The exploration of factors leading to substance abuse relapse amongst adults who did not participate in aftercare services post in-patient treatment services

By

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DECLARATION

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DEDICATION

I, lovingly, dedicate this dissertation to my parents, Itumeleng Solomon Bilankulu (Papa me) and Martha Nomkhathazo Pele Bilankulu for raising me to be the women I am today. To Papa me, you always wanted to see the best in me and always encouraging us, as your children to go to school and to Mama me, you taught me that *Mosadi wa bereka* (A woman should work hard) no matter what and never to give up.

This dissertation is also dedicated to my loving husband, Thomas Ribombo, my supporter for seeing potential in me that this is doable. Lastly, to my daughter Kaboentle Ribombo, may this be an encouragement to you that all things are possible through God who strengthens us.

ABSTRACT

Substance abuse remains a persistent global crisis, largely driven by relapse patterns, and South Africa has not been spared. To deal with the scourge, there is a need to establish the root cause of relapse. There are several studies conducted on substance abuse relapse but little focused on aftercare services. The goal of the study was thus to explore factors leading to substance abuse relapse in adults who did not participate in aftercare services post-in-patient admission. The study was qualitative in nature and employed exploratory research design to explore the phenomenon. Permission to conduct the study was sought from rehabilitation centres. Prospective study participants were then recruited from Tshwane rehabilitation centres following permission to conduct the study at the centres. Purposive sampling was used to identify and recruit prospective study participants. Data from 12 participants was subsequently collected by means of semi-structured interviews and analysed using thematic data analysis to reduce, organise, and give meaning to the data collected.

The study also adhered to ethical imperatives including informed consent and voluntariness, no harm to participants, debriefing, confidentiality, and anonymity and dissemination of results. Qualitative rigour was also considered in terms of credibility, dependability, transferability, and conformability. The study, amongst others, revealed that post rehabilitation some patients do not attend rehabilitation aftercare services and that non-attendance in some instances leads to relapse. The participants shared a myriad of reasons for non-attendance including that they were unaware and oblivion of the aftercare services while others reported that they were not interested in attending the aftercare services. Of those who reported to not have been aware of aftercare services, they reported that had known about them they would have considered attending. It is therefore recommended that aftercare services ought to be better marketed to unlock the interest of the service users.

Key Words: Substance abuse, relapse, addiction, admission, aftercare

LIST OF ABBREVIATIONS

Abbreviations	Definitions
AAPA	Anti-Substance Abuse Plan of Action
ASSIST	Alcohol, Smoking, Substance use Involvement Screen Test
CBT	Cognitive Behaviour Therapy
DSD	Department of Social Development
NASW	National Association of Social Workers
NIHM	National Institute of Mental Health
NDMP	National Drug Master Plan
NGO	Non-Government Organisation
NPO	Non-Profit Organisation
SACENDU	South African Community Epidemiology Network on Drug Use
SUD	Substance Use Disorder
UNODC	United Nations Office on Drugs and Crime
USA	United States of America
WHO	World health organization

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CHAPTER 1

1.1 INTRODUCTION AND BACKGROUND

Substance abuse is a global problem (World Drug Report, 2017). It is harmful and detrimental to individuals, families and communities alike (World Health Organization 2022; Nawi, Ismail & Ibrahim, 2021). Substance abuse refers to the excessive intake of psychoactive substances, alcohol, illicit drugs and medication (WHO 2023; Nawi et al., 2021) which affects a person's brain and behaviour, which in turn also affects the ability to control their substance intake and thus fail to control their use of substances such as legal or illegal drugs, alcohol or medication (National Institute of Mental Health, 2023). In West and Central Africa, there is a high prevalence and increase in substance use with 5.2% rates in 2019 that increased to 13.5% in 2022 (World Health Organization, 2023). In South Africa, nationally, approximately 10.3% of adult population 15 years and older,16.5% men and 4.6% women, are estimated to consume alcohol and harmful substances, whereas 8.6% of adults ,13.3% of men, and 4.1% of women are estimated to use illicit drugs (World drug day, 2023).

In its most basic form, substance abuse occurs when the recurrent use of alcohol or drugs causes clinically and functional impairment (Alvarado Parkway Institution, 2019). However, in some instances, there are associated factors which may propel one to overindulge in substances, which according to the National Institute on Drug Abuse (2018) include early exposure to drugs, stress, parental guidance, peer pressure, physical and sexual abuse. In addition, poverty, unemployment, lack of recreational facilities, family and work-related problems, the environment where one is surrounded by substance users and easy accessibility to substances (Ramlanga, Peltzer & Matseke, 2010 :44).

Substance abuse, thus, leads to significant problems such as failure to perform daily activities in the spheres of life (Hopkins, 2023). People who abuse substances often experience homelessness, mental health issues, low self-esteem, unemployment, poverty, engage in criminal activities, parole violation, unhealthy relationships and isolation from the community (Hilarski, 2013). Furthermore, substance abuse also develops dependency that

includes tolerance to increase the amount of intake to get effective and withdrawal from social and recreational activities (Hopkins, 2023). Criteria 5 to 7 of The Diagnostic and Statistical Manual for Mental Disorder fifth edition (DSM-IV) concurs that substance abuse causes significant social or interpersonal problems which include: reduction or discontinuation of recreational, social, or occupational activities (National Library of Medicine, 2023).

Studies attest to the fact that substance abuse can be treated. In South Africa, the Prevention of and Treatment for Substance Abuse Act, Act No. 70 of 2008 provides a comprehensive national response for the combating of substance abuse and treatment. People suffering from substance abuse are treated either at hospitals and in rehabilitation centres and the forms of substance abuse treatment according to Clever Land Clinic (2022), The American Addiction Centre (2023) and National Institute on Drugs Abuse (2023) include detoxification, cognitive and behavioural therapies, medication-assisted therapies, outpatient counselling, inpatient counselling and long term sober therapeutic services and the substance abuse rehabilitation modalities address symptoms and the underlying causes in daily living and that the rehabilitation should be individualised It is highly recommended that following rehabilitation, individuals must receive addiction aftercare services. According to the South African Drug Master Plan of 2019-2024, addiction aftercare services involve an ongoing professional support to a service user to enable them to maintain sobriety or abstinence, personal growth and to enhance self-reliance and proper social functioning after a formal rehabilitation episode has ended (Department of Social Development, 2019). Addiction aftercare is also an integral component programmed into rehabilitation, to include training to prevent relapse and other crises, to focus on reviewing and consolidating the gains made during rehabilitation with the strategies for being drug free and imparting new skills for maintaining recovery, handling responsibilities, managing relationships, developing alternative recreational activities, adjusting to work, overcoming the stigma and the shame of the past (United Nation International Drug Control Programme, 2022). Aftercare services are significant because people can find it complex to keeping up their sobriety and to manage the complexities of daily living (Sinclair, et al.,2023).

The proposed study was thus intended to explore relapse amongst individuals, who, following in-patient substance abuse rehabilitation, did not attend aftercare services. This is because according to Kabisa et al. (2021) non-attendance of addiction aftercare programs deprives adults of essential coping skills, and support systems, making it much harder for them to reclaim control over their life and experience sustainable recovery. Adults who have never participated in addiction aftercare programs may also relapse. According to Melemis (2015), a relapse refers to an instance where a person returns to using substances, for instance drugs or alcohol, after a period of sobriety and after receiving rehabilitation. Relapse can occur anytime; however, it happens most often when either withdrawal symptoms during rehabilitation become too severe to overcome, or a triggering event occurs after soberness. A relapse also happens because addiction affects the brain by introducing it to chemicals that will induce a crave for the substance (Turning Point of Tampa, 2019).

There are two types of relapses, namely, a slip and a full-blown relapse (Melemis, 2015). Slip relapse is a single and unplanned use of substances, but then immediately stops while the full-blown relapse refers to the return to be the user who previously managed to control or quit completely eventually returning to previous levels of the use (Melemis, 2015). Recovery village (2022) adds that with this type of slip, as the situation where someone has a very brief “slip” people find themselves having used drugs but quickly stops, whereas a full-blown relapse is a total downward spiral with no escape in sight and returning totally to the additive behaviour of taking substances (Samarpan recovery, 2024).If unattended, a relapse usually has dire consequences. It has a negative effect on people’s mental health, causing depression, anxiety, hopelessness; it can keep survivors in a vicious cycle of addiction, which worsens their physical health overall, causing organ damage, an increased risk of infection, and other problems; it can also expose people to criminal activity, legal problems, which can result in legal repercussions and possible incarceration (Kabisa *et al.* 2021). The relapse may also impede one's personal and professional development, which can lead to unemployment, financial hardships and broken relationships.

Substance abuse relapse rates are reported to be high. Apparently, more than 60% of individual's relapse within a year following rehabilitation (NIDA 2020). In fact, most relapse are reported to occur within the first few weeks to months with nearly 90% of people relapsing within three months with the high relapse rates shown to be in cocaine, crack often described as chronic relapse drugs and methamphetamines (Dreyer, Pooe, Dzikiti & Kruger, 2020).

In south Africa, there are varying readmission rates. For instance, on in Western Cape re-admission rates are reported to be 24% (Gaida 2022) while re-admission rates in Limpopo and Mpumalanga were at 62% for treatment following relapse(NIDA 2020). On the other hand, the Chess Health (2026) blog in the United States of America (USA) reported that patient with substance use disorder (SUD) shows 22,3% re-admission rates. They also revealed that the relapse risk in the USA between 2023-2024 was reported on the risk of overdose. In addition, the demographics indicate that younger people with high stress levels particularly female's vs male are more susceptible to relapse with the stats of 66,7% female's vs 57,6% males. Aftercare services therefore play a pivotal role in supporting individuals during their vulnerable transition from treatment to a life of sustained sobriety. This is because the completion of an initial treatment program often marks the beginning of a path filled with both opportunities and challenges. Without the continued support that aftercare provides, many individuals find themselves at a higher risk of relapse (Valley Forge, 2025)

Social workers play a significant role in the rehabilitation of substance abuse. In general, social workers strive to improve the living conditions of the most vulnerable groups in societies (National Association of Social Workers, 2018). These include individuals, groups, communities and provide services in various settings. The settings include working for the state in various departments, being employed in the health sector (in hospitals and clinics), working for corporate entities as well as working in non-government organisations (NGOs). Likewise, social workers also work in the substance abuse rehabilitation centres where they may be employed by the state or by non-governmental organisations (NGOs).

In working with substance abuse, social workers address acute and chronic needs of clients. They (social workers) provide a range of services which include: assessments, rehabilitation planning, counselling, case management and referrals (Sokanu, 2023; NASW, 2013).

Observation reveals that there is a need to investigate aftercare services within the social work discipline. This is necessitated by an awareness of the journey of recovery which continues after rehabilitation. This is normally long and steep; patients need support and management, as they embark on the journey. The study is therefore significant for the professionals working in the field of substance abuse, as it will assist them to gain insight and understanding of adults who have never attended addiction aftercare programs. It is envisaged that the knowledge acquired through the study will aid social work service delivery in rehabilitation centres. It is also hoped that the study will contribute to the social work science research community's body of knowledge for reference and improving the practice standards.

1.2 THE STUDY PROBLEM

Substance abuse constitutes a pervasive societal issue that disrupts all aspects of a person's life. Substance abuse ravages individuals, families as well as communities, and South Africa has not been spared. Notably, substance dependency relapse in adults who do not participate in aftercare services remains largely unexplored thereby leaving a significant knowledge gap regarding the causes of relapse. This deficient also exists in South Africa.

In 2018 National Institute of Health presented the population-based survey of South Africans where the alcohol, smoking, substance use involvement screen test (ASSIST) was used to assess the relationship between sociodemographic factors, health variables and drugs amongst the nine provinces. The results were as follows: The Western Cape at 7.1%, was at the time the leader of the pack, followed by Free State at 6.3%. The Northern Cape came third place at 5.2%, Gauteng at 4.9%, and Eastern Cape at 4.1%. The lowest prevalence was among Mpumalanga at 3.6%, KwaZulu-Natal at 3.5%, Limpopo 2.9% and

Northwest 2.7%. In addition, nationally, 10,3% of adult population (15 years and older) are estimated to consume alcohol and harmful substances while 8,6% of adults, are estimated to use illicit drugs.

In addition, between July and December 2019, the South African Community Epidemiology Network on Drug Use (SACENDU) collected data on alcohol and other drug use from specialist treatment centres and conducted a comparison with focus on admission and treatment of substance abuse. In the Western Cape, data was collected from 37 treatment centres where 2654 were treated. In the Free state, Northern Cape, and North-West provinces, three centres were included, and data were collected from 189 clients, while in Gauteng, collection was done at 12 centres wherein 4226 clients were treated. In the Eastern Cape, data was collected from six centres which treated 336 clients while in Mpumalanga five centres were involved and in Limpopo, it was three centres where 1423 clients were treated. Finally, in KwaZulu-Natal data was collected at 11 treatment centres from 980 clients. In light of the above, it was confirmed that there is a substance abuse problem in the country (South Africa) and this, subsequently, revealed the need for more rehabilitation centres to be built in South Africa.

Relapse rates for substance use disorders in South Africa remain high, with studies indicating that roughly 40% to 60% of individuals relapse after treatment (Ndou, 2023), aligning with international trends for chronic illnesses. Specific data in SACENDU (2023) shows that relapse is a significant challenge, with re-admissions frequently exceeding 20% of total treatment centre intakes. This is also the case globally. In Europe and U.S relapse rates for substance use disorders (SUD) it is estimated that 40% to 75% of individuals return to substance use within 3 weeks to 6 months following treatment (Hazelden Betty ford foundation, 2021).

The preceding discussion sufficiently provides evidenced that substance abuse is a serious social ill, and that it affects all aspects of a person's life. The discussion further solidifies the significance for the study. This study is also significant because, borrowing from Grim and Grim (2019), the creation of supportive structures and therapies that are effective are

thus hampered by this lack of understanding. A thorough examination of the causes is, thus, a requisite step towards designing customized therapies which could facilitate improved addiction aftercare services in South Africa. Addressing this issue will enhance recovery results, and lower recurrence rates. Once again, the urgency of this study; therefore, hinges on the observation that there is a dearth of scholarly investigation regarding substance abuse relapse in adults who did not participate in aftercare services.

1.3 RATIONALE OF THE STUDY

The researcher is a social worker employed at Department of Correctional Services. In her current employment, part of her clientele includes substance users and their families wherein she renders individual and group work counselling with inmates and conducts community awareness programs. In 2021, the researcher also worked at West Rand District Department of Health in the program called substance rehabilitation unit where she was rendering services to groups and case work to substance abusers. In the community where she is living, i.e., in Pretoria North, the researcher has also observed that people of all ages from youth to elders are abusing substances and that among those who are rehabilitated, they come back to the same community where the support structures are lacking. The drawback is that some do not go for aftercare, and they end up relapsing. The researcher's position is that there is a great need for users to go for aftercare services to assist them sustain their sobriety. This raised concern regarding how many of those that had been rehabilitated attended aftercare services and she naturally sought to understand the reasons for those who do not. Through the study, the researcher, thus, hoped that the social work fraternity would tailor-make interventions to assist these cohorts.

In addition to the above, convinced that her research interest is investigating reasons for relapse, the researcher, thus, needed to determine the viability of the study. She then conducted a literature review to establish what South African researchers have established on the subject matter. The researcher therefore conducted a survey to establish endeavours, hitherto, made on the phenomenon. Some of the studies reviewed include the following:

Table1.1: Prevalent Studies on substance abuse trends and prevalence rates

Author	Title of the study	Nature of study
Mbandlwa & Nirmala, 2020.	The impact of substance abuses in South Africa: a case of informal settlement communities	Qualitative research
Desire, 2020.	Factors associated with substance use among university students in South Africa: implications for prevention	Qualitative research
Mohale & Mokwena, 2020.	Substance abuse and psychological well-being of South African adolescents in an urban context	Quantitative research
Rummage, 2019.	Factors associated with illegal drugs in South Africa	Qualitative research
Ngcobo, 2018.	An examination of substance abuse presentation programme and their impact on minors who are prone to substance abuse in South Africa	Qualitative research
Hendricks, 2015.	The effect of peer pressure and leisure boredom on substance use among adolescents in low-income communities in Cape Town	Quantitative research
Dada, 2013.	Substance abuse and drug injection trends in South Africa	Quantitative research
Masombuka, 2013.	Children's addiction to the drug "nyaope" in Soshanguve township: Parents' experiences and support needs	Qualitative
Routledge, 2005.	Substance abuse and psychological well-being of South African adolescents in an urban context, South Africa	Quantitative research

As per the table, the researcher could not locate a study that explored substance abuse relapse among individuals who did not attend rehabilitation aftercare services. Instead, what was located was a study by Mbandlwa and Dorasamy (2020) who investigated the cause and the reason why young people are abusing alcohol; Ngcobo (2018) investigated the impact on minors who are prone to substance abuse in South Africa; while Mohale and Mokwena (2020) investigated substance use amongst high school learners in the South of Johannesburg. The findings of these studies are complementary in that they highlight that the substance abusers were prone to the lifestyle because of lack of effective mentorship,

poor family values, poor parenting guidance, and peer pressure. Furthermore, in his study, Mpanza (2022) found that there are inadequate substance abuse treatment services in South Africa and that follow-up or continuity of care is missing. Masombuka (2013) concurs and reported that the challenge of programs in substance abuse is that they are planned and established with lack of consistency in terms of the implementation of the program across schools.

1.4 PURPOSE OF THE STUDY

The research goal explains the general intention of the study, which is often characterised by terms such as: examine, describe and explore (Moule & Goodman, 2014:80). Moreover, the role of a goal is to ensure that the study is worth pursing (Maxwell, 2013:4). The goal of the study was thus the following:

- To explore factors leading to substance abuse relapse amongst adults who did not participate in aftercare services post in-patient treatment services.

1.5 RESEARCH QUESTION(S)/ HYPOTHESES AND OBJECTIVES

Creswell (2014:188) defines a research question as a broad question that seeks to explore the central phenomenon in the study. It specifies that which the researcher wants to understand (Maxwell 2013:73), and it determines parameters for the investigation; gives direction, and serves as a frame of reference for evaluating the researchers work (Doody & Bailey, 2016). In this study, the research question was formulated as follows:

- What are the factors leading to substance abuse relapse amongst adults who did not participate in aftercare services post-in-patient admission?

1.6 RESEARCH OBJECTIVES

For the researcher to realise the goal for the study, the following objectives were formulated:

- To develop a theoretical understanding of substance abuse, relapse, and aftercare services
- To explore the contributory factors of relapse to service users who never attended after care services post treatment services, and
- To draw conclusions and proffer recommendations to improve social work practice, policy makers, and for future research.

It was important in this study that objectives were formulated because according to Ryan (2022), research objectives specify, in practical terms, exactly what needs to be done to accomplish the project. Roxana (2018:1) complements this idea by stating that objectives also provide a set of clear and realistic activities to realize the goal of the study.

1.7 RESEARCH PARADIGM

There are three major paradigms in social science research, i.e., positivism, interpretivism, and critical theory, which are comprised of the following components: ontology, epistemology, methodology and methodologies. For this study, the interpretivism paradigm was adopted. Interpretivism is used in qualitative research in social sciences, and at its core is a conviction that people exist in multiple realities rather a single one (Ulz ,2023). Interpretivism is based on the assumptions that reality is socially constructed and thus subjective (Health E-learning & Media Main Website, 2020), meaning that we can only grasp someone's reality by their experience of reality which differs from someone's else's. This paradigm was applicable to the study because, echoing Alharahsheh and Puis (2020), it served as an enablement and guide, guiding the researcher to consider different factors that lead to relapse such as behavioural aspects based on the participants' experiences, to treat the context of the research and its situation unique, to focus on specific topics and abstain from research heading towards more generalisation, and to use interviews to explore more of the participant's experiences.

1.8 DEFINITION OF KEY CONCEPTS

The following served as key concepts for the study:

Substance abuse

According to WHO (2022), substance abuse refers to excessive intake, catastrophic or precarious use of psychoactive substances including alcohol and illicit drugs as well an excessive use of chemicals. Complementing the above, Hopkins (2023) further describes substance abuse as a pattern of excessively using drugs ending up developing tolerance or need to use more to get the same effect. Of the two definitions, the definition by WHO is adopted in the study because it encompasses a global stance.

Relapse

Relapse occurs when after obtaining a short-term or long-term sobriety, a person in recovery begins consuming drugs or alcohol again (Alcohol and Drug Foundation, 2022). Melemis (2015) concurs that relapse occurs when a person returns to using drugs or alcohol after a period of undergoing rehabilitation. Derived from the two preceding definitions in the study relapse is thus regarded an incident wherein, a person who has received substance rehabilitation and after sobriety, returns to substance abuse again.

Addiction

According to American Psychological Association (2022), addiction is a mental or physical dependence on the use of alcohol or other drugs. On the other hand, Health line in Tyler and Crooks (2018) define addiction as a continuous dysfunction of the brain system and the body craving for substance, when there is a strong physical or psychological need or urge to do or utilize something, the dependency on substance. Furthermore, the National Drug Master Plan (2019/2024) concurs that addiction is a chronic disease, which affects both the brain and behaviour. For this study, the definition of addiction as it appears in the national drug master plan is adopted.

Aftercare

Aftercare in a substance abuse treatment context refers to a treatment program that comes after completing in-patient rehabilitation treatment. It is touted to support an individual throughout their early recovery stage to assist them avoid relapse while working on their new life (Redwine, 2023). The Prevention of and Treatment for Substance Abuse Act No. 70 of 2008 refers to aftercare as continued professional support to a service user after a formal treatment program has ended, allowing him or her to maintain sobriety. For this proposed study, the definition of aftercare as espoused by the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008 is adopted.

Admission

In this study, admission is referred to as a process where patients concur to be admitted into a hospital or clinic or other treatment facility as an inpatient (Webster, 2024) to undergo a process of treatment, care and rehabilitation for a period of time (Melemis, 2015).

1.9 STRUCTURE OF THE STUDY

This research is divided into the following five chapters:

Chapter 1:

This chapter offers the introduction to study phenomenon, i.e., substance abuse relapse. Addiction is also covered as well as the local and global statistics of substance use. The study problem is also explicated. Other topics covered in the chapter include the goal, objectives and the overarching study question. The interpretivism paradigm that was adopted, the ethical considerations; namely, informed consent and voluntariness, commitment *to* no harm to the participants, debriefing, anonymity and confidentiality are also discussed amongst many other issues.

Chapter 2:

This chapter presents the literature review of the study. It looked into exploring the substance abuse, prevalence of substance abusers among adults in South Africa, treatment, rehabilitation programs as well as risk factors associated with substance abuse

relapse. Additionally, it also investigates factors leading to substance abuse relapse among adults, effects of substance abuse relapse and the social work roles substance abuse treatment including prevention of relapse. Lastly, the two theoretical frame works underpinning the study which are psychosocial development theory, and the cognitive behavioural theory are also covered.

Chapter 3:

This chapter presents the research methodology, and the techniques used in the undertaking of this study. This includes the research approach being qualitative research, research design, study setting, recruitment process, population, sampling, size and data collection.

Chapter 4:

This chapter presents the research findings. Participants' views are used to convey the findings. Literature is also used to corroborate the findings.

Chapter 5:

This chapter summarises the research findings with focus on the exploration of factors of substance abuse relapse among adults who did not participate in aftercare services, post-in-patient admission, it further summarises the conclusions of the study and recommendations for social work practice, policy makers and finally presents future research suggestions.

1.10 LIMITATIONS OF THE STUDY

American journal experts (2024) and Theofanidis (2018) highlight the importance of recognizing the limitation of a study. They further emphasize that limitations in research are seen as the practical or theoretical challenges the researcher experiences and are often outside the researcher's control. They further share similar sentiments on the significance of highlighting the limitation of the study which is to show variables limits for the study credibility. One benefit of this exercise is that it could assist with the precise transferability of the results and finally improve chances for reproducibility. The following

were identified as the limitation of this study:

- An unintentional bias encountered during data collection, the researcher at the proposal stage have planned to include nine NGOs in the study, but only two NGOs responded to the request.
- If the same study took place in all 9 nine planned NGO's more exploration could have taken place.
- The researcher had planned to analyse data using ATLAS ti, but due to delays in licensing by the institution the researcher had enrolled at, one ended up resorting thematic data analysis.
- Although the study has been conducted, the findings cannot be generalised if the same study have to be done by another researcher.
- The study also hoped to generate new information for use by social work practitioners to perhaps, develop new service programs for this category of clients if researched in the future.

CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

This chapter presents the literature review on substance abuse relapse within the South African context as well as the overarching theoretical framework that was adapted in the study. Literature is defined as an extensive summary and evaluation examination of existing studies regarding a particular subject, an assessment of the prevailing understanding and recognition of theoretical frameworks (Cresswell, 2018:25). It was, thus, important to conduct this review because literature assists the reader to understand what is already known about the topic, it provides detailed overview of existing knowledge and identifies theories (Kraus, Mahot & Walsh, 2023).

Substance abuse relapse is a global phenomenon that has generated considerable concern among researchers. There is also existing research studies conducted in South Africa on the subject matter. Consequently, in this chapter the following topics are explored: Prevalence of substance abuse amongst adults in South Africa, substance abuse treatment, risk factors associated with substance abuse relapse, factors leading to substance abuse relapse in adults, effects of substance abuse relapse, social worker's role in substance abuse relapse prevention and theoretical framework. The discussion commences with providing a detailed description of what substance abuse is.

2.2 DEFINITION OF SUBSTANCE ABUSE

Substance abuse is defined as an improper use of illegal drugs or alcohol and includes the use of prescription or over the counter drugs (Dadashi, 2022). Griffin 1990) defines it as excessive use of drugs. To the above, the American Psychological Association (2022) adds that it is an ongoing pattern of intake of drugs while WHO (2025) concludes that it is a harmful and hazardous use of psychoactive substance, including alcohol and illicit drugs. The main types of substance abuse are discussed by Dadashi (2022):

Opioids abuse refers to the use of drugs that treat pains, but with a steady use, people then form dependence towards these pain killers. Also, there is *illicit drugs* which refers to the prolonged use of the street drugs which similarly eventuate into dependence. *prescription drug* people turn to not taking them as directed end up overusing them. Adding to the above is *Alcohol abuse* which is characterized by a pattern of drinking that disrupts day to day life and regular tobacco abuse that leads compulsive use and *stimulants.* These types of drugs are abused by those who look for energy, alertness or productivity.

2.3 PREVALENCE OF SUBSTANCE ABUSE AMONGST ADULTS IN SOUTH AFRICA

Five percent (5%) of global adult used substances according to the World Drug Report (UNODC, 2017). South Africa has not been spared. In the article that was released by the National institute of health on drug use among youth and adults in population in South Africa, Peltzer (2018) noted an increase of illicit drug use in South Africa; overall drug use was placed at 4,4%, 7,9% among men and 1,3 % among women. Cannabis, nyaope and heroine in South Africa are the most common substances used with young people aged 20 years ranging between 13%-27% (South African Community Epidemiology Network on Drug Use, 2022). Alcohol is currently apparently the primary drug of abuse in South Africa, affecting roughly 17.5 million people with approximately 10.3% of the adult population consumes alcohol at harmful levels (16.5% of men and 4.6% of women). Owing to the persistent prevalence of substance abuse in South Africa, according to Ndou (2023), SACENDU reported that there were 62 sixty-two percent of relapses in the northern region of Limpopo and Mpumalanga and in Western Cape the relapse rate range at 56%.

2.4 SUBSTANCE ABUSE TREATMENT

There are various treatment regimens for substance abuse. Both government entities and private institutions render substance abuse treatment. Substance abuse treatment occurs largely through rehabilitation of substance users. In this context an addiction refers to lifelong condition that involves relapsing characterized by compulsive seeking and taking of a substance were the individual end up abusing (NIH, 2020) and (NIDA, 2020) and by

rehabilitating the substance users according to Yuan (2024) entail comprehensive, evidence-based approach combining pharmacological treatment, behavioural therapy, and long-term social rehabilitation to address the chronic nature of addiction. Rehabilitation according to WHO (2024) also involve “a set of interventions designed to optimise functioning and reduce disability in individuals with health condition in interaction with their environment”.

Substance abuse may also be treated by means of Medication-Assisted Treatment (MAT) combined with counselling. According to Moles (2025) this treatment regimen entails a combined approach to treat substance abuse disorders. (MAT) combines pharmacological treatment (medications) with behavioural treatment (evidence-base therapies) that is tailored to a patient’s unique needs. In its various forms, MAT may effectively minimize cravings, block some of the rewarding properties of certain substances**,** and ultimately decrease drinking and continued substance use behaviour. The goal of MAT is full recovery.

Cognitive Behavioural Therapy (CBT) / Behavioural Counselling may also be used to treat substance abuse. Cognitive-behavioral therapy is an evidence-based, scientifically driven approach toward the treatment of emotional and behavioral problems. It is highly practical and action-orientated and has been shown to be highly effective in treating a variety of problems (DiGiuseppe; Doyle; Dryden & Backx, 2014*)*. CBT according to Moles (2025) and Suma; Chanda; Daniel; Kuckel; Martin and Huecker (2023) refer to help individuals identify and change unhelpful behaviors and thoughts about themselves and their addiction.

2.4.1 Substance abuse rehabilitation programs

Substance abuse rehabilitation entails the initial phase where recovery begins where the phase typically involves detoxification, counselling, and therapy according to NIDA, (2020). In the South African National Drug Master Plan of 2019 Substance abuse rehabilitation is also described as being a part of comprehensive, integrated continuum care that includes prevention, early intervention, treatment and care, there are numerous rehabilitation

programs that have been implemented in South Africa to treat substance abuse. In fact, rehabilitation programs have been encouraged for countries including in South Africa on the basis of the national standards and principles of this country (Kuyeya, 2021).

There are thus different types of rehabilitation programmes, which include inpatient rehabilitation, outpatient rehabilitation and tele-rehabilitation. Inpatient rehabilitation requires admission to a treatment facility for around-the-clock care, focusing on severe medical issues or substance use disorders (Rita & Yedida, 2025). It is advantageous because patients receive comprehensive therapies with continuous supervision, ensuring safety and support in addressing withdrawal symptoms and triggers. Outpatient rehabilitation, on the other hand, allows patients to maintain their daily routines while attending therapy sessions (Rita & Yedida, 2025). This setup provides flexibility but often lacks the intense medical supervision and structure found in inpatient rehab (Rita & Yedida, 2025). Lastly, tele rehabilitation is any remote therapy that uses technology to help the therapist and client communicate doing therapy sessions over the phone using video conferencing for individual (Villines, 2020). Tele-rehabilitation has been initiated by the South African government in which real-time interaction with the drug abuser has been done through zoom meetings, Skype or any other platforms (Mbunge et al. 2022) and (Villines, 2020). This initiative helps to raise awareness among people through using the training tools which help to overcome addictions among drug abusers. The rehabilitated individuals following rehabilitation, are usually encouraged to join aftercare programmes.

2.4.2 Relapse

Relapse occurs when after obtaining a short-term or long-term sobriety, a person in recovery begins consuming drugs or alcohol again (Alcohol and Drug Foundation, 2022). Melemis (2015) concurs that relapse occurs when a person returns to using drugs or alcohol after a period of undergoing rehabilitation. The symptoms of relapse according to Alcohol and Drug Foundation (2022) and Melemis (2015) include the following:

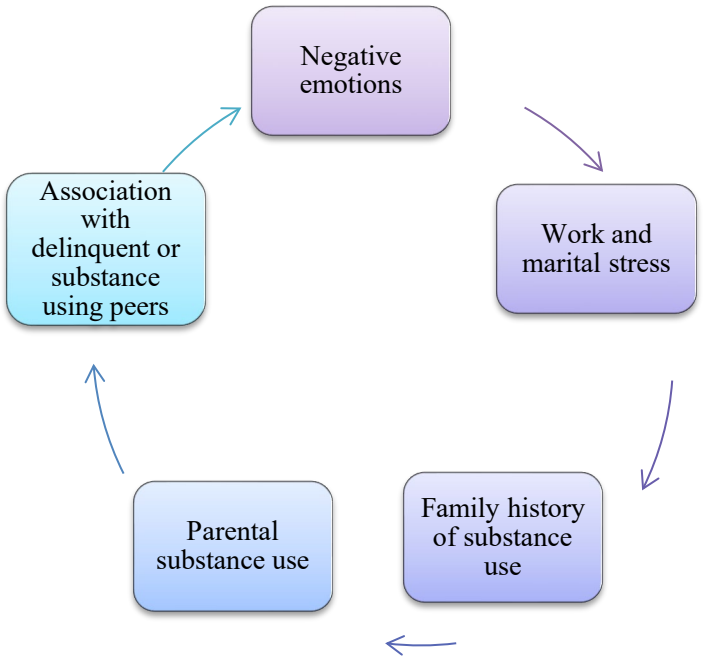
- Tolerance to or need for increased amounts of the drug to get an effect

- Withdrawal symptoms that happen if you decrease or stop using the drug that you find difficult to cut down or quit
- Spending a lot of time to get, use, and recover from the effects of using drugs
- Withdrawal from social and recreational activities
- Continued use of the drug even though you are aware of the physical, psychological, and family or social problems that are caused by your ongoing drug use.

2.5 RISK FACTORS ASSOCIATED WITH SUBSTANCE ABUSE RELAPSE

The incident of substance relapse occurs when an individual has received treatment and is in recovery. The factors may thus be summarised as follows:

Figure 1: Factors leading to substance abuse relapse in adults



(Source: adapted by Mpanza et al., 2021)

According to Malinao (2024), the incidences of relapse when people forget the negative impacts of past use and only remember the pleasurable experiences of consuming those substances. This leads to an increase in the cravings for taking those substances. The risk of relapse can also be increased due to the dual use of alcohol and cigarettes among the

individuals. Ayo-Yusuf and Omole (2020) over that dependence on both substances reduces the attempts to quit the use of these substances and enhances the risk of relapse.

In the United States, there was exploration that was conducted by DiClemente, Holmgren and Rounsaville (2011) that suggested the leading causes of relapse are either intrapersonal or interpersonal factors that further generate high-risk situations which lead the individual back to using substances after maintaining a period of sobriety. In South Africa, Voskuil (2015) explored individual and socio-cultural factors potentially associated with relapse among adult substance users discharged from a treatment facility in Cape Town. Individual factors are those generated by the individuals themselves and may include negative effects such as anger, grief or depression, whereas socio-cultural factors are environmental influences such as peer pressure or conflict in interpersonal relationships (DiClemente et al., 2011; Voskuil, 2015).

A lack of strong support system and social isolation are implicated for the facilitation of relapse among adults. As illustrated by Mpanza *et al.* (2021), without attending the aftercare programmes, adults of South Africa do not have any access for recovering the relapse. The likelihood of relapse can also be increased by contextual factors such as easy access to alcohol or drugs, unemployment, poverty, and exposure to high-risk scenarios. In contrast to that, researchers such as Mpanza *et al.* (2021) argue that without the direction and structure that aftercare programmes offer, adults find it difficult to deal with these difficulties and keep their sobriety (Mpanza *et al.*, 2021). These colleagues add that without aftercare programmes, adults in South Africa may be more prone to relapse because they “lack continuing assistance, relapse prevention techniques, coping mechanisms, a social support system and environmental risk factors”.
The risk factors may thus be summarized as follows:

2.6 EFFECTS OF SUBSTANCE ABUSE RELAPSE

Returning to abusing substances may have a variety of detrimental effects for individuals. One such effect is, generically, called substance use disorder (SUD). As stated by Kabisa

et al. (2021), the prevalence of substance use disorder (SUD) is higher among people in South Africa, and there are also a dearth of scholarship following SUD treatment process which leads to poor relapse prevention strategies availability. Prevalence of about *33.1%* of South African adults are involved in taking substances and this prevalence is higher than the global average level of *32.5%* (Tindimwebwa, Ajayi & Adeniyi, 2021). Sinclair et al. (2021) argue that the risk of relapse can be increased as the substitute behaviour towards latent dependency among adults. As per the opinion of Meulewaeter et al. (2022), SUD leads to conflicts with families and impairs social relationships which eventually leads to an increase in the risk of relapse among those individuals.

The Psychosocial development theory (Dilnoza, 2023) opines that the personal and social identity of an individual influences their mental development. In this context, fewer employment opportunities can hamper the social identity and impair the psychological conditions of an individual. On the other hand, higher rate of unemployment in South Africa leads to insecurity and stress which is another risk factor towards substance use (Sinclair et al., 2021). The psychological dependence towards substance use has increased among individuals making stopping using the substances a humongous challenge and making the tendency to relapse back a pandemic (Sedibe & Hendricks, 2021).

2.7 AFTERCARE SERVICES AND REINTEGRATION

Aftercare services are provided after completing an in-patient rehabilitation treatment. It is touted to support an individual throughout their early recovery stage to assist them avoid relapse while working on their new life (Redwine, 2023). Aftercare programs assist adults with essential coping skills, and support systems, making it much easier for them to reclaim control over their life and experience sustainable recovery. Maluleke (2013) listed potential benefits of aftercare and reintegration services for substance-dependent person and Mpanza (2022) shares the similar sentiment which are:

- Aftercare and reintegration services assist with recognition, review and consolidation of treatment gains.

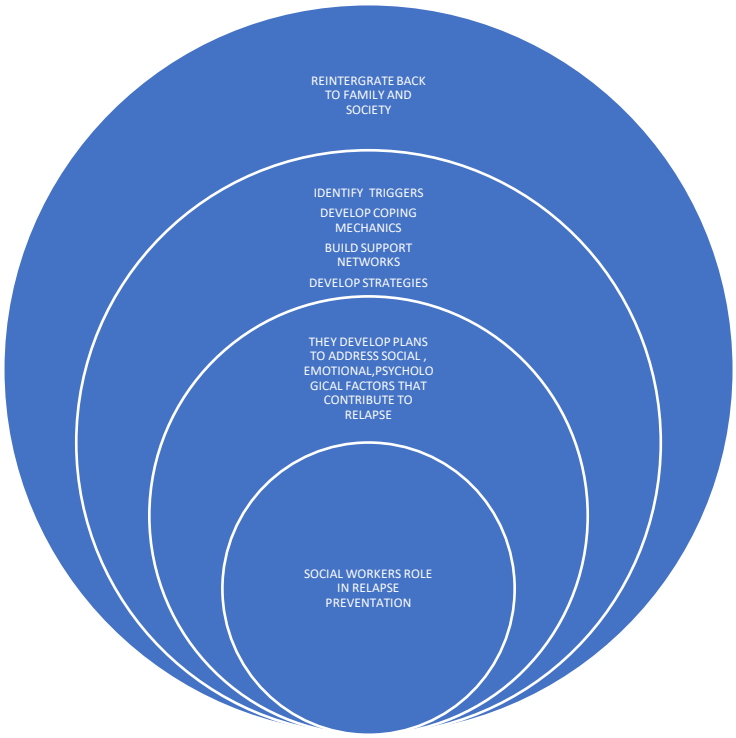
- Aftercare services help address the issue or drug craving.
- Aftercare services establish social networks
- Change of lifestyle
- Relapse prevention.

Aftercare services are succinctly linked to reintegration services. Reintegration in social work is the process of helping individuals re-establish social, economic, and psychosocial relationships to transition back into society, community, or family life. It focuses on restoring dignity, independence, and functioning, particularly for offenders, displaced children, or those recovering from trauma/illness and from substance misuse of drugs (UNODC, 2012). Reintegration programs assist with rehabilitation & education programs include formal education, agricultural training, and vocational workshops (e.g., textiles, upholstery)., skills development training often focuses on employability and psychosocial services addressing behavioral changes through substance abuse programmes and anger management (UNODC, 2012). Aftercare services thus serve as a vehicle for assisting substance users to re. This is often because sometimes the people would have burnt a lot of bridges and requiring mending broken relationship because of misusing substances. Social workers play a major role in assisting patients to reintegrate. The following discussion provided a detailed explanation of the roles of social workers in this regard.

2.8 SOCIAL WORK ROLES SUBSTANCE ABUSE TREATMENT AND PREVENTION OF RELAPSE

The social workers play a crucial role in the prevention of substance abuse relapse and their contribution is summarised according to the below figure:

Figure 2: Social worker role in substance abuse relapse prevention



Source: adapted by Zaidi (2020)

Social workers start their intervention with a comprehensive assessment that include the family history, background information to understand individual needs; they then develop individualized treatment plan that will address social, emotional, psychological factors that could contribute to relapse (Zaidi, 2020). They assist clients to identify triggers and develop coping mechanisms, build support networks to maintain sobriety (Zaidi, 2020). From the outcome of the assessment, they then develop strategies such as stress reduction techniques, mindfulness, practices engaging in healthy activities as well as connecting clients with supportive networks of family friends and peer groups. The networks provide encouragement, accountability, sense of belonging that could help to prevent relapse (Zaidi, 2020). Following the strategies, they then develop intervention plans to challenge the relapse. Finally, they facilitate the integration back to the family and society by addressing relational needs. This process involves rebuilding trust by dealing with trust issues, open communication, honesty and consistent behaviour, re-establishing relationships by addressing family dynamics by way of giving family therapy, and potentially adapting to the new social norms and cultural expectations. They also attend to

the emotional healing by addressing any trauma, guilt and shame which were accumulated during the time of separation when one was admitted to rehab centre. Rehabilitation further involves building self–esteem and confidence and resuscitates the lost sense of self-worth (Craig ,2025).

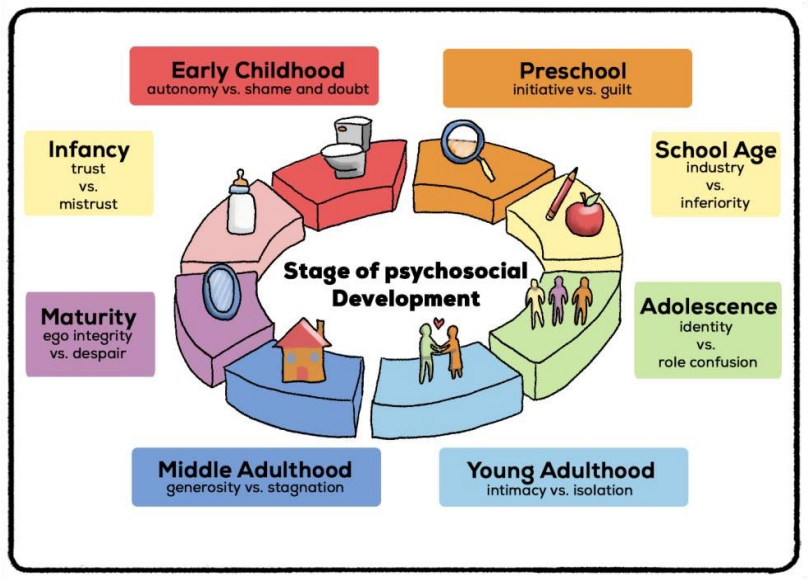
2.9 THEORETICAL/CONCEPTUAL FRAMEWORK

According to Gabriel (2008), a theoretical framework introduces, describes and elucidate the rationale for the research topic under study. It also serves as a structure that supports or explains the research philosophy in a study (Grant, 2014). Lastly, Gabriel (2008) shares similar sentiments that it serves as a guide, and it strengthens the study and provides the structure to define the whole study. There, thus, exist diverse theories in social science research. Considering the nature of the phenomenon under study, the psychosocial development theory was adopted.

2.9.1 The psychosocial development

Theory has been developed by Erik Erikson. The theory seeks to explain the development of people from birth to old age. There are eight stages of development over peoples' life span starting from infancy through adulthood. At each stage, there is a crisis or task that needs to be resolved, successfully, and a successful resolution of the crisis may result in a sense of competence while a failure to master the stage task leads to feeling of inadequacy. The stages are as follows:

Figure 4: Psychosocial development theory



(Source: adapted by Gonzales et al., 2022)

The stage of Trust vs Mistrust is from birth to 12 months. At this stage, Infants learn to trust the caregivers. However, in the event that the care givers are unresponsive, failure to meet the infants' needs can stimulate feelings of anxiety, fear and mistrust and such a child will likely grow up with a sense of mistrust for people. At an **Autonomy vs shame /doubt** stage the individual has reached the stage of a toddler and at this stage, they begin to explore their world as they work towards independence. If denied, they might begin to doubt their abilities which could lead to low self-esteem and feelings of shame. During the third stage, **Initiative vs Guilt,** children are at preschool, they can initiate activities and assert control over their world through social interaction and play. At this stage, the child develops self-confidence and feel a sense of purpose, and if unsuccessful, the child might develop a sense of guilt.

The **industry vs Inferiority** is characteristic of children at age 6-12 years who are beginning to compare themselves with their peers. They develop a sense of pride and accomplishment in all their daily activities. If this task is unsuccessful, they develop feelings of inferiority and inadequacy. This is followed by **Identity vs Role Confusion** stage **which ranges between the ages 12-18 years. During this stage,** the individual battles with identity issues, and if this task is unsuccessful, they struggle to adopt a positive role which may consequently result in them struggling to find themselves as adults. The fifth stage is

called **Intimacy vs Isolation. T**his occurs concurrently with Adulthood, that is, between the ages 20 and 40. This one is characterized by characterized by character traits such as sharing life with others. However, if the stage is not being successful resolved, it may result in isolation. The last but one of these stages is called **Generativity vs Stagnation.** It is in middle adulthood and it is about contributing towards the next generation, those who did not master this task might result in stagnation. The pinnacle of these stages is called **Integrity vs Despair** and starts from the mid-60s to the end of life. This stage is about reflection on one's life journey; It is characterized by feeling either proud about achievements or regret about failures.

Erik Erikson's psychosocial development theory is; thus, applicable in the study because it places emphasis on the interaction between people as well as the social and psychological elements. The psychosocial development theory contends that inadequate social support, environmental stresses, and a lack of suitable coping mechanisms can also obstruct good psychosocial development and raise the possibility of substance use amongst individuals while unresolved psychosocial concerns, such as identity crises or a lack of purpose, might contribute to a relapse (Gonzales et al., 2022). Furthermore, adults can obtain the assistance and resources they need to deal with their psychological issues, promote healthy growth, and lessen the risk of recurrence by addressing these aspects through substance abuse aftercare services in South Africa.

2.9.2 Cognitive Behavioural Theory

In the 1960s, Aron Beck developed a theory on Cognitive Behaviour Therapy (CBT), which focused on the distortions and thought processes that can lead to negative behaviours (Suma et al., 2023). Since then, CBT has been extensively researched and found to be effective in several studies on psychiatric disorders including substance abuse (Suma et al., 2023).

The key elements of cognitive behavioural theory are thoughts, feelings as well as behaviour, and is purposed to teach individuals that while they cannot control every aspect

of the world around them, they can take control of how they interpret and deal with their environment (Serafini et al., 2023). CBT suggests that our thoughts, emotions, body, sensation, and behaviour are all connected and can affect one another (British Association for Behavioural Cognitive Psychotherapies, 2023). Therefore, the way the individual perceives a situation is more closely connected to how they will react to the situation (Beck et al., 1979). This is because, how thoughts create feeling, feelings create behaviour and behaviour reinforces thoughts (American Psychological Association, 2022). This is buttressed by the fact that what we think and do affects the way we feel.

CBT is applicable to the study because it outlines how an individual cognition plays a critical role in the development of their emotional state. In this regard, echoing Schultz and Shirindi (2019), substance dependency relapse is significantly influenced by ideas, beliefs and behaviours. Main (2020) concurs that when a person feels distressed or worried, they easily fall into thinking patterns and emotional responses that can exacerbate any negative feelings. It is; thus, resolved in the study that without aftercare services, adults might not have the cognitive abilities to recognise behaviours and/or confront the faulty thought processes that lead to relapse; hence, this study. Ineffective coping mechanisms and weak problem-solving skills may also be implicated on to relapse.

2.10 CHAPTER SUMMARY

In this section, it is evident that increased rates of Substance Abuse is prevalent among young adults and there is a tendency to relapse back into the consumption of substances. There are numerous policies and protocols have been introduced by the South African government towards both the reduction of drug consumption and assurance of the effectiveness of the after-care programs in the rehabilitation centres. After-care services encourage the individual to participate in the social activities and enable the young adult to lead an independent life. Rehabilitation services enable individuals to cope.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

Sreekumar (2023) defines research methodology as a specific procedures or techniques used to identify, select, process and analyses information about a topic; it outlines structural and scientific approach used to collect, analyse and interpret qualitative data with the view to answer the research question. This chapter, thus, presents the specific study design and methods used throughout this research study whose aim was to establish how adults who did not participate in aftercare services in Tshwane post-in-patient admission experience a relapse. To this effect, an exploratory study design was employed. To put the study methodology into context, an outline of the study setting was provided. The research design, study setting, recruitment process, population, sampling, size, data collection, and pilot study are described along with how they were applied in this conducted study.

3.2 RESEARCH APPROACH

The study adopted the qualitative research approach. Qualitative research approach entails seeking to explore and understand the meaning individuals or groups ascribe to a social or human problem (Cresswell, 2014:31). The approach was appropriate since the study sought to gain insight into breaking the cycle and the patterns of relapse by strengthening and reinforcing aftercare program that could have the influence of social worker's intervention. A qualitative approach did enable the researcher to gain insight into the everyday lives' experiences of patients (Creswell & Poth, 2018:43-44).

3.3 RESEARCH DESIGN

In this study, the exploratory research design was employed. Exploratory research begins with the process of developing knowledge about an intriguing phenomenon where little is known about it, and thereafter, the phenomenon is examined using participants' meaning (Creswell 2013:45 & Tegan, 2021). Bhandari (2023) adds that an exploratory research design entails gaining deeper understanding, clarity of concepts and identifying variables

for future investigation. It is evident that this approach is used if there is lack of information about the topic/phenomenon at the first stage of the research, searching the meaning by understanding real world setting of the participants and generate new theories on the explored topic. Using an exploratory design assisted the researcher to explore the factors leading to substance abuse relapse in adults who did not participate in aftercare services in Tshwane, post-in-patient admission. This type of study was meant to understand experiences, beliefs and concepts of the adults who did not participate in aftercare services in Tshwane. This study further yielded an in-depth knowledge of adults who did not participate in aftercare services in Tshwane.

3.4 STUDY SETTING

The study was conducted in the city of Tshwane, located in the Northern region of the Gauteng Province of South Africa. Out of the nine rehabilitation centres where the researcher showed interest to conduct the study, the researcher was given the permission by only two; namely, TMM Hope centre and life changing project refer to the attached appendix 6 (TMM hope centre permission letter) and appendix 7 (Life changing project ministry permission letter). Evidently there was a sufficient pool of prospective participants for the study from the two centres for inclusion in this study.

Table 3.1: List of substance abuse rehabilitation centres in Tshwane (Pretoria)

Location of rehab Centre	Name of the Rehabilitation Centre	Type of the rehabilitation Centre	Funded/ unfunded	Ownership management
Cullinan	Dr FF Ribeiro Treatment Centre	In-patients	funded	State owned
Montana Park	Clear View Clinic	In-patients	not funded	Private
Nina Park Akasia	Life changing projects Pretoria	In-patients	Funded	NGO
Mabopane/ Hammanskraal Pretoria	TTM hope centre Pretoria	Out-patient	Not Funded	NGO
Cullinan	SANCA Thusong (satellite office)	Out-patient	funded	NGO
Eesterust	SANCA Thusong (satellite office)	Out –patient	funded	NGO
Mamelodi	SANCA Mamelodi east	Out-patient	funded	NGO
Lotus Gardens	Sithuthukisabonke Crisis Centre	Out-patient	funded	NGO
Pretoria	Stabilis Treatment Centre	In patient	Not funded	Private

3.5 STUDY POPULATION

A population is defined as a group of people with similar traits or characteristics (Lindstrom & Pirouzifard, 2022). Brynard et al., (2014:57) states that in relation to research, a population refers a group of individuals, an entity, or a community with qualities from which the researcher seeks to investigate regarding a certain phenomenon or social issues.

The population for this study was sourced from the group of adults who did not participate in aftercare services in Tshwane, post-in-patient admission experience of relapse. The population consisted of adults who have relapsed after having a successfully completed

substance abuse rehabilitation program. The individuals were readmitted and undergoing rehabilitation. A conclusion was drawn from this entire group of population with a specific background. The target population for this study were 12 twelve participants who matched the set criterion. The researcher developed a criterion to include and exclude participants for this study as part of the recruitment process.

3.6 RECRUITMENT PROCESS

The recruitment process of participants unfolded as follows:The researcher sent emails, formally, to request for permission to conduct the study at different rehabilitation centres around Tshwane. The letters were directed to the managers of the centres following the approval by the university research ethics committee, refer to the attached appendix 2 (permission letter to conduct the research). the researcher did a presentation about the study at their staff meeting. she was given a care giver to work with who immediately assisted with the compilation of a to do a list of patients who matched the criteria for possible inclusion. The researcher then set appointments and travelled to Tshwane rehabilitation canters to meet patients. A briefing session was done about the study with them. The researcher provided the information leaflet which forms part of the attachment in Appendix 4 (consent forms) and recruited the participants to participate in the study. Consultation rooms in the rehabilitation centre were identified, requested, and made available beforehand. Together with these, the re-scheduling of patients' treatment was also done to accommodate time for the interviews.

The room identified for interview was organized such that it had two chairs, a table, adequate ventilation and secured closed door to control noise or interruptions. The interviews were schedule for a fifteen-to-twenty-minute duration. The researcher travelled by car to different Tshwane rehabilitation facilities which are the TMM Hope centre and Life Changing projects at Akasia centre to conduct interviews which had been scheduled prior to the meeting. The study participants were selected, intentionally, by means of an inclusion criterion. The following criterion for inclusion were developed:

- adults who are undergoing in-patient substance abuse rehabilitation in a Tshwane rehabilitation centre,
- adults who relapsed following previous post-in-patient admission,
- adults who had not participated in the aftercare services following their initial discharge from the rehabilitation centre.
- adults who attended aftercare services but did not complete the services.

The exclusion criterion had also been developed for the study.

- adults who are not undergoing in-patient substance abuse rehabilitation in a Tshwane rehabilitation centre,
- adults who have not relapsed following previous post-in-patient admission,
- adults who had participated in the aftercare services following their initial discharge from the rehabilitation centre.
- adults who attended aftercare services and complete the services.
- adults who had received in-patient rehabilitation and participated in the aftercare services.
- adults who do not have interest in participating in the study.

3.7 SAMPLING

A sample is defined as a group of people who are included in a research study to represent a population (Gray et al., 2017).These are the individuals from which the researcher collects data on specific cases, events, activities and phenomenon that can clarify and deepen one's understanding (Mc Combes, 2023) while, by sampling the researcher makes the decision as to which group of people will be involved in the study, that is, finding the right people with the right characteristics and qualities for the study (Brynard et al., 2014:56). In this study, and following a criterion by Bhandari (2023), sampling also referred to a selected smaller group of people from whom data was collected.

Purposive sampling was used in the study to recruit study participants. Purposive sampling is defined as a non-probability technique in qualitative research where researchers deliberately select participants based on specific characteristics, experiences and knowledge relevant to the study objectives (Clark, 2021). For this study purposive sampling was selected as the researcher deliberately selected participants based on their experiences and knowledge. Purposive sampling was also used because, as alluded to by Clark (2021), it offers rich information.

A group of adults who did not participate in aftercare services in Tshwane post-in-patient admission experience a relapse was purposively identified by TMM Hope centre (No smoking rehabilitation) centre at Dilopye and the life changing project in Akasia to participate in this study. A total of twelve participants were recruited to participate in the study.

3.8 DATA COLLECTION, TOOL AND PROCEDURES

Data collection involves gathering information from study participants with the view to answer the critical questions which prompted the study (Benjamin, 2021). For this study, interviews, particularly, one-on-one semi-structured interviews, were adopted as the method for data collection. Wagner et al. (2012:132) state that interviewing, observations and document analysis are the three data collection techniques used in qualitative research. Upon the arrival to collect data, the researcher approached the caregiver who was allocated to work with to request a list of patients that were screened, the researcher met with them and explained the study and got approval that they are willing to participate on the proposed study. The interview dates were scheduled with the consented participants for the suitable time, place and date to conduct the interviews. Information about anonymity and the right to withdraw from the study was explained to the participants. All participants were requested to sign a consent form prior to the actual interview.

The interview guide's first set of questions asked participants about their demographics which were followed by questions about their experiences in relapse and reasons for not

attending the aftercare services refer to attached Appendix 5 (data collection tool). Probing, open-ended questions were prepared in an in-depth phenomenological individual semi-structured interview that followed a guide schedule to collect qualitative data, including participant perspectives or experiences, their feelings, knowledge, interest in alignment with Benjamin (2021).

The audio-tape recorder was used for all the semi-structured interviews conducted for the entire duration. The participants gave consent to be recorded refer to appendix 3 the participant information sheet. In tandem with the advice by Benjamin (2021), the interviews were audio recorded. Several interviewing skills were applied during the interviews, including probing, active listening, reflecting and paraphrasing.

3.9 PILOT STUDY

Pilot testing is a small-scale feasibility study conducted by the researcher to trial run the planned methodologies (Hamilton, 2023) and small scale of a complete survey or pre-test for a research instrument such as an interview schedule (Bhandari, 2023). This means that it involves examining tools that will be used in the research (Rousselot, 2018). For this study, the researcher did visit the rehabilitation centres around Tshwane region, purposefully sampling two participants. The two pilot study participants were subjected to the planned data gathering process. Two piloted were not included in the main study. The researcher conducted a pilot study with the two participants, conducting semi-structured interviews with each of them separately in the rehabilitation office. The process attested to the trustworthiness and consistency of the interview schedule and the efficacy of approach strategies as instruments for investigating the research question (Bhandari, 2023).

In addition, the researcher prepared questions and propped during the interviews and employed efficient interview handling strategies. Guided interviews questions were offered throughout the pilot study and participants were allowed to, freely, express their thoughts or experiences for fifteen to twenty minutes during each interview. Both participants had understood the questions and had answered all of the researchers probing inquiries as

well the interview schedule questions. The pilot study showed that the guiding instrument was efficacious in collecting accurate, relevant and reliable data for the study during the trial to lessen the likelihood that unmanageably significant issues will surface during data collection, analysis and interpretation phases of the study. This pilot study was conducted for this qualitative research (Bhandari, 2023).

All of the lessons learned from the pilot study including effective questioning, phasing, time management and prompting techniques during the study interviews were taken into consideration when designing the main study data collection and procedures. The pilot study established the interview scheduled guided validity, objectivity, and reliability prior to the main research. As a test, pilot study demonstrated how well data collection process was set up prior to the main investigation. A step-by-step description was provided of the data collection procedure for the semi-structured interviews, which used interview guides and a tape recorder. The pilot study was conducted at the life changing projects centre.

3.10 DATA ANALYSIS AND INTERPRETATION

Qualitative data analysis is a process of transforming data collected from study participants into relevant conclusions (Creswell & Poth, 2018:251). The process of organising, reducing and giving meaning to collected data was conducted with a thematic data analysis process being method of choice in this study. The researcher analysed data guided by six steps of thematic analysis espoused by Braun et al. (2021). The six (6) step process of Thematic Analysis was applied as follows:

- **In the first step, after data had been gathered, the researcher transcribed all the recordings**. The audio recordings from the comprehensive interviews had been converted into written transcripts by the researcher for qualitative data analysis. The transcripts, generated from the recordings of the participants' interviews regarding their understanding of the concept and real-world experiences were categorized into themes and coded throughout analysis (Benjamin, 2021)

Following guidance by Benjamin (2021), after data had been gathered, the researcher went through the recordings; then embarked on the process of transcribing data wherein she reduced, organized and ascribed meaning to data that was collected as advised.

- **The second step involved reading the field notes again and listening to the audio to familiarize and immerse oneself in it.**
  The researcher started by reviewing the audio recordings and transcripts from the interviews to become familiar with the body of information gathered about the experiences and understanding regarding the adults who did not participate in aftercare services in Tshwane, post-in-patient admission (Braun et al., 2021), organizing all the data in a meaningful and methodical manner by determining the common causes.

- **In the third step, the researcher grouped familiar responses together. Thereafter, she colours coded the data to generate themes**.
  During the data collection process, the researcher employed colour coding to represent theory-generated codes from the literature review, including volition, values, personal causation, experiences, and perception. The researcher employed a line-by-line coding style for transcription (Braun et al, 2021). To record participant responses during interviews, the researcher additionally created sub-codes, to record references and expressions made by the participants**,** the researcher has grouped the codes to generate themes, that address the aim and objective of this research, to determine if the participants who did not participate in after-care service in Tshwane post-in-patient admission experience a relapse (Braun et al, 2021).

- **The fourth step involved reviewing the themes and formulating sub-themes.** In step four, the researcher reviews, edits, and develops the themes that were created in step three. They then gather all the data relevant to each theme and assess how well it corresponds with the interview transcripts overall. The investigator has verified that the themes are consistent and supported by the collected information (Braun et al., 2021).

- **In the fifth step, the researcher will identify the meaning of the themes and how the subthemes may interact or relate to the main theme and will name them.** In the fifth step, the researcher has defined the meaning of the themes and how sub-themes could connect or interact with the main theme. Furthermore, the investigator possesses the information in exploring participants who did not participate in after-care service in Tshwane post-in-patient admission experience a relapse (Braun et al., 2021).

- **In the final step the researcher has reported the findings of the study**. The researcher has provided a comprehensive summary of the findings in each theme and subtheme. She has also provided quotes from the participants and literature from other previous research studies to corroborate the findings**.** Finally, to ascertain a common conclusion regarding the, the researcher reported the thematic analysis of the research and summarized the study results in the sixth step (Braun et al., 2021).

3.11 ENSURING RIGOUR

In qualitative research data verification refers to the procedures followed during the data collection process to increase its value, to ensure the quality and trustworthiness of findings, and the accurate reporting of the study (Morse et al, 2002). The fundamental objective of data verification is to guarantee that data used is accurate, complete, and consistent with the data sources (Hassan, 2023). In the proposed study different types of data was checked for accuracy to ensure methodological coherence and the provision of trustworthiness, which according to Gunawan (2015) and Pilot and Beck (2014) refers to the degree of confidence in the data collection process and interpretation. Rigour in this study was achieved through credibility, dependability, transferability, and conformability.

Credibility is described as a measure of truth, whether the findings are accurate (Pilot & Beck, 2014) and according to Korstjens (2018) also interrogates research findings, exploring whether the findings are reasonably obtained from participant's original data, and it is their original views. Credibility can be attained through different techniques and for the purpose of the study the researcher did achieve through data triangulation, which were

involve corroborating study findings with findings of multiple sources on the topic as advised by Korstjens (2018). The researcher achieved credibility by engaging with the participants doing the interviews asking each participants similar questions, then taking notes and summarising them, during the interviews the researcher used probing and doing member checking to confirm accuracy of understanding of their respond presenting back to them the findings.

Dependability refers to the degree of consistency, reliability and stability of findings and interpretations across the study process (Guba 1981) and is demonstrated by assurances that the findings are established despite any changes within the research setting during data collecting (Gunawan, 2015). Dependability in the study was conducted by achieved documenting the findings of the study, during the interview discussions the researcher allowed open ended question, detailed discussion and audio recorded to allow anyone outside the study to be able to read and critique the study.

Transferability refers to the degree to which the results of qualitative research are transferred to other context or settings (Kirk & Miller, 2020). In the study the transferability was this be enhanced by describing comprehensively the research context for reference by other researchers as advised by Kirk and Miller (2020). The researcher recorded participant responses during interviews, the researcher additionally created sub-codes, to record references and expressions made by the participants**,** the researcher has grouped the codes to generate themes, that address the aim and objective of this research, to determine if the participants

Conformability refers to the degree to which the findings can be validated or replicated by others (Guba & Lincolnm, 1985; Korstjens, 2018). In this study the researcher was to ensure conformability by using the participant's responses to corroborate findings as advised by Gunawan (2015). After the researcher has listened to the audio records and heard the responses from the participants this was then corroborate to findings.

3.12 ETHICAL CONSIDERATION

Ethics refer to beliefs or behaviour that strive for honesty in the method followed during data collection in the study, when reporting study findings and during the publication of the research results (Resnik,2020). Ethics are also a professional researchers' behavioural guide that spell out the wrongs and rights; that is, they speak to morals that govern research (Neuman, 2014). Ethical standards are, especially, crucial because they increase the study's validity and reliability (Fletcher-Watson, 2014). In adherence to these imperatives, in this study, the following ethical issues were considered:

- Informed consent and Voluntariness

Informed consent denotes that participants must be given full information about the research study, affording them an opportunity to consent voluntarily, to take part freely in the study (Dekking, 2019). This means that there should be an agreement entered into with the participants who are having full knowledge of the goal of the research (DeVos et al.,2011:117). In light of this, for this study, every participant who took part, gave consent. The participants were given the participant information sheet attached as appendix 4 prior to data collection to read through. On the day of the interview, they were afforded an opportunity to read through it again, and to ask questions regarding any aspect of the study. Thereafter, participants were required to sign the informed consent form, attached as appendix 5, before interviews could commence.

- No harm to the participants

The researcher needs to ensure that there will be no harm, be it physical and or emotional to participants while taking part in a research study (Bryman 2012). Fouche'et al., 2021:7) states that he ethical principal of no harm to participant's stresses that participants must be protected from any form of harm that might occur either intentional or unintentional as the result of the study. For this study, the only harm that was envisaged was minimal emotional distress. This is because there was a possibility that some minimal emotions maybe evoked during interviews which the participants might have buried away resulting from own addiction and/or the addition challenges of significant others before, during and

after rehabilitation. To prepare prospective participants of the study, the researcher did clearly articulate the potential harm that may be experienced by the prospective participants in the participant information sheet.

- Debriefing

Debriefing of participants forms a critical part of ethical consideration in a research study, and it is described as necessary to address challenges and mitigating the harm that might arise from the research experiences (Babbie, 2013; Strydom & Roestenburg 2021). After every interview, the researcher did check on the wellbeing of the participants by asking them how they were feeling. The researcher had also pre-arranged further support for participants in the planning stage of the study with a social worker employed by department of Correctional Services. Further to that, the researcher had screened all the participants, and after checking on the, it was established that none required additional therapeutic support, post the interview.

- Anonymity and confidentiality

Anonymity and confidentiality are two concepts that are inter-related because they are concerned with ethical principles to protect data that can be linked to participants' identity and their names (Bless et al., 2013:33). The ethical principle of anonymity exists to protect study participants from harm that can come to them if their identities are deliberately or accidentally associated with a research report (Bless et al., 2013). Confidentiality on the other hand, implies a commitment by the researcher to ensure that any use of information collected from participants is handled with dignity and does not violate their interests. Throughout the study, the anonymity and confidentiality of individual participants were protected by protecting their personal data. This entailed not using the participants' official names during the interviews and in the presentation of findings. Codes were used instead to identify the participants. Also, the institutions from which data was collected has not been linked to individual participant quotes during presentation of findings as indicated in chapter 4. Confidentiality on the other hand, has been ensured in that all the electronic files with participant information including audio recordings, are password encrypted.

- Dissemination of results

As advised by de Sande and Schwartz (2011:141), the findings of the study are presented in a formal research report. In the report, the researcher “made clear what she did, why she did it, what she found, and what she concluded from the findings” as suggested by Bouma and Ling (2004:223). The report also contains a detailed account of the methodological procedures followed in the study, as well as the presentation of conclusions and recommendations. From the academic report, the researcher also plans to prepare manuscript for possible publication in an accredited journal.

3.13 CHAPTER SUMMARY

In this chapter, the research methodology that underpinned the study has been discussed. It has been evidenced that the study adopted the qualitative research approach where explorative research design was employed the study setting was in Tshwane Northern region; that purposive sampling was used to recruit study participants; that data was collected by means of interviews from 12 participants that matched the set inclusion criterion; and that the collected data was analysed and interpreted by the use of thematic analyses.

CHAPTER 4: FINDINGS OF THE STUDY

4.1 INTRODUCTION

This chapter reports the findings of study. The study sought to answer the following research question: What are the factors leading to substance abuse relapse amongst adults who did not participate in aftercare services post-in-patient admission? According to Ammon (2022) and Kumar (2022) research findings form a significant aspect of manuscript because this are the result from data collected that provides the answer to the questioned raised and to describe the findings of research work adequately and comprehensively.

The presentation of study findings I thus commences with explicating the biographical profile of participants as it is presented in a table format below. This will be followed by the introduction of the themes described by Ahmed (2025) as concepts and ideas emerged from collected data. In some instance, from the themes e were borne. Sub-themes are data presenting common patterns or meanings that fall under the umbrella of a broader theme (Braun, 2023). This themes and the sub-themes are derived from the semi-structured questions compiled prior to participant interviews as reflected in appendix 4 (consent to participate on the study). The themes that emerged from the analysed qualitative data will thus be presented in a table format. In the presentation of data, the themes and sub-themes will be supported by direct quotes from the transcripts of interviews with participants, see an example of interview transcript is attached.

4.2 BIOGRAPHIC INFORMATION OF PARTICIPANTS

Twelve participants were interviewed by the researcher in this study. The participants' identities are omitted from this research report to uphold the principle of confidentiality and anonymity alluded to in chapter 3, subheading 3.11.3. As advised by Bless et al (2013:33) the first letter of each alphabetical order was thus used to give participants random codes names mix with numbers, which kept their true identities undisclosed. The information such as the participants age group, gender, ethnic group, race, highest qualification,

employment, substance used, and the several times being treated at different rehabilitation centres was considered for the biographic profile below.

Table 4.1: Biographic profile of the participants

Participant	Age	Gender	Ethnic group	Race	Education	Employment status
Ac000	29	Female	Tswana	Black	Tertiary	Unemployed
Be00	33	Female	Zulu	Black	Tertiary	educator
Cl01	29	Male	Pedi	Black	Grade 12	security
D02	26	Male	Tswana	Black	Grade11	unemployed
E03	28	Male	Tsonga	Black	Grade 12	unemployed
F04	33	Male	Venda	Black	Grade 10	unemployed
G05	36	Male	Xhosa	Black	Grade 12	unemployed
H06	30	Male	Pedi	Black	Grade 11	unemployed
I07	23	Male	Zulu	Black	Grade 12	unemployed
J008	26	Male	Pedi	Black	Grade10	unemployed
Kl09	38	Male	Coloured	Coloured	Tertiary	Engineering
Lo10	29	Male	Zulu	Black	Grade 11	unemployed

The 12 twelve participants took part on the study were 10 ten were males and 2 two were females ranging from 23 twenty-three years to 36 thirty-six years of old, 11 eleven were black and one being coloured and they level of education from grade 10 to tertiary level.

4.3 OVERVIEW OF THEMES AND SUB-THEMES

Themes and sub-themes as alluded earlier are concepts and ideas that emerged form participant responses while sub-themes being common patterns or meanings that fall under the umbrella of a broader theme from data collected (Braun, 2023). The themes are derived from the research questions posed to the study participants and the subthemes from the themes and are as follows:

Table 4.2: **Overviews of themes and sub-themes**

Themes	Sub-themes
Participants' upbringing	Parental absence
	Disruptive and instable
	Privileged
Types of substances abused by participants	
2.Circumstances that led to initial abuse of substances	Peer pressure
	A need to belong
	Sexual abuse/rape
	The need to forget problems (distress)
Rehabilitation history	
3. Attendance of aftercare services following previous discharge	No attendance
	The thought of stableness after 6 weeks being rehabilitated.
4. Reasons for non-attendance of aftercare programme	Being unaware of aftercare service and oblivion
	Aftercare services not marketed well
	No interest
5.Importance of aftercare services	
6. Considerations of attending rehabilitation aftercare programme	

4.4 DISCUSSION OF STUDY FINDINGS

The study findings are presented by means of themes and subthemes. The themes are derived from the open-ended questions asked to the study participants and the subthemes are derived from the themes. Also, the presented findings are also corroborated using existing scientific literature.

Theme 1: Participants' upbringing

This theme is derived from question 1, which was posed to the study participants. The question read as follows: Tell me more about yourself, in terms of your upbringing. This question was asked because according to Cambridge Dictionary (2021) and Collins English Dictionary (2020) the upbringing of an individual is the way a child is raised, the care and the teaching given to a child by parents. It illustrates how a child's early experiences and environment influence their development and values. Likewise, in this study there was a need to effectively understand the participant's individual experiences, current challenges and vulnerabilities; their strengths and potential that maybe rooted from their upbringing. In responding to the question, three major themes emerged, which is that their upbringing was characterized by parental absence, disruption and instability as well as privileges.

Sub-theme1.1 parental absence

In this study, the participants shared a common factor of parents being absent in their upbringing. Mao (2020) wrote about the effects of parent's absence on children development, stating that parental care in early childhood is viewed as one of the most important factors that helps foster children's abilities. The upbringing of a child can shape their world view, values and behaviour. The following quotes highlight the participant views:

"I grew up not knowing both parents; I was raised by my grandmother whom was very strictly ,my parents died when I was very young at the age of one year two months I was just told that they were very sick we were 12 children raised by ugogo (grandmother) I could say it was survival of the fittest at the age of 13 I decided to go out to street to be able to be free ,I was homeless for many years until some social workers from this organisations came we were taken to centres for homeless people" (G05)

"I don't know both of my biological parents, I am a child whom was found by a white old man near the hospital gate as he told me, he took me and raised me only to be his slave I used to clean for him and do everything, he stayed alone as he told me that his wife took the kids and left to Europe and he was alone, I feel that my upbringings was just that". (KI09)

“My father died when I was very young, I never had a relationship with him, I so think that if I knew him or him raising me things would have been very different his role could have played a very important impact in my life” (J008)

I was raised by my father’s paternal family, I have never had contact with both my parents nor relationship with them, they have never even visited me at all but my grandmother and grandfather played a bigger role by raising me but I always had a wish to know them.

From the above quotes, the participants did not have any relationship with their biological parents. They were raised by caregivers, who were family members for some and non-related for others. The discussion also reveals a variety of reasons for this ranging from death while another was abandoned. From the participants’ narration, it is also clear that parental absence for whatever reason can disrupt the developmental process of a child and thus negatively impact their development. in this regard it can be deduced that absence of parental care in early childhood negatively affects children development in health status daily, behaviours and school performance. Mao, Zang and Zhang (2020) also investigated the effect of parental absence on education development of a child and the findings where parental absence has a significant negative impact on short- and long-term educational outcomes, they used mechanism analyses that showed that parental absence result in less healthy mental status of children and reduce their effects in class. Annor (2024) also investigated the parental absence in childhood has been associated with multiple negatives consequences such as depression anxiety in young adults and the results of this study was significantly associated with poor mental health; substance use and serious psychological distress. Alastalo (2012), Bohaman et al. (2017), and Chen et al (2019) also found that the absence of the one or both parents from home during childhood could be detrimental to long term health and wellbeing of the child.

Sub-theme1.2 Disruption and instability

A disruptive and unstable upbringing entail a child is raised in a home with conflicts, abuse or neglect, (Khalilov, 2025). The following quotes highlight the views of participants:

‘’*I grew up with both my parents and siblings my father was a soldier and was very violent towards us every salary day he could go out come back being drunk and he will beat mama, I was the eldest, I will also want to help mama but he will punish me for that there other thing that made me to stay and endure was he did everything we could ask, he gave us money, took us to school was able to support us but very abusive”*. (I07)

“*We were raised by my mother as a single parent, she tried to close the father gap, she was a domestic worker, and she was doing the best. I could say we grew up well the only thing that I suspect my mother was very depressed after my father died, my father’s family did not give mom support instead they fought with her, and we were not staying with and he never supported us”.* (J008)

‘’Ijooo *sisi my upbringing ne aiah I don’t know where to start; I was raised by my mother Oumakie and my stepdad this people who always were fighting they used to go to taverns together and at home we used to say they are drunken masters hey my parents but my grandparent’s shame they truly supported us holidays we used to spend most of the time there”. (*F04)

“My up bring was just fine I was raised by both parents they supported us very well we went to school they were supportive, things got bad when my parents were divorcing hey it was rough because every time and this now came to be the norm my parent could fight over a small thing aiah the things became very tense they started not talking to one other, now we will see police vans now and then protection orders until my aunt took us we were just fine with aunty”. (H06)

’’*I was raised well by my father’s family my mom and dad got separated at a young age I think I was only 3 years and the last born my mother had 4 children but they were not my father’s children I was the only one so I was taken to my father’s family to raise me since then I have never had contact with my mother and sisters but I heard my mother died ijooo*

at the other hand my dad moved on stayed with the other lady, he never came to spend time with me but her sisters were there for me" .(D02)

"I was born and bred in Giyani in the Limpopo Province. I am the last-born child in a family of eight children. My parents were married according to customary law and have since divorced when I was at the age of seven. I never had any relationship with my father, after parents divorced, they shared the children, my father was left with the five eldest children, and my mother took the last three youngest children. I do not have any relationship with my father; I only visited my father once in the year 1994. Unfortunately, my father passed away two years later after suffering from a lung infection, I accepted that he was not part of my life". (E03)

The above quotes reveal that some of the participants' upbringing was chaotic. This is because they were exposed to violence, conflicts, abuse and neglect and some experienced the separation of parents. It is thus the view of the researcher that a disruptive and an unstable upbringing of a child may result in increased risk for mental health issues, behavioural problems, difficulties with social relationships and attachment issues where one will experience difficult in forming healthy relationship later in life. Lidaka (2017) confirms that an up bring has long term consequences on a child mental, emotional, health potentially leading to anxiety, depression and difficult with self-esteem. Bevan and Kumari (2021) in their investigation also found that this may result in one experiencing stress in relationship later in life.

Sub-theme 1.3 Privileged

There were also participants in the study who reported that they were privileged growing up. They shared the following:

"I grew up very well, I was raised by both parents present, I am the only child, I went to expensive school, everything I needed was supplied, we had a family business home import and exports of goods, even when I was at tertiary, I had everything I needed at the age of 12 my father used to give me money to buy things I need my up bring was well the

only thing might be I didn't know how to use money well aiah. Eish, I ended up being introduced to substances but because money was not a problem I bought and bought hey until me being depended on substances". (Ac000)

"I was raised well by my mother and father both working well I was given everything together with my siblings' sometime think maybe if I didn't have access to somethings like knowing pubs meeting friends, busy lifestyle and being involve in substance use things could have been better". (Be000)

"Oh, my upbringing to me I will say it was just fine I was raised by my grandparents my mother was working abroad, oversees, she used to send Makhulu (aunt) money for support and also me she did send me money a lot, she just came back recently I guess I disappointed her cause she did everything for us we didn't lack food, money, clothes or any, I attended multiracial schools on my secondary level of schooling I started with small thing liking the space cookies imagine the use of alcohol". (Cl01)

The above quotes have evidence that indeed some of the study participants were privileged because they had everything they needed; their needs were met. They went to expensive schools, they were given money as the pocket money for them, worn expensive clothes and ate good food. It can therefore be deduced from the quotes a privileged upbringing can have both positive and negative impact on the child development. The positive side may include easy access to resources and being able to accomplish all that which one desires while the negative side maybe on potential challenges, which may include mental health issues because of having pressure to succeed, having unrealistic expectations, lack of resilience, social isolation, entitlement and lack of empathy. Jama (2017) concurs that a child raised in an affluent environment can have access to excellent education and resources. On the flip side, echoing the Atal foundation (2025), substance abuse amongst privileged children may be attributed to the fact that they have easy accesses to resources, their needs, their basic survival needs are provided, are more likely to attend high-quality education. The study by Luthar (2025) also revealed that privilege teens sometimes have disturbances in several areas such as substance use.

It can therefore be inferred from the preceding discussion that one's upbringing can become a predisposing factor to abusing substances later in life. This is because the majority of participants in the study as per the comments above reported to have had a difficult upbringing.

Theme 2: circumstances led to initial abuse of substances

In this regard, the participants were asked to articulate the circumstances that led to their initial abuse of substance(s). The National Institute on Drug Abuse (2018) identified factors that may lead a person to abuse substances as biological factor as genes a person is born with the account for about half of a person's risk for addiction, environmental factor because a person environment includes many different influences from family and friends to economic status and general quality of life factors such *earliest exposure to drugs*, *stress*, *parental guidance*, *physical and sexual abuse, and peer pressure*, The National Institute on Drug Abuse (2018). Development factor with the two above mentioned factors interacts with critical development stage in person in life to affect addiction risk. The earlier the use of substances the more likely it will progress to addiction this may affect teens because their area in the brain that control decision-making, judgement, and self-control are still developing they may be prone to risky behaviour including trying drugs**,** The National Institute on Drug Abuse (2018). In this study the participants have attributed their initial substance abuse to the following factor: peer pressure, sense of belonging, sexual abuse/rape and escapism.

Sub-theme: 2.1 Peer pressure

Peer pressure is being defined as a form of influence that causes a person to consider possibly change their thoughts and behaviour, this influence comes from people in same age, go to same school, work same job are in the same circle or have the same interest (Hartney, 2024). Peer pressure also refers to the fact that peers can pressure one another to engage in certain behaviours both positive and negative Zawn (2022). The participants shared the following in this regard:

"*Peer pressure".* (I07)

" It *started with peer pressure. Yeah, because in those groups the group that I joined meaning people I was going with we used to call ourselves the cool cats, uh, they used to drink and smoke a lot I ended up joining because they used to call me Bari".* (E03)

"*All this started as me wanting to do what my friends were doing to tell the truth they didn't force me I just felt the pressure of doing the same" (H06).*

"To me I will say indirectly peer pressure". (G05)

The study by Mbatia (2024) also revealed that peer pressure is one of the major contributing factors to substance abuse. This is because peer pressure is highly complex because according to Zawn (2022) it can sometimes manifest as indirect pressure and again as direct, indirectly is such as when a person perceives that many or even all of their peers use drugs. Furthermore, peer groups can create environments where substance use is normalized or even encouraged, making it more difficult for teenagers to resist. Studies also show that the influence of peers can outweigh that of parents and other adults during this period, Anona (2023) indicates that not all young people are equally vulnerable to substance abuse but rather the combination of risk factors coupled with a lack of protection against substance abuse, that will determine how susceptible young adult are to experiment and ultimately becoming addicted to drugs and alcohol. It is thus the view of the researcher that young adult is either forced, persuaded or pressured to try drugs or alcohol by their peers and, in many instances, deceived into believing that using is either not harmful or that there will be no repercussions in using peer pressure is one of the biggest factors that influence teens, with many feelings pushed.

Sub- theme:2.2 A need to belong

The participants also shared that they started abusing substances because they wanted affiliation with friends. A sense of belonging is 'the extent to which individuals feel personally accepted, respected, included and supported by others in a social environment'

(Goodenow, 1993). According to Maslow's Hierarchy theory of needs the sense of belonging is a motivational need one of the fundamental humans needs to feel accepted include the value as part of a group or community (Goodenow, 1993). These are some of their views:

"To fit in the gang and to do what they do. As I was young, I sometime used substances to live up to my gang, my friends who were already using drugs. I admit that as young people often we start misusing drugs at school as a way of trying to fit in with friends and to be regarded as cool" (H06)

"All my friends were doing it so I felt I am the only one why not try it I guess I wanted to belong the sense of doing what others are doing" (G05).

"I met with friends in our secondary school we were naughty kids, I remember we were the famous one at school but at home I was not seen being all that kid, I loved that group it somehow made me feel that I am seen as a special and wanted, we used to do things together, go do naughty things together the time came for us to experiment alcohol, dagga and others, I fitted in very well I knew I was not alone like the emptiness I felt when I am home no attention given". (D02)

"I believe doing things with people you love that what made me to be in for it, one thing that made me to end up using substances was doing with my friends what they, do that acceptancy from them that I'm part of them we do things together". (F04)

From the above quotes, it is evident that some of the participants started abusing substances when there were young, in their youth. This was a critical stage in their development because, echoing Byarugaba (2014) a sense of belonging is vital in shaping youth identity because 'youth period' serves as a time for developing one's self-esteem and inner capacity to give direction to one's life. Sibanda and Batisal (2021) also emphasizes that it can be argued that the desire to belong in peer groups is a societal attribute (structure) that impacts on youth substance-use disorder. Through interaction with

peers, youth's agency is limited as they strive to please and be accepted by their peers. Mbatia (2024) study also indicated that teenagers are particularly susceptible to peer pressure due to their developmental stage, where the desire for social acceptance and belonging is heightened. The Cedars group (2021) findings were that teens may turn to substance abuse to help them feel like they fit in. against this backdrop, one can conclude that youth's use of substances – influenced by the desire to belong in peer groups – is not a random individual act; it is influenced by a social structural force. Adolescents with friends who use substances are more likely to engage in similar behaviours, as they seek to fit in or gain approval

Sub-theme:2.3 Sexual Abuse /Rape

Sexual abuse is an act of violence which the assailant utilises against somebody they see as weaker than them, is crime committed intentionally with the objective of controlling and humiliating the victim (Family and Divorce Law Comprehensive Guide, 2021) and there were participants in the study who reported that they started abusing substances following being sexual abused. They shared the following:

"*I got raped by four guys for five days. It was from the 15th of June until the 20th of June. So, that made me like lose myself. It made me feel somehow about myself because in the process, I got HIV. And I didn't know who infected me with HIV. So, I was trying to deal with the fact that I'm HIV, I don't know who infected me, and how come, I got raped. Then I got pregnant in the process*. (Ac000)

"*I was raped. Yeah, at Hamilton Street in town. Hamilton apartment. I was raped by some guy that I thought I loved. I went with him to his apartment he ended up raping me that night. I ended up using this to smoke a lot, you know your first time you want it to be special and romantic but with me that guy was rough and drunk he didn't care the following day he acted as if nothing happened, I was using this drug to forgot what I have been through".* (Be00)

A person's experiences sexual abuse in any form and in any time of their life this causes many problems; it causes trauma experiences that lives the victims with mental and emotional sufferings Nick (2023) for life. The American Journal on Addictions (2020) also found that 75 percent of women who enter treatment programs report having experienced sexual abuse and women who had a history of childhood sexual abuse were more likely to become dependent on drugs or alcohol. In south Africa Ullman, Lorenz, Kirkner and O'Callaghan (2018) in their investigation on the link between sexual assault and substance found a high prevalence of co-occurrence of post-traumatic stress and problem substance abuse among many survivors. Nick (2023) also concluded that victims of sexual abuse have an increased risk for addiction and substance abuse problem.

Sub-theme 2.4 the need to distress

When asked to discuss initial circumstances that led to initial abuse of substances there were also participants who attributed the substance abuse to being stressed and needing to forget about their problems. Stress can be defined as a state of worry or mental tension caused by a difficult situation (WHO, 2023). Stress is a natural human response that prompts us to address challenges and threats in our lives. Everyone experiences stress to some degree and the way we respond to stress, however, makes a big difference to our overall well-being (WHO, 2023). This is what these participants shared:

"We go through a lot of stress maan!". (K109)

"*Stress and to forget our problems".* (J008)

"*I think the one thing that made me to forget about what I am going through and the issue of me stressing about employment aiah for me definitely it is stress related issues".* (D02)
"stress". (F04)

"Problems, problems after problems". (L010)

Existing literature supports the role of stress in enhancing the susceptibility of substance abuse progressing to a substance use disorder diagnosis. This is because the psychological theory views drug misuse as a coping mechanism to reduce stress, anxiety, tension, withdrawal, and abstinence-related distress, and as a means for self-medication (Sinha, 2008; Mantsch et al., 2016). Misuse as a coping mechanism has also been identified as a way of understanding the frequent co-occurrence of other stress-related psychiatric illnesses, such as mood and anxiety disorders and post-traumatic stress (PTSD), with SUDs Stress is a common reason for drug use and misuse worldwide and is evoked frequently in linking stress and substance use disorders (SUDs).Epidemiological studies have identified stress as one of the main risk factors for the development of drug addiction and as a strong predictor of high craving and relapse to drug use (Sinha, 2008; Mantsch et al., 2016).

Theme 3 attendance of aftercare services on previous discharge

The participants were asked the question that following their last discharge, did they attend aftercare services. Generes (2025) on journal article addiction recovery & aftercare stated that aftercare is any type of ongoing care one receives after they leave the rehabilitation treatment centres, where one will receive programs, out-patient care, counselling and developing plans to allow one to anticipate future challenges to sobriety solutions in advanced. Following are the participants' responses.

Sub-theme 3.1 No attendance

" Nope I didn't go for aftercare services". (Be00)

" *I wanted to go but I guess I wasn't serious I did not attend".* (CI01)

"NO". (D02)

" I didn't go". (F04)

" I wish I could have tried it but I didn't go at all". (G05)

" No". (K109)

"No''. (L019)

" I didn't attend". (I07)

*" I didn't attend". (Ac*000)

Bhatt (2023) in the addiction centre blog outline that aftercare is an incredibly important part of addiction recovery at the early stages of sobriety and it is vital to long term recovery, he continued to encouraged all the users from rehabilitation treatment centres to attend after care addiction services, he highlights the different approaches that are used in the early stages to help the users one of the approach he mentioned was T.E.A.M this is the acronym for early support that stands for Therapy, Environment, Association and Medication he further explain that early therapy assist with addressing unresolved and underlying psychological problems that led one to become the user recommending the change of environment that it may be difficult but one needs to be placed in the healthiest environment as without the change can be a big risk factor for relapse .association plays a vital role as it will assist for one to attend support groups meeting those who are on a similar mind set and medication to address withdrawal symptoms to help minimize cravings enhance or sustain abstinence as well as others. The Gateway rehab (2024) blog explains that users who do not attend aftercare services after a successful attendance of rehabilitation they miss the opportunity of continuing to build the valuable recovery skills reducing the risk to relapse, able to get ongoing holistic support together with support networks, taught coping skills, offers accountability strategies and ability to address re-occurring issues.

Sub-theme 3.2 The thought of stableness after 6 weeks being rehabilitated.
The participants were asked the question that following their last discharge, did they attend aftercare services this question was asked in order to be able to explore more reasons of not going to aftercare services.

"I did not go because I thought I am done with 6 weeks' program at rehabilitation and remember I went maybe more than twice to different rehabs to tell the truth I didn't see the reason to go for aftercare but I guess I need it". (E03)
"*I thought I am healed".* (J008)

” *I thought being in rehabilitation centre and going through the recommended treatment and being sober for 6 weeks, I thought I have done it all and I am stable enough not to go back*”. (H06)

From the above quotes it shows that they thought that after attending in-patient rehabilitation program at the treatment centre they were stable enough. Hauck (2025) mentioned that drug rehabilitation is designed to help people, recover from drugs and alcohol addiction, the intensity and the length of services for any treatment program can be tailored to each person’s needs since no single treatment type can be right for everyone and continued aftercare support services is essential. Hauck (2025) continues to show that upon completion treatment an aftercare services are needed where plans will be devised that includes relapse prevention tools and other means of post-treatment support. Clearview Clinic (2025) recommends that after addiction treatment aftercare service have to be attended for ideal point of entry to sober ways of being, in the same sentiment Rustenburg Addiction Care (2023) in their blog shared that embarking on the journey of addiction recovery is a courageous step one can transform they life and completing the addiction rehab programs is a significant achievement but it is only the beginning, the path to sustained sobriety is filled with challenges and that’s where aftercare comes in. In their blog they continued to emphasises that aftercare is highly recommended after rehab treatment sessions are complete.

Theme 4. reasons for non-attendance to aftercare services

Participants were asked to give reasons for not attending aftercare services following rehabilitation. They highlighted that it was because of unaware about aftercare services and being oblivion, aftercare services are not marketed well and others didn’t have interest of going. Being oblivion is defined as the state of being unaware or unconscious of what is happening around one (Oxford Dictionary, 2010). In this case for the purpose of the study participants reported not being aware of the aftercare services that are rendered.

Sub-theme 4.1 Being unaware about aftercare services and oblivion

There were participants that reported that they were not aware of after-care service while other participants seem to have been oblivion. They shared the following:

"*When I was told that I should attend aftercare services they did not tell me what is that all about truly speaking all I have is the maybe's*". (I07)

"I know nothing about aftercare services, but I think while I was at rehab, they once touched a topic like that just before I got discharged". (H06)

"I only heard people speaking about what is happening at those services but the full information about it I don't know maybe one day you and others should come before we get discharge to discuss with us really what is it all about ". (D02)

"I knew nothing about aftercare services" (CI0I).

"*I wish I knew that time about it maybe I could've gone*". (Be00)"

The quotes reveal that there might be a gap in the system in that practitioners are not communicating clearly to patients regarding the significance of attending aftercare. It might also be that patients are informed about the need for aftercare, but they do not see the need to attend sessions. Rehabilitation centres need to address this gap.

Sub-theme 4.2 Aftercare services not marketed well

Service marketing refers to techniques, strategies and unique approaches to promote or sell services (Baker, 2003). Service marketing is crucial because it transforms intangible, perishable experiences into tangible value, driving customer trust, loyalty, and competitive differentiation. It is believed that any services that are well marketed are able to enhance and attract certain individuals to pursue what influenced them to be interested and they

end up investigating well on the services in question, check reviews from clients that have been there before and their testimonies and this will make them to want to go too.

“If I was told about after care, what is it all about and maybe got more information about it I could’ve went’’. (AC00)

“I think this aftercare thing was not made known well, no attractive boards even in the treatment areas to catch our attention to know about it’’. (F04)

’’info was not much emphasizing to grab my attention to have interest to go maybe I could have tried it ‘’(G05).

From the direct quotes the participants highlighted a very important discussion giving a meaning to their perception that if the information on aftercare services were marketed well and emphasised, they could have taken into consideration to attend aftercare services, Maluleke (2013) mentioned about the effectiveness of aftercare services that should be emphasises during in-patient treatment session. Furthermore, Mpanza (2022) findings on the effectiveness to take place was mentioned as to strengthen the aftercare system, policies with enforcement of aftercare services are required.

Sub-theme 4.3 No interest

In this sub-theme the participants reported not having interest on going to attend the aftercare service it shows that surely the information was shared it is just that participants did not have interest. It is evident that showing interest means actively displaying curiosity, attention, or enthusiasm toward what one want through consistent effort. It involves engaging behaviour like initiating conversation, making time for plans, and to understand better. It indicates a desire to learn more or a growing connection, in this subtheme they did not have interest.

*“I just want to tell the truth I didn’t have any interest” (*L019)

"*Ag I was not interested".* (K109)

"*By that time, I didn't see the point of going I had no interest at all".* (E03)

"I did not even think twice I just didn't want to go" (J008).

From the direct quotes the participants highlighted that they were not interested at all to go for aftercare services. The researchers in take on participants being not interested could have maybe efforts been made such as minimal encouraging approach, follow-ups and revisiting by aligning the importance of it, it should not be just left without efforts being done to give support to service users.

Theme 5: the importance of attending aftercare program.

In this regard the participants were asked if they thought attending substance abuse aftercare is important or not and most of the participants highlighted that they were not aware of substance abuse aftercare programs that are rendered. Being unaware about aftercare services was found to be a significant challenge with various factors contributing to it, and other factors like transport issues if they might be an issue of participants need to travel to accesses the aftercare services, financial constraints, lack of motivation, negative perception of services, lack of support from friends and family members again being oblivious. The following are quotes from the participants:

"What is it all about to tell the truth aiah I don't know; how will that help or assist me mara''. (F04)

"I don't know''. (G05)

"No, I am not aware of the importance but just take me through pila, pila what are the importance of aftercare you know when you are about to go home from the rehabilitation

you are so excited even when you are being called for something you do not want anything eish ‘’. (L019)

“I guess I had an idea but not sure how it could have helped me to better myself especially now because this has escalated to the manager at work that I need to be serious and get help otherwise I will end up losing my job’’. (K109)

“mmmm no idea”. (E03)

“No”. (I07)

“I heard about it but I didn’t take it seriously I also didn’t think I will benefit maybe I should have tried it eish I guess that’s my loss, but if I was aware of it, I could have gone and attend the programs’’. (H06)

“It might sound like I am crazy right now but eish I assumed I know a lot about substance abuse shame mara you came with something I didn’t take seriously after care neh ag man I was not aware how this is important and maybe I could have benefited a lot’’. (D02)

“I am not aware’’. (CI0I)

“No’’. (Be00)

North Coast Centre for Addiction (2023) in their journal article discussed that aftercare program are a crucial component of addiction treatment that occurs after completing a formal rehabilitation program, The primary goal of a drug and alcohol aftercare program is to provide individuals with the tools, strategies, and ongoing support needed to navigate the challenges and temptations they may encounter in their everyday lives, ultimately promoting long-term recovery and a healthy, substance-free lifestyle. This are kind of information that needs to be out there in rehabilitation centres for information giving.

Consequently, some patient with substance use disorder are often lost in the system of care and re-emerge following a relapse because aftercare services are limited, inadequate and fragmented among stakeholders, with no monitoring and evaluation (Mpanza, 2021). Based on the findings. (Mpanza, Govender & Voce 2021) aftercare services should be planned for within the early stages of treatment and linkages should be facilitated upon discharge (Mpanza et al., 2021). However, in research and practice, aftercare and reintegration services have not been accorded sufficient attention (Mahlangu & Geyer, 2018; Swanepoel et al., 2016; Van der Westhuizen, 2015; Van der Westhuizen et al., 2013)

Theme 6: considerations of attending rehabilitation aftercare programme

This theme is formulated form the participants' response to the question asked following the interviews if they would consider attending the rehabilitation aftercare programme. The participants highlighted that they would give consideration to it and this statement was supported by the following direct quotes:

"Yes'' (AC00)

"I will go" (F04)

"Bona I will go running''. (F04)

"I will give it a try'' (L019)

"With no blink of an eye I will go that I can consider''. (K109)

"yes''(E03)

"I will'' **(**Be00)

Wandler (2025) and McKay (2009) were in Favour of attending aftercare service after being in rehab treatment programs as programs of aftercare services are designed to promote sober living, self-efficacy, coping skills and relapse prevention. Van der Westhuizen et al (2011:366) recommended that after services should be effective and compulsory. Again, if the decision is the clients to attend aftercare services (voluntary) this will bring a commitment-based action plan.

4.5 CHAPTER SUMMARY

This chapter presents the findings from the participants in the study following thematic analysis to explore and probe participants on factors leading to non-attendance of after care services. An introduction and overview of the biographic profile of the participants, the six themes identified as well as sub-themes derived in this study supported by the quotes from the transcripts were provided. The findings further addressed the research question during the data analysis of this study. This qualitative data was deemed to be trustworthy and reliable as well as achieving the objectives of this study.

CHAPTER 5:
RECOMMENDATIONS AND CONCLUSIONS

5.1 INTRODUCTION

In this chapter the researcher will discuss conclusions and recommendations. Conclusions and recommendations are valuable tools that bring about positive change, they transform research from exploration into a catalyst for progress**,** they serve a crucial purpose to provide closure that cement the significance of your study and finally they offer a glimpse into what actions can be taken based on the research finding (Silvia 2018). To commence with the presentation, the study will explicate if the goal and the objective of the study were achieved or not and simultaneously answer the research question following which the conclusions are recommendations will be presented.

5.1.1 OUTCOME OF THE GOAL AND OBJECTIVES OF THE STUDY

The goal of the study was to explore the factors leading to substance abuse relapse amongst adults who did not participate in aftercare services post-in-patient admission. The goal of the study was realised because the findings of the study revealed the psychological, social and structural barriers to aftercare engagements. The goal of the study was accomplished by executing the following predetermined objectives:

- To develop a theoretical understanding of substance abuse, relapse, and aftercare services

Substance abuse, substance abuse relapse and aftercare services have been theoretically discussed at a great length in chapter two (2). Some of the topics covered include substances, prevalence of abuse, effects of substance abuse, relapse, prevention strategies, legislation and policy frameworks, treatment, and aftercare.

● To explore the contributory factors of relapse to service users who never attended after care services post treatment services

Chapter four (4) of the study outlines the data collection process followed to explore and probe participants on factors leading to no attendance of aftercare services by the participants. This was done through one-on-one semi-structured interviews, that were conducted at Rehabilitation centres in Tshwane. During the interviews, the participants responded to the questions contained in the interview guide attached as appendix 5 in this report.

- To draw conclusions and proffer recommendations to improve social work practice, policy makers, and for future research

The study findings have been summated to conclusion. Each theme emanating from data analysis has been concluded. Thereafter, recommendations were also proffered . The conclusions are discussed in this chapter from sub-heading 5.1.3 While recommendations are covered in subheading 5.1.4 below.

5.1.2 OUTCOME OF THE RESEARCH QUESTION

The study sought to answer the following question: What are the factors leading to substance abuse relapse amongst adults who did not participate in aftercare services post-in-patient admission? This question has been duly answered. The study participants attributed their in attendance to aftercare services not being marketed well to them; some reported that they were not aware of the services while another cohort had no interest in attending aftercare services amongst other reasons amongst many other reasons. The researcher was able to identify that a false sense of stability post-discharge to be the primary driver for non-attendance of aftercare services, which subsequently increased the risk of relapse.

5.1.3 THE CONCLUSIONS OF THE STUDY

Conclusions are defined to serve a crucial purpose which validate the research study and encapsulate the findings (Dhanya, 2023). For this study, the presentation of the conclusions is linked to the themes. This is because the themes are derived from the questions that participants responded to.

5.1.3.1 Conclusions regarding the participants' upbringing.

The participant's upbringing was characterised by parental absence, disruptions in their family composite and instability as well as privileges. It is well proven in research that these characteristics play a big role in the upbringing and the development of individuals. Likewise, an inference can be made in this regard that individuals whose upbringing was mired by difficulties may be prone to substance use and substance abuse.

5.1.3.2 Conclusion regarding the circumstances that led to initial substance abuse

Based on the findings, it is concluded herein that there are always underlying factors, which precipitated substance abuse. This is because in this study the participants have attributed their initial substance abuse to peer pressure, a need for belonging, sexual abuse/rape and escapism.

5.1.3.3 Conclusion regarding attendance of aftercare services following previous discharge.

It is concluded in this study that following rehabilitation services, patients disregard the significance aftercare service. This is because in this study most participants did not attend the aftercare services, and the reasons proffered is that they (patients) were unaware of the service while others were not interested to attend because they were of the view that they were stable enough to stay sober for prolonged periods. It would also seem that other participants were oblivious to attending.

5.1.3.4 Conclusion regarding the importance of aftercare services

It is concluded in this study that despite aftercare services being embedded in the rehabilitation program there is discharge communication gap between the practitioners and the patients. This issue is highlighted by some of the participants who reported that they were not aware of substance abuse aftercare services offered post in-patient rehabilitation services.

5.1.3.5 Conclusion on the considerations of attending rehabilitation aftercare programme.

The participants in this study highlighted that had they known about the aftercare services during their previous discharge, they would have considered attending them. Against this backdrop, it can therefore be concluded that the miscommunication regarding rehabilitation aftercare between practitioners and the patients.

5.1.4 RECOMMENDATIONS FOR THE STUDY

Recommendations emanating from a research study are viewed as the roadmap to the future, are tailored to make advice that can guide individuals, organizations, or even policymakers toward making informed decisions and propel research further by offering actionable steps for future work or decision-making (Dhanya, 2023). In this research report the recommendations are compartmentalised into recommendations for practice, recommendation for policies and recommendation for future research and they are presented chronologically.

5.1.4.1 Recommendations for practice

- It is recommended in this study that extensive screening should be conducted with patients during in-patient rehabilitation. Practitioners should understand risk factors which predisposes patients to substance abuse. Understanding risk factors and developmental challenges of patients will inform assessments of determination of

appropriate intervention. As the treatment progresses the patients must also undergo rigorous counselling to deal with the identified underlying issues.

- Because it is concluded in this study that following rehabilitation services, patient disregard the significance aftercare service early aftercare orientation is recommended. Herein, social workers and counsellors should initiate aftercare education during the first week of the inpatient program. Moving the conversation from a "discharge task" to a "primary treatment goal" ensures that patients view aftercare as an essential phase of recovery rather than an optional add-on. Addressing the "Illusion of Stability": Counselling sessions should specifically target the overconfidence participants feel while in a controlled environment. Practitioners should use "re-entry simulations" or reality-based counselling to help patients acknowledge that feeling "healed" inside rehab does not equate to being immune to triggers outside.

- The conclusions of this study also revealed that despite aftercare services being embedded in the rehabilitation program there is discharge communication gap between the practitioners and the patients. To bridge the discharge communication gap and to ensure aftercare isn't just a concept on paper, rehabilitation centres must implement a standardised, multi-step transition process. This should include mandatory care planning sessions, written aftercare itineraries, and proactive post-discharge follow-ups.

5.1.4.2 Recommendations for policy makers and organisational management

- There is a need for policy makers to develop a standardised discharge management focused on promoting rehabilitation aftercare services to patients, their families as well as their significant others. policy for rehabilitation centres.

- Policymakers should also consider allocating specific stipends or transport vouchers for aftercare participants, as geographic and financial barriers often hinder non-attendance.

- Organisational managers should formulate and spearhead the implementation of a standardised discharge checklist that requires signed acknowledgment from the patient regarding their specific aftercare plan, appointment dates, and contact persons to ensure no "information breakdown" occurs.

- Marketing of Services**:** NGOs and treatment centres should develop user-friendly, visually engaging marketing materials (brochures, digital posters, or success story videos) that highlight the benefits of aftercare. These should be displayed prominently throughout the facility to build interest and "buy-in" before the patient leaves.

5.1.4.3 Recommendations for future Research

- A longitudinal study to explore further non-attendance of rehabilitation aftercare services is recommended. This is because a study following adults where specifically refused aftercare over a 24-month period would provide deeper insight into the long-term trajectory of "self-managed" recovery versus formal aftercare.

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APPENDIX 1: RESEARCHER ACKNOWLEDGEMENT

Research title: The exploration of factors leading to substance abuse relapse amongst adults who did not participate in aftercare services post in-patient treatment services

Research goal: To explore substance abuse relapse amongst adults who did not participate in aftercare services.

Research population: the population consisted of all adults who have relapsed after having successfully completed substance abuse rehabilitation.

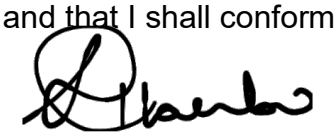
Researcher:

(Felicity Tsholofelo Ribombo)

Hereby, I FELICITY Tsholofelo Ribombo, ID number 8706300860081 in my personal capacity as a researcher, acknowledge that I was aware of and familiar with the stipulations and contents of the

- Unisa Research Policy
- Unisa Ethics Policy
- Unisa IP Policy

and that I shall conform to and abide by these policy requirements



Signature

Researcher

Date: 2026/01/12

APPENDIX 2: PERMISSION LETTER TO CONDUCT THE RESEARCH

Research title: The exploration of factors leading to substance abuse relapse amongst adults who did not participate in aftercare services post in-patient treatment services

Researcher: (Felicity Tsholofelo Ribombo)

Request for permission to conduct research at Tshwane region, rehabilitation treatment centres.

Date:

<insert contact person's name>
<insert contact person's building no. or room no.>
<insert contact person's Department>
<insert contact person's telephone number and email address>

Dear Manager,
I, FELICITY Tsholofelo Ribombo am doing research with DR G.B Bhuda, a social worker, lecturer in the Department of Social work towards, MA at the University of South Africa. We are inviting you to participate in a study entitled Factors leading to substance abuse relapse in adults who did not attend after-care addiction programs:
A case study of Tshwane region, rehabilitation treatment centres.

- To develop a theoretical understanding of substance abuse, relapse, and aftercare services
- To explore the contributory factors of relapse to service users who never attended after care services post treatment services, and
- To draw conclusions and proffer recommendations to improve social work practice, policy makers, and for future research.

Your company has been selected because as it may have potential participants that would be utilised for the implementation of the research study.

The study will entail the participants for the study will be adults who received rehabilitation addiction program but did not attend aftercare programs and have relapsed within the Tshwane Region, in Gauteng Province. Adults will be chosen in accordance with the goal of the study is to gain an in-depth understanding of the factors leading to substance abuse relapse amongst adults who did not attend addiction aftercare programs.

The benefits of this study for the participant will be afforded an opportunity to reflect on their lives as well as their handling of the substance abuse with the hope that they will take up substance abuse aftercare services seriously.

Potential risks are minimal emotions maybe evoked which the participants might have buried away resulting from their addiction challenges before, during and after rehabilitation. The researcher, also as alluded to earlier, will debrief participants after each interview and where there is a need for further therapeutic support, participants will be referred.

Feedback procedure will entail If one would like to be informed of the final research findings, please contact FELICITY Ribombo on 0761885741 or at the email address: 48029068@mylife.unisa.ac.za

Yours sincerely,



RIBOMBO F.T

Felicity Tsholofelo Ribombo

Masters research student

APPENDIX 3: PARTICIPANT INFORMATION SHEET

Research title: The exploration of factors leading to substance abuse relapse amongst adults who did not participate in aftercare services post in-patient treatment services

Researcher: Felicity Tsholofelo Ribombo Ethics clearance reference number:
Research permission reference number:
Date: / /2024

Dear Prospective Participant

My name is Felicity Tsholofelo Ribombo, and I am doing research under the supervision and guidance of Dr GB Bhuda, towards a MA (Social Work) at the University of South Africa. We are inviting you to participate in a study entitled **"**Factors leading to substance abuse relapse in adults who did not attend after-care addiction programs in Tshwane rehabilitation centres"**.**

WHAT IS THE PURPOSE OF THE STUDY?

- The aim of the study is to conceptualise substance abuse, substance abuse relapse and aftercare services theoretically.
- To explore factors leading to no attendance of addiction aftercare program; and
- To draw conclusions and proffer recommendations to improve social work practice, policy makers and for future research.

WHY AM I BEING INVITED TO PARTICIPATE?

The participants for the study will be adults who received rehabilitation addiction program but did not attend aftercare programs and have relapsed within the Tshwane Region, in Gauteng Province. Adults will be chosen in accordance with the goal of the study is to gain an in-depth understanding of the factors leading to substance abuse relapse amongst adults who did not attend addiction aftercare programs.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

As a participant, you will be part of the study which will be conducted by the researcher. I hereby request you to participate in the study. For you to decide whether to participate in this research project or not, I am going to give you information that will help you to have an overview of the study (the aims of the study and why there is a need for this study). Furthermore, you will be informed about what your involvement in this study will entail (i.e., what you will be asked/or what you will be requested to do during the study, the risks and benefits involved by participating in this research project, and your rights as a participant in this study).

The biographical details and questions to be asked are as follows:

- How old are you?
- What race are you?
- What is your gender?
- What is your highest qualification?
- From which ethnic group are you from?
- Where are you employed?
- Which substance(s) have you used?
- How many times have you been treated at a rehabilitation centre?

The following open-ended questions will be asked to gather in-depth information.

1. Tell me more about yourself, in terms of your upbringing.
2. Which circumstances led to your initial abuse of substance(s)?
3. Following your last discharge, did you attend aftercare services?
4. Share with me the reasons you did not attend aftercare services?
5. What understanding do you have about aftercare programs and the importance of it?
6. Following your current discharge, what do you think you will benefit from attending the rehabilitation aftercare programme?

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

In this study, participation will be voluntary and the participant who has a potential to form part of the research study will be assumed to be competent to make an informed decision whether to participate or not. Participants will not be compensated in any form. As a researcher, I will provide full information about the study which will help you to decide whether you want to participate in the study or not. However, it will not be possible for you to withdraw from the study once data is collected since the researcher shall have guaranteed anonymity and codes shall have been used to protect identity.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

Insights from this study will inform social work practice. In addition, this research will serve as a baseline for future in-depth studies for researchers with a passion in a similar field. The study will also contribute to the body of knowledge in social work.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

For this study, the protection of individuals will be considered, and any possibilities of harm will be guarded against. The researcher will solicit the services of a person who does debriefing, should it become necessary for you to receive such debriefing.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

Confidentiality will be assured as follows:

- All information will be stored in a safe place to prevent the risk of inadvertently disclosing participants' identities. Information will be accessible to the research team, namely the researcher, supervisor, co-supervisor, and independent coder. The password which the researcher will assign will also be kept confidential.
- Moreover, the researcher will ensure that participants' information is not released to anyone without their permission. All information that will be linked to participants will be removed and the participants' real names will not be used.
- Identifying details of the participants will be removed once the researcher has established the coding of each participant. All data, in whatever form, will be destroyed after (after five years) analysis has been completed.

- Confidentiality agreements will be submitted to the Research Ethics Review Committee for consideration.
- Your anonymous data may be used for other purposes, such as a research report, journal articles and/or conference proceedings. Dissemination of the research results will occur after submission of a research report to the university in the form of a dissertation for examination purposes. Thereafter a report on the results of the research will be made available to people who assisted in the research as well as the organizations that played a part in identifying participants and the collection of data. An article will also be prepared and submitted for publication in a professional journal.
- Consent form requesting permission to publish your information will be included in the package of data collection.

For this study, it is critical to withhold the participants' real names by creating special identity codes such as pseudonyms or case numbers when reporting the findings (Berg, 2009:90). The researcher in ensuring confidentiality will make sure that the tape-recorded interviews are kept safe in a locked cupboard and inform participants that the research supervisor will be the only person allowed to access such information and that the interview guides, together with the device containing the recorded information will be kept for a period of five years.

HOW WILL THE RESEARCHER(S) PROTECT THE DATA?

Hard copies of your answers will be stored by the researcher for a minimum period of five years in a locked cupboard/filing cabinet at home for future research or academic purposes; electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. Information will be destroyed after data analysis (after five years), e.g., hard copies will be shredded and/or electronic copies will be permanently deleted from the hard drive of the computer using a relevant software Programme.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

There will be no reimbursement or incentives for participants.

HAS THE STUDY RECEIVED ETHICS COMMITTEE APPROVAL?

This study has received written approval from the Research Ethics Review Committee of the Department of Social Work, Unisa. A copy of the approval letter can be obtained from the researcher should the need arise.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact Felicity Ribombo on 0761885741 or at the email address: 48029068@mylife.unisa.ac.za. Should you have concerns about the way in which the research has been conducted, you may contact Dr GB Bhuda at bhudag@unisa.ac.za or on departmental landline 012 429 4807. Should you require any further information or want to contact the researcher about any aspect of this study contact the Chairperson of the Research Ethics Committee of the Department of Social work at Unisa, Prof Khan. The chairperson can be contacted via email on Khankb@unisa.ac.za and/or on this landline number: 012 429. Should you feel that the information provided by the above research team is not sufficient to give consent to the study, you may direct your queries to the Social Work Department Research Coordinator, Dr Dhludhlu at dhludsl@unisa.ac.za. Should you agree to participate in this research study upon reading and understanding the contents provided, you are requested to give your written consent by signing and dating the information and consent form attached and initialling each section to show that you understand and agree to the conditions.

Thank you for taking time to read this information sheet and for participating in this study.

Signature: _____

APPENDIX 4: CONSENT TO PARTICIPATE IN THIS STUDY

Research title: The exploration of factors leading to substance abuse relapse amongst adults who did not participate in aftercare services post in-patient treatment services

Researcher: Felicity Tsholofelo Ribombo

I, …….. (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the <insert specific data collection method>.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname…… (please print)

Participant Signature……..Date……

Researcher's Name & Surname……(please print)

Researcher's signature……..Date……

APPENDIX 5: DATA COLLECTION TOOL

Study Title: The exploration of factors leading to substance abuse relapse amongst adults who did not participate in aftercare services post in-patient treatment services

The biographical questions to be asked are as follows:

- How old are you?
- What race are you?
- What is your gender?
- What is your highest qualification?
- From which ethnic group are you from?
- Where are you employed?
- Which substance(s) have you used?
- How many times have you been treated at a rehabilitation centre?

The following open-ended questions will be asked to gather in-depth information.

- Tell me more about yourself, in terms of your upbringing.
- Which circumstances led to your initial abuse of substance(s)?
- Following your last discharge, did you attend aftercare services?
- Share with me the reasons you did not attend aftercare services?
- Do you think aftercare programs are important?
- Following your imminent discharge, will you attend the rehabilitation aftercare programme?

APPENDIX 6: TMM HOPE CENTER PERMISSION LETTER

1320 Mashimong Section
Dilopye
Hammanskraal
0400

BOARD RESOLUTION LETTER

SUBJECT: APPROVAL FOR PRACTICAL WORK / RESEARCH PLACEMENT – FELICITY TSHOLOFELO RIBOMBO

At a duly convened meeting of the Board of Directors of TMM Hope Center, held on the 2025-05-13, the following resolution was proposed and unanimously adopted:

RESOLVED THAT:

The Board hereby grants full permission to Felicity Tsholofelo Ribombo, holding Identity Number 870630 0860 08 1 and Student Number 48029068 at the University of South Africa (UNISA), to conduct practical work and/or research at TMM Hope Center as part of their academic program requirements.

This decision was taken after careful consideration of the request received and in support of academic and professional development initiatives. The student shall be granted access to the institution's relevant departments and/or facilities under supervision and in accordance with all applicable company policies, confidentiality requirements, and security protocols.

The Board further directs that the necessary internal arrangements be made to facilitate the student's activities for the approved period of practical engagement.

This resolution has been duly recorded in the official minutes of the meeting and remains in effect unless otherwise amended or revoked in writing by the Board of Directors.

Certified on behalf of the Board:

E T SHIPALANE

[Name of Chairperson / Director]
Chairperson of the Board
TMM Hope Center

[Name of Director / Secretary]
Director / Company Secretary
TMM Hope Center

Registration Number: 318-337NPO
Private Bag X458
Hammanskraal
0400

APPENDIX 7: LIFE CHANGING PROJECT MINISTRY PERMISSION LETTER



Confirmation letter

We are pleased to let you know that approval is granted, Ms. F.T Ribombo, student from UNISA with student number 48029068 to conduct her studies/research in our institution in our center as we do have clients that falls under your study field (substance Ause and Addicts) here in Akasia, Tshwane Region.

The Manager and the Board members of the organization give approval and agreed after the presentation you conducted to them.

We wish you all the best.

Date: 2025/03/30

The Manager

Mr. Ledwaba

Tel: 0129448802

APPENDIX 8: ETHICAL CLEARANCE CERTIFICATE

College of Human Sciences_CREC

NHREC Registration # : (Rec-240816-052)
Ref #: 5111
Name: Mrs Felicity Tsholofelo Ribombo
Student #: 48029068

Date: 15/11/2024

Dear: Mrs Felicity Tsholofelo Ribombo

Decision: Ethics Approval from 15 November 2024 to 14 November 2025

Researcher: Mrs Felicity Tsholofelo Ribombo

Department of Correctional Services ,KMII ,Soshanguve component,0182

pretoria

48029068@mylife.unisa.ac.za 0761885741

Supervisor: Dr Gladys Bhuda bhudag@unisa.ac.za

Substance Abuse Relapse: Adults who did not participate in aftercare services post-in-patient admission.

Qualification: MSW

Thank you for the application for research ethics clearance by the College of Human Sciences_CREC for the above-mentioned research study. Ethics approval is granted for one year.

The **medium-risk application** was **reviewed** by the College of Human Sciences_CREC on **15 November 2024** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College of Human Sciences_CREC.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

Appendix 9: LANGUAGE EDITORS' CERTIFICATE

Certificate of editing

To whom it may concern

I, Moagisi Edwin Seleka (Dr.), senior lecturer and head of department in the department of Academic Literacy and Science Communication at Sefako Makgatho Health Sciences University would like to confirm that I was responsible for editing a dissertation titled: *Substance Abuse Relapse: Adults who did not participate in aftercare services post-in-patient admission* by Felicity Tsholofelo Ribombo student number: 48029068.

I would, also, like to state that, to the best of my knowledge, all the recommendations and suggestions pertaining to grammar and language usage have been effected.

Should the need to discuss this report with me arise, I am available at the following:

email:/edwin.seleka@smu.ac.za or cell phone number:076 468 4143 or workplace number: 012 521 4472.

Yours sincerely

Signed: 

Date06/01/2025

APPENDIX 10: SRC CORNFIRMATION LETTTER

UNISA university of south africa

CONFIRMATION LETTER BY THE CHAIRPERSON OF THE SCIENTIFIC REVIEW COMMITTEE (SRC) OF THE DEPARTMENT OF SOCIAL WORK

Name of candidate: Ms FT Ribombo
Student number: 48029068
Qualification: Master of Social Work (MSW)
Supervisor: Dr Bhuda

Working title

Substance abuse relapse in adults who did not participate in aftercare services in Tshwane post-in-patient admission

The Departmental Scientific Review Committee (DSRC) in the Department of Social Work at Unisa has assessed the research proposal for **MSW degree** compliance for scientific validity. The DSRC confirms that:

- The research approach, design, recruitment method(s), data collection protocol(s) and relevant ethical considerations regarding informed consent, the rights of participants/ respondents to withdraw from the study, the protection of the participants' privacy, confidentiality and management of the information are clearly articulated.

The DSRC recommends that the application be reviewed for ethics acceptability.

Kind regards

Dr S Dhludhlu
Chairperson: Departmental Scientific Review Committee

Date: 20/08/2024

University of South Africa
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APPENDIX 11: TURNITIN REPORT DOCUMENT

PAPER NAME

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AUTHOR

FELICITY TSHOLOFELO RIBOMBO

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CHARACTER COUNT 89868 Characters

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