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Topic: Exploring repeated substance use relapses

Introduction

- The Diagnostic and Statistical Manual of Mental Disorder fifth edition (DSM-5) no longer uses the terms 'Substance abuse' Substance dependence, rather it refers substance use disorders which are defined as mild , moderate or severe to indicate the level of severity
- Repeated Substance use relapses occur when there is a recurrent pattern of use of alcohol and or drugs which cause clinical and functional significant impairment such as health problems, disability and failure to meet major responsibilities at work, school or home.

Problem

- Substance use repeated relapses are increasing besides the efforts put by hospitals, detox clinics, rehabilitation centers, social development, SAPS , NGOs, NPOs and other organisations that.
- United Nations office on Drugs and Crime (UNODC 2015) termed South Africa as the world drug capital besides efforts being put by the Social development by creating different guidelines such as the NDMP National Drug Master Plan -a plan realised every 5years in efforts to have a drug free society

INTRODUCTION

- An estimated 208 million people internationally consume illegal drugs.
- Substance use continue to pose a global challenge with reports in 2015 indicating that about 12% to 15% of the South African population use narcotics(World Health Organisation 2015).With about 55 million it means 8 million 250 thousand people are using drugs in South Africa, It was named the drug capital by the United Nations Office on Drugs and Crime (UNODC 2016)
- The ongoing battle of fighting substance abuse seems to be futile with the percentages of substance abuse relapses increasing arithmetically up to 76.4 percent annually (NDMP 2013-2017).
- With most of the treated relapsing, recruiting new users and growing the ‘family’

Different Drugs

Some drugs, such as alcohol, slow down the brain's activity by making the synapse less active.

These are known as...

Depressants

Some drugs, such as morphine, block nerve impulses that cause pain. These are known

as...

Pain killers

And some, such as nicotine, ecstasy and caffeine, make the synapse more active. These are known as...

Stimulants

Some drugs, such as Cannabis distort what the user sees and hears, by effecting the receptors for a particular type of neurotransmitter: serotonin. These are known

as...

Hallucinogens



Wellcome Im

Aims

- To explore the causes, experiences of repeated substance use
- To formulate home grown solutions with the aid of Social workers

Methodology

- The study used mixed methods with qualitative method being predominant and quantitative approach being lesser (Dagnino & Cinici 2015).
- The reason for choosing qualitative method was to get in-depth understanding of the challenges of repetitive relapse cases . In this respect, qualitative approach is known to play a key role as it allows researchers to gather in-depth understanding of human behaviour and the reasons that govern certain behaviour.
- The quantitative data was collected through the use of mini-surveys in form of structured questionnaires of standardized questions and was administered to about 30-40 respondents who are patients from Magaliesburg Health Centre. While qualitative data was collected through the use of in-depth interviews, focus group discussion with the patients from Magaliesburg Health Centre, key informant methods were used were the counselling and managerial staff provided specialist knowledge about the repetitive substance use relapse cycles. Also secondary data sources was used for analysis, integration and corroboration of the related existing data to help in answering the research questions as well as providing rudimental theoretical base. (Babbie 2008).

Data Collection

- 4 interviews with the social workers that work with the patients
- 2 interviews with the supervisors that work with the patients
- 4 focus groups with the patients groups of 10 each
- 40 questionnaires administered to the patients family members at the Support group affiliated with Magaliesburg Health Centre

Study Area Magaliesburg Rehabilitation Centre (South Africa)



Results

- Case 1
- Patient Z referred to rehab by psychiatrist as a drug induced psychosis patient
- Both parents are in addiction
- Mother has some form of undiagnosed psychosis
- Sister is in out patient at a rehab and partly psychotic

Results

- Case 2
- Patient S
- Parents in Denial
- Hence they don't act according and don't believe the social workers referral reports

Results

- Case 3

Patient Z

Suspected split personality, patient is told to go use by the other person and

Parents belief system(Gins), takes child for exorcism and back to rehab(cycle)

Discussions of experiences

- Hallucinogens- Psychoactive drug as Cannabis(weed) ,Crystal Meth, Whoonga, we discovered that most of the patients end up hallucinating and having delusions and developing psychological problems, such as paranoia delusions and even being schizophrenic or any psychotic illness
- Stimulants- High energy/Uppers drugs as Crystal Meth, Cocaine, Cat. We discovered that patients in the long run having Paranoia, Depression, Persistent Anxiety, Breathing problems , stroke, seizure among many
- Depressants-Downers/Sedatives as Benzodiazepines(Benzos) we discovered that our patients end up experiencing Dizziness,Fatigue,slow brain function, low blood pressure

Discussion of causes

- Causes

1. The data collected showed that there are generic theories that lead to repetitive substance use relapse. The generic theory tries to give an idea of how repetitive relapse presents itself. The theory postulates that a genetically transmitted biochemical abnormality predisposes some individuals to use drugs in most cases, is likely to cause repetitive relapses.

Discussion of causes

2. More to that the study showed that endorphin deficiency (Metabolic theories) is inherited. Goldstein (1978) hypothesizes that some individuals might be predisposed to develop narcotics dependency regardless of the therapy they might undergo. This is how to some extent, the effects of repetitive relapse can be explained. This hypothesis says that a person can inherit an endorphin deficiency, if people with deficiency happened to use narcotics, they would discover a normalizing or euphorogenic effect in excess of that experienced by people without the abnormality (Hogberg 2003).

3. Learned behaviour (socialisation)

Challenges found

- Social workers in rehabilitation centres face challenges using CBT only (Referral issues at times-
- Families and communities not supportive(discriminating and not opening up)
- Hospitals and clinics not totally supportive
- Patients not willing to take medication
- Patients become mentally ill

Possible Solutions

- Possible solutions
- If there can be a way of empowering social workers to intervene eg denial Parents
- More resources channels to help teach communities
- Change of belief systems
- More involvement of Social workers in Therapeutic Community Program
- An approach of therapeutic community can be an effective way of dealing with repetitive substance abuse relapses. These is a participative, group-based approach to long-term mental illness, personality disorders and drug addiction, the approach is usually residential, with the clients and therapists living together, although day units are also progressing
- Community mobilisation, educa

Possible Solutions

- Natural Recovery From Addiction
- Waldorf (1983) studied 201 ex-opiate addicts (half were treated, and the other half had quit without treatment). He concluded that the concept of “maturing out,” preconditions such as “hitting bottom,” and existential crises were not adequate to explain the variety of recovery experiences. The ability to quit was not necessarily related to treatment. Addicts used a variety of methods to obtain and maintain abstinence. Those who were successful generally broke all ties with opiates users and created new interests, new social networks, and new social identities. This can also work as a solutions towards the social vice.

THE END THANK YOU



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