the centre I didn't actually want to come. I didn't want to come drug [indistinct]. But when I came its like uhm I didn't want to stay away because it was like very interesting and stuff."*(In recovery; duration unknown, 30 years old)

Although participants initially experienced ambivalence towards treatment, they began the treatment and had a change in belief during the treatment process. This could be related to various other factors but, from the extracts, the therapeutic environment potentially contributed to participant retention in treatment.

4.1.2 Therapeutic Environment

The environment in which service users begin their recovery process is significantly important as it has the potential to affect their recovery progress. This theme considers how participants encountered coming to this particular treatment centre in relation to their engagement with service providers, other service users and going back into their community at the end of each session. This theme also includes the tools participants were provided with to

help service users against relapse and the challenges these participants experienced with their recovery. The sub-themes identified are *treatment by service providers; non-fraternization; experience with returning to the community; treatment tools;* and *challenges experienced with recovery.*

4.1.2.1 *Treatment by Service Providers*

Treatment by service providers refers to the ways in which service providers from the treatment centre interacted with service users, as reported by the participants. This is inclusive of participants' initial encounters with service providers as well as reports of how these interactions were perceived because of how service providers made them feel. Anne stated one such interaction:

> *"The best thing about this place is nobody judge you… If you relapse you can come back… They never will say to you "no go away" … That's what I like about it here, nobody's judging you here."* (In recovery for 7 months, 28 years old)

Sally reiterated this when she provided a more in-depth description of her experience with service providers. According to Sally, she *"wouldn't have been able to do it without this centre's support. From day one, they treated you with dignity, to me that, you know just that part alone you know like you, that alone gave me… because I was quite sceptical in the beginning, like these people is gonna look down on me and this… you know, they gonna judge, what they gonna think of me. But when I came in, the respect and dignity that they treated us, especially me with, was like that pushed me."* (In recovery for 3-4 months, 46 years old)

As depicted in her statement, Sally was initially sceptical about going for treatment, because she was afraid of the judgement she thought she would be confronted with from service providers. However, her experience was that she was treated with respect and dignity, which motivated her to stay in the programme.

Jacob reported a similar experience as he believed that all service users were treated with equal respect, freedom and dignity:

> "*It was made very clear to everyone here, which I didn't have at other places. Uhm, if you wanna go, no one's forcing you [everyone echoed], so you are here purely because of your own decision. And what I also experienced here, at this centre was that uhm, they, they don't judge you, they don't put you down, and they treat you as someone... they treat you as someone that knows you must take responsibility for your recover.*"
> (In recovery for 1 year, 52 years old)

While service providers encouraged, supported, listened and respected service users as individuals, service users were made to understand that their recovery is entirely dependent on how they engage with the treatment and how they made use of it. This ensured that their motivation for treatment was sincere and would be seen through.

4.1.2.2 *Non-fraternization*

Non-fraternization among service users helped participants in their treatment as it kept them steady in their recovery. One of the reasons why fraternization was strongly discouraged by the centre was that, if service users became too friendly with one another, there would be a greater chance of relapse. However, some participants reported this rule was difficult to understand at first, as illustrated below in the extract from Peter:

> *"…one of that rules is that there's no fraternizing, and I mean how can they expect addicts not to mingle or be like common because we do the same thing [laughs]… It was really hard not to talk about "where do you stay?" … "How's that tik over there?" you see, stuff like that. And ya (yes), that was the one thing but at least they kept on hindering about it, "no fraternizing please it's very dangerous". And, uhm, I think I'm*

glad that I never really got to know everybody on a personal level and I'm glad for that very important part." (In recovery for 20 months, 30 years old)

From his statement, Peter did not initially understand why it would be dangerous for service users to associate with others who also sought treatment for their substance use. However, he was grateful that they did not get to know one another on a personal level as it had the potential to endanger the recovery process. Anne had an experience where she became friends with someone she was in recovery with. This fraternization ultimately contributed to a relapse. Anne says,

"When I get out of rehab, one of my friends take what I said in the group, I told her if I drink I like to use tik… And then the day we came home, the Friday she call me and say I must come to (an area in the Cape Flats) because they gonna (going to) have a braai. When I come there there's three bottles of rum… A gram and five buttons, and I'm standing there "what now?" [Laughs] You see? And when I drink, and then I use. It was so disappointing that's why I end the friendship, you see... they told us there the social worker that, that our friendship was not good because if the one relapse the other one is gonna (going to) relapse." (In recovery for 7 months, 28 years old)

In her account of events, Anne provided a typical example of how what is said could be used against an individual by perceived friends. From Anne's example, it is apparent why fraternizing is discouraged on such a large scale. In summary, from Anne's experience, it appears that when service users socialise with one another outside of the treatment facility, it could hinder their recovery process. This, in turn, could affect service users' engagement within their community. This makes the participant's experience when they return to their community very significant as well.

4.1.2.3 *Experience with Returning to the Community*

Being at an outpatient facility could potentially pose challenges when service users' return to their communities. The same people they used drugs or drank alcohol with, surround them, making the transition from substance use to recovery somewhat testing. Therefore, this sub-theme looks at participants' reports of their experience of being at an outpatient facility and returning to their environment at the end of each session. Sally provides a subjective account of her experience, when she states:

> *"To me the thing was… you get sent to wherever, where the drug isn't available, so it's easy to recover there, it's easy to go without it, because you forced basically, to go without it. So, to me I wanted to come back and still… because it's around us every day, its still, even though I come back from wherever I am, come back to* (residential area)*, the drug is… to the same community the same house that I lived before, the drug lords are still around me like I'm, wherever I go, to the taxi or wherever, I'm gonna be forced to walk past one of them. So, to me it was the dealing with the right here and now."* (In recovery for 3-4 months, 46 years old)

Sally preferred being at an outpatient facility, as she wanted to deal with her addiction head-on. The reason for this was that drugs were still around her on a daily basis, more specifically, in her community with drugs merchants still selling drugs and certain community members still using. Therefore, due to drugs still being prevalent in her surroundings, it was easier for Sally to be at an outpatient facility as it allowed her to deal with potential challenges, confront her substance use and possibly avoid relapse by being present in her reality.

Although many participants provided very similar experiences, Anne, on the other hand, indicated the difficulty with being at an outpatient facility. For her, it was particularly challenging as she is living with her mother and her mother's boyfriend, who is still using drugs. She states that:

"…it's hard man every day you see the same. You came out of rehab, you change but nobody else change… I have to stay with her, and her boyfriend is still using drugs. Now you must see that." (In recovery for 7 months, 28 years old)

This was brought forth as being one of the most trying situations for Anne as drugs are still used in her home. This makes her recovery process particularly difficult as she is confronted with triggers on a daily basis. Peter, however, indicated a particular trigger he had at the start of his treatment and continues to struggle with, as depicted in the extract below:

"One thing that's still, I had weird triggers man [laughs] the one thing was twenty rand notes… I can't face that shit, I tried to avoid them at all costs! I really can't handle that… Because a twenty-rand note was only good for one thing man. For tik, nothing else and the merchants wouldn't take late at night change so you needed to have a note." (In recovery for 20 months, 30 years old)

The twenty-rand note was commonly perceived as a trigger among participants. This is attributed to drug merchants only accepting twenty-rand notes for tik. Thus, any twenty-rand note in the possession of an addict would only go to purchase tik. However, there were ways in which participants were taught to deal with this particular trigger, such as carrying change.

4.1.2.4 *Treatment Tools*

At a substance use treatment centre, service users are often provided with various tools to help them through their recovery process such as coping mechanisms when experiencing triggers. Treatment tools are particularly important at an outpatient facility, as service users go home at the end of each session and are most likely confronted with triggers or personal challenges, which could ultimately result in relapse. Although participants did not provide a clear indication of what exactly these tools are, they often made reference to it, thus indicating its

importance. Peter provided an example of this when talked about how these tools helped him deal with his triggers. He states,

> *"…that's the one thing they equip you here with how to deal with that situation outside… Because you changing, nobody else is changing or anything, so ya (yes), we learn a lot here about how to deal with it… I had a lot of triggers and there was those people across the road. Friday nights they would play that song of mine that will just put me in a zone… But it was really tough though man, and all the ideas, all the stuff we learn on Fridays is, uhm, what we need to do, uhh what was that session, the psycho… going through that, and at least I tried it at home and ya (yes) I'm still doing stuff what I learnt here. But it was really tough man, just leaving at the end of the day."* (In recovery for 20 months, 30 years old)

Peter had a specific song which acted as a trigger for him to use drugs. Therefore, for him it was difficult to avoid this trigger as he had no control over who or where the song was going to be played. Although he does not clearly state what tool he used in these situations, treatment helped him face and deal with, the trigger he was experiencing. The emphasis on treatment tools was also indicated by Sally who says that:

> *"What they equipped you with in the sessions… You could hold your head up high. You had no desire to dip in here quickly, look okay now."* (In recovery for tik; 3-4 months, 46 years old)

For Sally, the tools which service users they were taught and encouraged to use during the sessions made it easy to go back home after each of her sessions. When left, she felt a sense of pride and no need to visit old friends. This shows that the tools participants were taught and used, helped them significantly through their journey to recovery.

4.1.2.5 *Challenges Experienced with Recovery*

When receiving treatment for substance use, it is expected for service users to experience some challenges. This sub-theme looks at what difficulties participants faced while they were in the process of recovery. These difficulties range from personal confliction, to triggers they experienced. Chrissy provides an account of the personal challenges she faced which made the necessary changes in her life difficult. There was a lack of understanding from her spouse as to why she wanted treatment and this often resulted in her being physically abused by him. She states:

> *"He could not understand why I wanted to change, but I pulled through and I did it for my children, like I said… I thought to myself "he can hit me or whatever" I will push through and get through this, I will come out on the other side").* (In recovery for 6 months, 36 years old)

The lack of understanding on the part of her husband often resulted in him becoming abusive toward Chrissy by hitting her. Thus, her home relationship with her husband was the biggest challenge Chrissy faced while recovering. This was a common experience among participants, as a number of them were confronted with trials in their homes based on them seeking treatment. There was a common occurrence for misunderstandings why participants wanted to be clean from their substance use. However, due to their perseverance for better lives for themselves and their families, participants were able to avoid relapsing regardless of their challenges.

Additionally, another challenge the participants alluded to in relation to them attaining recovery was that of the experience of withdrawal. Although this was not a direct challenge, participants spoke of why remaining in recovery was so important to them. An example of this was when Peter gave an account of what was preventing him from using drugs again:

"In the one meeting in NA this one lady asked me what, what is keeping me from, uhm, going back to my old ways and relapsing, and the first thought that came to my mind was that it's just so damn hard in the beginning just to get sober again, that's the hardest thing. I thought, that's why I told her "I don't smaak (want) to go through that again" … So I'm rather staying clean you know, for the rest of my life as to fuck up and retry again and just to go through, through that same shit for that first three, four weeks again, it's, ja (yes), it's really hard." (In recovery for 20 months, 30 years old)

From his statement, Peter made it clear that the process of attaining recovery was difficult at first and he does not willingly want to go through that again. This gives an indication that he knows what he will be giving up if he were to relapse and that the process of recovery might be even more difficult the next time around. Participants were in agreement with Peter by specifying that what prevents them from relapse is the thought of how challenging it will be to recover again and go through the same withdrawals is not something they want to experience again. Anne reiterates this when she says,

"…going through the same withdrawals uhh… I could almost take my head off because of withdrawals. I couldn't handle it and I was for a year clean. I mean I didn't fall hard but I could stay for a year I didn't need to use drugs, except when I go crazy I need drugs. But now, I never go through that withdrawals." (In recovery for 7 months, 28 years old)

4.1.3 Service user Experience with the Treatment Programmes

Service users shared their experiences of the treatment programme in relation to its different components, namely the one-on-one sessions, family sessions, group sessions and psycho-educational workshops. These different components were most commonly spoken about and referred to when asked about their experiences with the treatment programme. Therefore, the sub-themes consist of these components provided in treatment, as highlighted by participants.

4.1.3.1 One-on-one Sessions

The format of the treatment programme utilized across the different branches are the same, therefore it is referred to in terms of a unified whole. That said, one component that was commonly brought up by participants was the one-on-one/individual counselling sessions. The one-on-one counselling session allows someone the opportunity to speak openly about their substance use experiences and challenges, as illustrated by David:

> *"The individual sessions helped [1s] the most. Just, just being in the room with the counsellor and being able to just talk about stuff [2s] talk about what's going on in your life and just get it out, just like [1s] I don't have that person to talk to, I don't, I don't have anyone to like just [1s] speak, explain myself to [1s] and someone that actually understands."* (In recovery for 7 months, 27 years old)

David expressed that the one-on-one sessions were most helpful to him. It provided a comfortable space for him to speak to someone who recognised his difficulties with his substance use without feelings of judgement or shame, which is something David does not have in his life. Similarly, Samantha spoke of how these one-on-one sessions improved her life:

> *"The one-on-one sessions I have never in my life spoken to a psychiatrist or had the ability to just express how I feel, so for me that was the key thing, it gave me the solutions to the answers that I wanted uhm and that's what I like about this programme. It, it doesn't give you the answers, but it will give you a solution and how you choose to apply that to your life will eventually reveal the answers to the questions that you seek."* (In recovery for 3 years and 1 month, 38 years old)

These sessions were significantly helpful to Samantha as it provided her with the space to express her emotions, which she stated was something she initially had difficulty doing. Thus, it

became of utmost importance to her when she discovered that in these sessions she could answer the questions, which often times went unanswered in her life.

4.1.3.2 Group Sessions

The group sessions, which are facilitated by service providers, was a prominent component that came up across focus group discussions. Participants referred to group sessions as a space in which they received additional support and ultimately developed a sense of community among themselves. Chrissy, in particular, indicated how meaningful group sessions were to her, as indicated in the extraction below:

> *"Group, which was actually on Monday, I could share everything in that group and I would receive answers by them, and then when I walk out of here, I just feel as though I have courage in me so that I can move forward."* (In recovery for 6 months, 36 years old)

It is evident from her statement that group sessions gave Chrissy the courage to continue her recovery. It is during these sessions participants would speak about any challenges they may be faced with and, in turn, receive advice on how to deal with, or overcome, them. This refers to answers and encouragement Chrissy would receive from other individuals participating in the group sessions when she was faced with her marital issues related to her recovery. Group sessions provide a sense of support for service users as there is an understanding among them about substance use and the potential challenges individuals are faced with when in recovery. The participants in this study encouraged one another during group sessions and indicated that this setting provided them with a safe space to speak about the challenges they experienced, as well as seeking advice and guidance. A similar experience was shared by Bishop when speaking about the group sessions as a safe and communal space:

"It makes you realise as well that you not alone where, where you can share where somebody is going through, same like you are or you think you worse off and somebody like you know...that's worse off than you like, if you can listen to the stories it's interesting you know? And you sit there and you not alone, you don't have to be embarrassed you know what I mean? Just sit there and open up and speak cause there's people, lots of people that can relate to what you're going through or even worse." (In recovery for 11 months, 32 years old)

Group sessions were meaningful to service users as it provided an environment in which they felt understood and supported by others on the same journey. Service users are able to speak to one another without hesitation or shame. The concept of a safe space is thus reinforced by the comfort participants experience when they are given the opportunity to not only express their concerns, challenges or improvements but also to listen to one another and understand that they are not alone in the recovery process. The group sessions thus contributed significantly to making the treatment programme more effective for participants.

4.1.3.3 Family Sessions

Another component of the programme which participants found effective and beneficial in their treatment process was the family sessions provided by the treatment centre. Training sessions for immediate family members are offered once a month and was found to be beneficial to both families and service users. It provides family members with valuable information on what addiction is, how to approach certain situations with the individual in recovery and to ensure that they do not relapse when confronted with cravings and triggers. Peter stated that it educated his family on addiction, as well as how to "deal" with him at home. He says that the family training sessions were helpful:

"Because now your family really knows how to deal with you at home and how to help you out and support you. It's valuable information that, that they tell you in an hour

session or two-hour sessions that they give to the family members and it's really imperative for those families to attend those meetings because that helped me back home… Because every time I would get up for no reason or maybe because my song was playing, my uncle would know, "okay, shit is about to happen" … So ya (yes), I think that really helped me also, by helping my family." (In recovery for 20 months, 30 years old)

These training sessions assisted Peter's family to help him with his cravings and triggers. They assured that he remained in recovery for the duration of and post-treatment. Peter also indicated that the information that family members received were valuable and important, as it not only helped family members understand addiction but also helped them to engage with him in a protective manner. Family members would know when the service user is struggling with their recovery and how to deal with the situation in a way that is beneficial for all parties involved. The family sessions helped Jacob tremendously as well:

"So the family sessions, follow ups there was about a few. And then I brought my kids, that was really amazing, I don't know, really, that was amazing, because, she, the counsellor spoke to my kids and see where they are in the family. So, that hasn't happened before in my whole life. And uhm, I could see… I'm on my way somewhere here, because now I was realising the hurt that I caused." (In recovery for 1 year, 52 years old)

The family training sessions provided Jacob with the introspection of his family's experiences and what their lives were like prior to him seeking treatment. This enabled him to view the situation from a different perspective, giving himself and his family a chance to express their emotions and thoughts and the opportunity to deal with and move beyond Jacob's addiction and the repercussions thereof. Thus, these family sessions are salient in the recovery process.

Furthermore, the family training sessions was also identified as being a holistic approach, as it placed peculiar attention on the individual in conjunction with the family, allowing for the different aspects and influences on an individual's life to be a part of the treatment process. This was specifically brought forth by David when he states:

> *"This programme, it encourages that, that your family need to come to sessions and stuff uhm, so its sorta like a, a holistic approach, it's not you alone coming and then you going back to your family… So I found like, like that helped a lot like bringing the family in and then getting them to understand as well like, 'look here I need to do this, I need to do that, I need to do that'… I think I found that so much like my family is changing and they're so supportive and they're so encouraging and they, they don't like...like, you know? Come down on you, like they just do whatever. I think they're more understanding…"* (In recovery for 7 months, 27 years old)

David indicated that these family sessions helped rebuild his relationship with his family. For David, his relationships improved tremendously as there was more support and encouragement from his family, reducing the risk of relapse. Furthermore, the family sessions also provided him with the needed space to speak about the things he needed to do, allowing them to know what they needed to do to help him in this regard. Thus, it gave the family the space to not only learn about addiction but also to learn what kind of support their family member who was seeking recovery, needed.

4.1.3.4 Psycho-educational Lectures

Psycho-educational lectures were found to be very useful because it provided service users with the knowledge and understanding of what a substance use disorder is and its' effects. Psycho-educational lectures were identified as being one of the components, which were most beneficial and specifically made a mark on participants for the duration of their treatment process. Bishop states that it was during these lectures where he learnt that he had an illness:

"In the beginning it was, the, the, lectures on a Friday… The educating part of the lectures. There I found out that I have a chronic illness." (In recovery for 11 months, 32 years old)

Sally realised the trauma she was putting herself through when she learned that her substance use was an illness. She says,

"You know the most scary thing that I learnt in the lecture was, addiction is a disease. To me that was a wake-up call, as a diabetic and asthma sufferer, it was… to me that was a real wake-up call, and the most informative part out of the lectures was that particular lecture, the disease aspect of it. And how to deal with it, how to cope with it." (In recovery for 3-4 months, 46 years old)

Given the realisation that addiction is an illness, Sally believed more strongly that she needed to change her life. This is due to her already having chronic illnesses such as diabetes and asthma. Thus, Sally began understanding addiction in a different light, not as a choice but as an illness. Similarly, Samantha found the psycho-educational sessions beneficial, as it provided service users with the knowledge of substance use as an illness. However, Samantha's experiences were slightly different as she comes from a town in which alcoholism is prevalent and accepted as normal. She says:

"For me the main important thing was uhm, understanding that I was sick [2s] cause I, I didn't get it like I, I honestly did not. I thought im...doing it too much and I... didn't, I, I had no idea about addiction, I, I'm from a small town uhm you know, in the Boland uhm drinking is normal, being messed up is sort of the norm, there is a normalcy with that within, particularly the coloured community…" (In recovery for 3 years and 1 month, 38 years old)

From the above extract, Samantha indicates that her community, which predominantly consist of coloured residents, was a significant contributor to her alcohol addiction, as it is an environment where alcoholism is common among its community members. Thus, she did not know much about addiction, therefore did not identify herself as being an 'addict'. However, treatment helped her understand that substance use disorder is an illness.

4.1.4 Support Systems and Peer Relationships

Participants indicated having received support from family and community members in their recovery process. This is specifically important, as it is needed for participants to have the necessary support systems in place to guide and encourage them, making recovery easier. In addition to receiving support from family and community members, participants also identified their peers as having some influence on their treatment, whether it was support or challenges that they experienced with peers when they began treatment. This gave rise to the second sub-theme, namely peer influence.

4.1.4.1 ***Family and Community***

Family and community members were contributing factors in individual support systems as participants identified the support and encouragement they received from their family and community as having helped them considerably in their recovery. Participants indicated that they are now being admired since they started treatment. Anne specifically stated this when she says:

> *"My mother… and like in, the community and the people… because they know what I went through with this drug thing and everybody's looking up to me now. Like in all the people."* (In recovery for 7 months, 28 years old)

One can conclude that Anne received the support she needed from the people closest to her as well as other individuals who knew what she was like during her addiction. The fact that they were "looking up" to her gave Anne a sense of pride in seeking treatment. It was clear that she

appreciated the support she received from the tone of her voice and her sense of relief when Anne made this statement. A similar account was provided by Chrissy:

> *"I would say that my husband supports me a lot and the brothers and sisters at the church, they support me a lot… Now I can actually say that people look up to me and I am afraid to step out of line because my children, I did it for my children's sake"*. (In recovery for 6 months, 36 years old)

Although Chrissy experienced challenges with her husband during her recovery, as indicated in the previous theme (theme 4), they overcame these challenges and he became more supportive of her. She also received support from her community and church members. They saw changes in her immediately when she started treatment and this, too, encouraged her during her recovery. In addition, Chrissy also spoke of people now looking up to her. This helped her to avoid anything that might result in her relapsing, as this support and encouragement was key to her staying on her path to recovery.

4.1.4.2 *Peer Influence*

This sub-theme consists of both positive and negative peer influences experienced by the participants. Positive influences refer to the support and encouragement participants received from friends and acquaintances, whereas negative influences refer to moments in which attempts were made by participants to return to their substance of choice. Peter, who spoke about the role some of his friends played in his recovery, stated that there are some friends who are supportive of his recovery and often tell him to stay clear of substances.

> *"I have some of that friends that are very supportive who are still using, and they will always, when they get me they tell me "I don't want to see you back here again" and ya (yes), and because we in one street they want to be able to say just once that there is at least one guy that overcame this speed bump… I take those guys advice really serious*

when they say "don't come back here" because things haven't changed it maybe it got worse so ya (yes), some of them is very supportive but the others they are just, I would like to stay clear of them." (In recovery for 20 months, 30 years old)

Although Peter had peers who were encouraging of his recovery, he was aware of those whose presence may have acted as a bad influence and therefore he chose to avoid contact with them. Sally provides a similar account:

"The other day I went into one of the drug dens that… they had so much respect, they hid the things, they hide it from me… they stopped doing… they were busy at the time, I still said, "no wait guys I'm gonna stand outside it's fine, I'm actually invading your space now" ... They said, "no no no", and I spoke, I did whatever I had to and then you know, it just showed the respect by hiding the…" (In recovery for 3-4 months, 46 years old)

In this account given by Sally, it is evident that the acquaintances she made during her addiction held a certain level of respect for her, as they knew she was in recovery and they tried not to trigger her cravings in any way or influence her to start using tik again. They hid the drugs they were using and, although she said she would wait outside because she was not trying to invade their space, they insisted that she entered. Sally clearly states that she received respect from her peers even though they were still using tik while she was in recovery. This proposes that they were supportive of her by hiding what they were doing when she entered the facility in which they were busy.

Within this theme, it is evident that the type of support and encouragement individuals receive whilst they are going through treatment, for substance use in particular, keeps them engaged in their recovery. Additionally, the quotations used were common statements made by participants in relation to their family, community and peers, all of which contributed

substantially to the way they experienced their recovery and the way they started looking at themselves.

4.1.5 Client Self-Perceived Changes due to Treatment

Whilst receiving treatment, participants indicated that the people around them started seeing the changes and improvements they have made in their lives. This theme emerged as participants started reporting on the changes they began noticing in themselves, relating to the benefits of receiving treatment. This includes the changes in their physical appearance, improved communication within their relationships, family members and others and development in their occupations and personal achievements, all of which are identified as sub-themes.

4.1.5.1 *An Altered Appearance*

A common pattern that emerged was the difficulty participants experienced when looking in a mirror while they were misusing alcohol and/or drugs. This was attributed to the shame they felt when looking at their own reflection, suggesting that participants were not comfortable with the changes to their physical appearance. However, this was altered when they started treatment and began taking pride in the way they looked and presented themselves. An example of such an experience is brought forth in a quotation extracted from Anne. She says:

> *"You know when you are on drugs you don't look at yourself in the mirror. It's so nice to stand up in the morning and say "hmm I like myself" … I like to dress now [laughs]".*
> (In recovery for 7 months, 28 years old)

Sally provided a similar account in which she, specifically, emphasized her avoidance to look in a mirror. In her account, Sally states,

> *"That time when I was an addict… I avoided a mirror… I used to go out and my friend used to say, "Sally there's something here [on her face]" [laughs]. I avoid it… what looked back at me, wasn't me… I promise you there's a big mirror in my bathroom, I will brush my teeth I will do everything that I must, oh not in that mirror, definitely not!*

And it's right above the basin where I normally brush my teeth. Now I'll gladly use the basin, other times I used the bath, I used to avoid, you know like I used to avoid it." (In recovery for 3-4 months, 46 years old)

In this extract, it is evident that the changes in her physical appearance and shame were features of active addiction. When Sally embarked on recovery, there was less shame and her outward appearance was also different, as it was now perceived positively.

The two extracts used most adequately depicted a common experience among participants in relation to their appearance. Many participants felt a sense of self-improvement going through the treatment process and identified the treatment programme as helping them significantly in this regard. They also began noticing changes in their personal relationships with improved communication and interactions with others.

4.1.5.2 *Improved Communication and Relationships*

Many participants indicated that their communication with others had improved tremendously during the course of their treatment, which positively influenced their relationships. For instance, John indicated that the improved communication was the pinnacle in the relationship between him and his family. For him, communication within itself was an important milestone, as there was little to no communication between him and his family while he was on drugs. He says:

"There wasn't communication before. And now, uhm, it changed, the communication is there and we can laugh a lot and my birthday was now in June, and my whole family was there celebrating it. And we were reminiscing on the things that I've done, and how I was standing outside… I had tears coming out my ears that time, when they were talking about how I was… begging for food and, while they were partying and whatever,

and that wasn't nice. And now I can, ja (yes) [smiles]". (Three months in recovery for tik, 34 years old)

For John, communicating with his family had strengthened their relationship significantly. He gives an example of his birthday where his family had all come together to celebrate. They spoke about his addiction and what he was like during that time, allowing him to reflect on his life. This stirred up particular emotions in John. He thought about where he was in his life, the things he missed out on with his family such as spending time with them and how much that affected him. However, John ends off with saying *"and no I can, ja"* indicating that he realizes that he now has the opportunity to make up for lost time with his loved ones.

Family was an important factor that came up when interviewing participants. This related to the changes they experienced in their lives since being at the treatment centre. Jacob shared an experience he had with his family and how being at the treatment centre enhanced his relationship with his children specifically. He says,

"That's what they promise us in this recovery programme. And as I sit, my relationships all over the place is picking up and uh, you know it's really beautiful. I spend time, I help my daughter with the school-work, and also guys, I've got a special needs boy, uh, and I give him time, you know, and I'm trying to be there…" (In recovery for 1 year, 52 years old)

Jacob felt that this treatment centre helped him rebuild relationships with others and especially his children. He describes this process as being "beautiful". This was particularly vital for Jacob as he is now able to spend more time with his children and strengthening their bond in the best of ways.

4.1.5.3 Occupational and Personal Growth

Many participants indicated that after the treatment programme, they were able to find work more easily. This helped them substantially as they could now regain their sense of independence. Peter referred to this in his first counselling session at the treatment centre. He stated that he initially believed that his substance of choice, tik, was "the best thing" to have ever happened to him. However, during the session, he realized that he had no justification for having that belief and this left him emotional. Peter states,

> *"Monday morning I still told myself that "tik was the best thing that ever happened to me". Five minutes into that interview I was crying like a baby… I cried my heart out, I don't know why but it's just the, the questions she asked me and how, uhm, how she asked me... I never knew how to justify that statement that tik was the best thing that ever happened to me… I'm doing social auxiliary work. I mean, who would've known. You see? With that in mind, that tik was so good, who would've thought that I would've end up here now."* (In recovery for 20 months, 30 years old)

From this, one could identify the way in which receiving this treatment helped Peter improve his life. He acknowledged how his life changed in relation to the job he is currently doing. He also realised that if he had continued using tik and held firm to his mind-set, he would have never accomplished as much as he has thus far. This indicates that the treatment programme, more specifically the one-on-one counselling sessions, helped Peter alter his misconception of drug use, giving him the strength to rebuild his life for the better. Another example of the treatment programme helping service users' change their lives is found in the extract of Chad. He states:

> *"Later my parents stood back because they saw the growth, they saw and I moved out of the house up until this far, that is how far I grew. I moved out of the house and I am on my own. And everything that I could see has fallen into place. I left there, I am, I'm still now, like I said, I am set free from everything. What I am doing now and how I am*

doing it, people, you must stay strong, you must stay strong, because this centre, it sits right here [points to chest] so deep in there, it was nowhere." (In recovery for 1 year, 30 years old)

Initially, changes were not immediately visible but over time, everything started "falling into place". For Chad, moving out of his parents' home and into his own place was a momentous achievement in his life as he was now able to take care of himself.

The overall findings suggest that participants' experiences with the treatment they received were significantly positive and beneficial. Due to phenomenology describing particular phenomena as lived experiences (Speziale & Carpernter, 2007), a number of common experiences with substance use treatment was indicated by participants. There was consensus among them that, because of self-reflection and self-realisation, receiving treatment was of the utmost importance to them. Results indicated that the environment individuals find themselves in as well as the relationships they acquire and choose to maintain during the treatment process, contributes to their experience with treatment, whether positive or negative. Additionally, with the different components provided as part of the treatment programme, participants identified what they felt helped them the most, what they enjoyed the most and how the various components and tasks improved their lives holistically. Family sessions and one-on-one sessions were expressed by service users' as having helped them substantially, as these components allowed them to work through their own unresolved issues as well as that of the family. This, in turn, further strengthened their recovery. Overall, participants spoke highly of the treatment programme, the knowledge they gained including coping tools, their interaction with service providers and how their relationships with loved ones began to visibly improve.

4.2 Discussion

The aim of the study was to explore the experiences of individuals who used substances in relation to the treatment they received at a treatment centre in the Cape Town region. Chapter four presented the findings of the study with supporting quotations of participants. In this section, the research report provides a discussion to provide coherence to the research findings with supporting literature. The discussion of the results section is organised according to the core themes identified in chapter four and relates to the objectives, in relation to the aim of the study, which was to ascertain the treatment programme protocols at the treatment centre and to explore and understand individuals' experiences of the treatment.

4.2.1 Therapeutic Environment

The relationship built between service provider and service user played a crucial role in how participants experienced the treatment they received. The establishment of a positive, respectful, trusting and safe relationship between service user and service provider was reported to contribute significantly to a participant's successful engagement with treatment. This finding is consistent with Notley, Maskrey and Holland (2012) who highlighted the importance of a positive relationship between service users and service providers and indicated that the quality of the therapeutic alliance strongly influences treatment engagement and outcome. Therefore, the way service users experience their engagement with service providers influences their engagement with the substance use treatment process. Additionally, to enhance service users' experience with treatment positively, counselling staff encouraged non-fraternization among service users. This would ensure an avoidance of relapse as a result of peer influence.

Although various strategies were put in place to ensure that service users do not relapse, many participants spoke of the challenges they face during their recovery process. These include personal conflicts, which left participants feeling alone during the recovery process, as well as

experienced triggers. Glasner *et al* (2017) indicates that cravings to use, negative affect and stressful events as well as emotional stress often precipitates relapse. Therefore, it is important for service users to be mindful of their experiences and cravings to avoid possible relapse, which may include making use of the tools provided to them during treatment when faced with temptation, stress and cravings.

In summary, the core themes and sub-themes demonstrate the importance of the therapeutic environment and the significant role it played to the ways in which participants experienced the treatment as well as the treatment process. This was done by highlighting the shared and subjective experiences of the study participants. The therapeutic environment is most helpful when service users receive open communication from service users and are talked through the process of their treatment as well as receiving support in the form of kindness and respect from service providers. It allows service users to engage with treatment in a responsible manner, ultimately contributing to their treatment outcomes and how they engage with their community and vice versa, which reiterates their initial reason for seeking treatment.

4.2.2 Reasons for seeking treatment

Various reasons have been identified for participants enrolling into a treatment programme. This ranged from self-realization to family and occupational disputes obliging them to obtain treatment. Many participants agreed that they became very unhappy with their lives and the direction it took as a result of their substance misuse as well as hitting “rock bottom”. This is supported by Andrews, Kramer, Klumper and Barrington (2012) when they found two prominent reasons why participants went into treatment for their substance misuse was a result of their exhaustion and disgust in themselves. In another study conducted by Goodman, Peterson-Badali and Henderson (2011), which focused on understanding the motivation for substance use treatment, found that not only did participants’ personal choices and feelings of shame and guilt

motivate them to seek treatment but participants also received some degree of pressure from family and friends to reduce substance use and to go for treatment. Although participants in the Goodman *et al.* (2011) study consisted of adolescents, similar motivations were brought forth by individuals in this particular study as many of them spoke of family contributing significantly to their decision to seek treatment as well as the introspection of their lives and the feelings this elicited in them.

The workplace was also identified as being a common pressure source in pushing individuals to seek treatment (Polcin, Korcha, Greenfield, Bond & Kerr, 2012). This may be related to work performance being affected because of the addiction to a particular substance. Thus, individuals are pressured into treatment as a means of helping them stay employed and also assisting them to seek the help they need. Furthermore, when participants spoke about their reasons for seeking treatment, some indicated that they initially did not want to go into treatment. Although none of them provide an exact explanation why they initially thought treatment would not work for them, a study conducted by Myers, Fakier and Louw (2009) identified numerous reasons why people are often reluctant to go for substance use treatment. These reasons included stigma against substance use, negative beliefs about the quality and effectiveness of treatment, as well as the influence of non-structural barriers such as the media (Myers *et al.*, 2009). Thus, any of these reasons represented in the findings of these authors could have attributed to the participants' reluctance to access treatment. Overall, a dominant explanation for this particular theme is that family, employers and colleagues as well as self-reflection became central to participants realising the importance of seeking treatment for their substance use and empowering them to come to terms with the repercussions of their substance misuse. This makes the relationships that individuals in treatment encounter, play a significant role in the treatment process.

4.2.3 Client Experiences with the Treatment Programme

Participants spoke highly of their experiences with the various aspects forming part of the treatment programmes provided by the treatment centre, namely, the one-on-one sessions, group sessions, family sessions and psycho-educational workshops being the most prominent. The participants indicated that these different programmes contributed significantly to their successful recovery, as it made use of a holistic approach, that is, to include and focus on the client as an individual, the family and the community. These factors are not only important during the recovery process but also ensure that the client maintains recovery. Internal changes such as changes in will-power, recognising new responsibilities or religious involvement, as well as support from significant others, are important factors in maintenance (Andrews *et al.*, 2012). From the results, it is evident that the inclusion of the family in the treatment process is a means of discussing and actively working through their experiences living or engaging with a substance-abusing individual. Family is an integral part of the treatment process for service users. The counselling sessions with the family and client allows for unspoken feelings and thoughts to be expressed and for service users to get their families' perspectives on how their actions affected them.

With the incorporation of the family into the treatment process, it is important to understand the role families play in the substance use treatment (Daley, 2013). In addition to the one-on-one sessions in which the primary focus is on the service user and on them taking care of themselves, it is important to note how these changes may then impact the family as a whole. From the results related to family involvement in therapy, it is evident that this process was strongly appreciated by participants, as they depicted how it improved their relationships with family members such as spouses, children, parents and so forth. While the effectiveness of family-based interventions in substance use treatment is not yet well established, it has shown to be important in providing support to both the service user and their family (Daley, 2013).

With the incorporation of family-based intervention with treatment, family members can better assist service users when needed. This is related to families assisting in the facilitation process in terms of service users' involvement in treatment; learning more about recovery and the ways in which they can help their family member receiving treatment for substance use; as well as the ability to identify any warning signs of possible relapse and how to deal with and assist when a relapse does occur (Daley, 2013). Even though the incorporation of family into the treatment process is viewed as important, the most common procedures for treating drug and alcohol misuse includes individual and group therapy sessions as they are often perceived by service users to be most beneficial, amongst others (Ghani *et al.*, 2015).

Facilitated group sessions were found to be important for service users in their recovery process, as it provided them with a safe space to express their concerns and experiences. Service users were given the opportunity to speak about matters that may hinder their recovery, such as personal conflicts. The results reflect that individuals were met with respect, advice and motivation when opening up during these sessions. It is indicated that participation in group sessions contributes to the improvement of substance use outcomes for individuals who are dependent on alcohol and/or other drugs (Donovan *et al.,* 2013). Similarly, Montgomery, Sanning, Litvak and Peters (2014) indicate that positive and reinforcing interpersonal relationships with other service users in substance use treatment can act as a helpful component with treatment. Due to the treatment centre focusing on addiction as a whole and not particular substances, one could say that the provided group sessions also contributed to positive outcomes for the participants of the current study.

It is evident that the different programmes provided by the treatment centre positively contributes to a client's recovery, as it incorporates a holistic approach. Each technique adds value to the treatment programme in a specific way by placing focus on the individual, the

family, the needs of both the client and the family, providing the necessary support, as well as educating all parties involved on substance use as an illness and its effects. By doing this, the treatment programme contributes to a better quality of life, not only for the client but for their families as well.

4.2.4 Support Systems and Peer Relationships

The overall support an individual receives strongly influences not only the treatment process but also whether or not service users remain in recovery post-treatment. This is similarly brought forth by Nebhinani, Sarkar, Ghai and Basu (2012) when they state that social support is an important factor in the treatment process, as it not only contributes to seeking treatment but also the absence of substances after the treatment process is completed. In this study, participants generally had positive experiences with family, friends and their community once they started treatment. They received an encouraging amount of support and motivation, as they were complimented and reaccepted into their respective social settings.

Participants spoke of how they were encouraged by their friends to remain in recovery, thus giving them the necessary support to stay in treatment and not go back to substance abusing habits. However, negative influences from substance-using peers and lack of support act as contributing factors to individuals relapsing. This is related to the desire to be accepted by peers, stress the overwhelming pressure that the individual places on him/herself, as well as the family to remain in recovery (Laudet, Harris, Kimball, Winters & Moberg, 2014). Therefore, positive support and encouragement from family, peers and the community plays a significant role in avoiding relapse post-treatment. The participants in this study support this, as they spoke positively of their experiences of going back into their communities and homes after leaving the outpatient treatment centre, depicting that they received the social support they needed to ensure a successful outcome.

4.2.5 Client Self-Perceived Changes due to Treatment

Both during and after the treatment process, participants spoke of the changes other people started seeing in them but most importantly, the changes they started seeing in themselves. Participants spoke of how their relationships improved with significant others, family and how they engaged with others. They also drew attention to how they viewed themselves. Their self-image changed and improved once they were well into the treatment process. Additionally, participants were able to start planning for the future and experience growth on both an occupational and personal level.

In a study conducted by Pettersen *et al.* (2019) participants reported improvements in their self-confidence and feelings of self-efficacy. Similar findings were brought forth in the current study as participants stated changes in key areas, namely self-care, hygiene practices, as well as their willingness to take on responsibility, thus taking new pride in their appearance and their lives. Bowers, Cleverley, Clemente and Henderson (2017) mentions that, treatment utilization could assist in reducing negative outcomes related to problematic substance use such as social maladjustment and problems in their interpersonal relations, for instance with their family. However, participants reported on the significant improvements in their interpersonal life as they became more empathetic of others and learnt to express their emotions, how to handle their aggression toward others and reaching out and asking for help when upset. Similar to the current study, Lovejoy *et al.* (1995) found that there was an improvement in client communication and interpersonal relationships.

4.3 Summary of the Findings

For data collection, the researcher made use of focus groups discussions. An interview schedule was used to guide the researcher and facilitate the focus group discussions, enabling the researcher to illicit information from participants related to the research aim and objectives.

Once data were collected, an Interpretative Phenomenological Analysis (IPA) approach was used to analyse the data.

By using an IPA, a number of themes accompanied by sub-themes were developed. Theme one looked at the reasons for seeking treatment and its sub-themes: 1) family and occupational disputes, 2) self-reflection and 3) reluctance to seek treatment, highlighted the various reasons participants sought treatment and why they initially had doubts about going into treatment. Theme two looked at the therapeutic environment and has its own set of sub-themes: 1) treatment from service provider, 2) non-fraternization, 3) experience with returning into the community, 4) treatment tools and 5) challenges experienced with recovery. When analysing this key theme, it came to the researcher's attention that the ways in which service providers react to a client significantly contributes to their willingness to be in treatment. Another point was the participant's ability to take responsibility for their recovery process. This included participants not engaging with others in treatment outside of the centre and going back into their communities and homes after each session. They were also presented with treatment tools which would assist them when urges for the use of substances would emerge. Participants also reported on their experiences with recovery and some of the challenges they were faced with and the ways in which they overcame it.

Theme three looked at the service user experience with the treatment programme and has a number of sub-themes: 1) one-on-one sessions, 2) group sessions, 3) family sessions and 4) psycho-educational workshops. This theme presents the various techniques used in the treatment programme employed by the treatment centre. These techniques were particularly helpful for participants during their treatment process, as it not only focused on them but included their family members as well. This was useful as it gave participants and their families the knowledge on substance use, the problems the addiction caused in their lives and ways to move forward.

Theme four looked at support systems and peer relationships developed in relation to the participants reflecting and providing encounters of their family and community as support systems (sub-theme one) and peer influence in their recovery process (sub-theme two). When analysing this core theme, the researcher became wary of participant experiences with their family, community and peers. Participants reflected on how their relationships began changing with others, for the better and how the support they received helped them throughout the treatment process. Thus, when service users receive the needed support and encouragement from their family and their community, it assists in retention and treatment outcomes. Peer influence was also identified as being helpful in the recovery process, as participants reported on the positive expressions their peers had in relation to their treatment. Overall, this theme showed strong positive connotations in the participants' accounts of their treatment process.

Lastly, theme five – self-perceived changes due to treatment, comprised of participants reporting on the changes they began to notice in their appearance (sub-theme one); changes in their communication skills and relationships with others (sub-theme two); and occupational and personal growth, which is related to participants subjectively reporting on job opportunities and personal achievement (sub-theme three). This speaks to the realistic goals participants set for themselves and was now able to achieve post-addiction. That said, all themes are supported by verbatim quotations, which substantiate the research findings as presented by the researcher.

To conclude, the presented core themes and sub-themes was as a result of shared and individual experiences. The core themes were interpreted and accompanied by supporting research done previously. The research aim and objectives were linked to the core themes and sub-themes by means of establishing a relationship with the research findings, all of which ultimately focused on participant experiences with substance use treatment.

Chapter Five: Conclusion and Recommendations

Participants presented various reasons why they initially went into treatment. Although some participants reported that they were doubtful about the process, there was a consensus among participants that they desperately needed treatment. Additionally, the relationship between service user and service provider from the treatment centre was a contributing factor to the successful recovery of the participant, as supported by previous literature. Many participants reported that the one-on-one and family sessions were the most beneficial to their recovery, in addition to the other treatment programmes offered at the treatment centre. Furthermore, group sessions were also popular as service users felt a sense of support from people who understood what they were going through because they had similar experiences, all of which contributed to the positive treatment outcomes among participants. Social support and peer relationships were also identified as being significant in participants' treatment, as it acted as encouragement and motivation to see treatment through. Overall, the changes participants reported and saw for themselves, were related to changes in their physical appearance as well as their interaction with other people and vice versa. A significant account of participant experiences with treatment was provided with supporting literature.

5.1 Significance of the Research

Effective treatment significantly benefits individuals as they become motivated to change their behaviour and addiction, as well as positively altering their thinking about the substance used and adapting their coping mechanism(s). Consequently, if the person using substances does not utilize or receive treatment, they are likely to experience a loss of employment, a decline in relationships with family and friends, legal difficulties and ultimately premature deaths, to name a few (Das, Salam, Arshad, Finkelstein & Bhutta, 2016).

This study focused on the lived experiences of ten individuals who received treatment for their addiction(s) from a treatment centre in the Cape Town area, South Africa. Participants

spoke about their reasons for seeking treatment; what treatment was like; how they perceived it; as well as their engagement with service providers. All of this was identified as critical contributors in the treatment process. The findings contributed significantly to the objectives of this study, the first being to ascertain the treatment programme protocols employed at the treatment centre. This was achieved through the engagement with key stakeholders from the treatment centre. A file was received from the director of the centre which contained information related to the different treatment protocols implemented, as well as the various programmes provided, as presented earlier in the method section. Furthermore, the second objective of this study was to explore and understand the individual's experiences of the treatment. To achieve this, the initial focus was placed on how participants described their experience in treatment and what they thought of the treatment programme. Thereafter, particular attention was given to what their reasons were for seeking treatment; the different programmes they participated in as part of their treatment; their interpretations of their engagement and interactions with service providers; and what they thought helped them significantly through their journey to recovery, including the challenges they faced. Overall, participants provided rich information regarding both the positive and self-perceived negative experiences of receiving treatment. The findings suggest that the active incorporation of the family in the treatment process and necessary support structures contributed to the recovery of the participants.

5.2 Limitations of study

Although this study brought forth an understanding of individual experiences with the treatment they received at a treatment centre in Cape Town, it is not met without its limitations. One noted limitation is that the findings of the study is limited to one treatment centre. This is related to the researcher only accessing one treatment centre, which utilises the same treatment programme across its three branches. As such, the researcher is aware that not all the findings of the study can be representational of other service providers or service users. This is also related

to the small number of research participants used for this study. Another limitation is that the researcher made use of focus groups instead of one-on-one interviews. The researcher did not make use of one-on-one interviews as focus group sessions were easier to access through the treatment centre as the researcher was only given access for one day per treatment centre. Furthermore, the fact that no adolescents were approached to participate in the research study was related to adolescents being a vulnerable group relation to their substance use. This limitation could be addressed by incorporating this age group in future research as it may produce different or similar findings to the current study.

5.3 Recommendations

A noticeable recommendation would be for future research to be conducted at multiple treatment centres with more participants. This could aid in providing more and deeper information regarding individual experience with substance use treatment. Additionally, although the use of focus groups is supported with the use of IPA, individual interviews might deem more useful in retrieving in-depth information on individual experiences as the focus group setting may or may not have resulted in some people withholding certain information or experiences. This research was limited in the number and age group of participants, therefore, future research should include both adults and adolescents when looking at treatment experiences, as the two different cohorts may have similar or different experiences with treatment. In the case where differences are found, upcoming research could then explore and identify why these differences exist among adults and adolescent treatment experiences.

5.4 Conclusion

This study aimed to add to the existing research literature on substance use by placing particular focus on the experiences of individuals who received substance use treatment. Specifically, this research study focussed on how participants experienced the substance use treatment they received as well as their recovery process. The researcher intended to gain a

better understanding and insight into the treatment programmes employed at a substance use facility as well as the individual processes when seeking treatment, their overall experience with treatment and the factors that contributed to their recovery. This research study utilised IPA as a methodology. This allowed the researcher to gain and present an in-depth understanding of the experiences of the individuals who participated in the study with the treatment they received at a treatment facility in Cape Town. Participants could freely speak about their experiences with using substances and what led them to seek treatment; the engagement they had with service providers; how they perceived and experienced the different treatment programmes and approaches used at the treatment facility; and the different observations participants made as to how the treatment they received helped them. The interpretations, as presented in the findings and further discussed in the discussion section, was based on the subjective experiences presented and supported by extracted quotations from the participants. This assisted in highlighting the participants' experiences with treatment, from their perspective and in their own words.

Furthermore, this study demonstrates the different reasons why people often seek treatment which, among participants, were commonly related to their family. Additionally, this study presents the different programmes used at a treatment centre in the Cape Town area and how the participants who completed the treatment and are in recovery, experienced each programme, as well as what they identified as helping them the most. Although participants indicated that the overall programme was beneficial to them, some stated that the one-on-one sessions and family sessions helped them immensely. This research study established the importance of the ways service providers engage with service users and how substance use treatment is an important aspect to recovery. Although this study only made use of one outpatient treatment facility, it provided an indication of the different factors influencing substance use treatment and how people perceive it, thus, providing a better understanding of

the treatment available, the way it works and suggestions for further research which aims to focus on individual first-hand experience with treatment.

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Appendices

Appendix A: Information Sheet

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INFORMATION SHEET

Project Title: Substance Abusers and Their Experience with Treatment Provided in Cape Town, South Africa.

What is this study about?

This is a research project being conducted by Fatiema Benjamin at the University of the Western Cape. We are inviting you to participate in this research project because your experiences can greatly contribute to understanding what it is like for individuals to participate in a treatment program. The purpose of this research project is to address the lack of research regarding the experiences of substance abusers with rehabilitation treatment, specifically within the Cape Town, South African region.

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

You will be asked to avail yourself for a once-off one-hour interview at a time which is most convenient for you. The interview will be conducted at the outpatient facility from which you were recruited. The interview questions are aimed at finding out about your experiences with the treatment you received. More specifically, some demographic information about yourself, what it was like at the outpatient treatment facility, how you found the treatment program overall, and what your experiences were like when you went back home every day during the treatment process.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity your name will be replaced with a number on the data collected, for

example ‘Participant 1’ through the use of this the researcher will be able to link your interview to your identity, and only the researcher and researchers’ supervisor will have access to the identification key.

To ensure your confidentiality, the audio-recorded files will be stored in a secure space where only the researcher and supervisor will have access. Additionally, transcriptions will be secured by password-protected computer files. If we write a report or article about this research project, your identity will be protected.

What are the risks of this research?

All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, 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 learn more about the experiences people have with substance abuse treatment in Cape Town. We hope that, in the future, other people might benefit from this study through improved understanding of substance abuse treatment in Cape Town, the experiences of people who have received it and the challenges they were faced with whilst being at an outpatient facility.

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.

What if I have questions?

This research is being conducted by Fatiema Benjamin at the University of the Western Cape. If you have any questions about the research study itself, please contact Fatiema Benjamin at: 071 101 8324 or fatiema.benjamin001@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 Humanities and Social Sciences Research Ethics Committee. (REFERENCE NUMBER:_____)

Appendix B: Consent Form

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CONSENT FORM

Title of Research Project:

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that when I give permission to have the focus groups audio-recorded it will be stored in a safe place with only the researcher and primary investigator having access to the audio-file. 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.

Please tick your answer below.

I hereby agree to have the interview audio-recorded. _____

I hereby disagree to have the interview audio-recorded. _____

Participant's name……..

Participant's signature…….

Date……

Appendix C: Interview schedule

- Age:
- Gender:
- Primary use of substance:
- Length of recovery:

1. What were your reasons for seeking treatment?
2. What was it like for you being at an outpatient facility?
3. Once your treatment started, how did you find it?
4. What part of the treatment program did you enjoy most? And find most useful?
5. What, would you say, made this treatment program beneficial for you?
6. What was your experience like when you went back home and into your community at the end of each day while you were receiving treatment?
7. Who formed part of your support system?