UNIVERSITY OF KWAZULU-NATAL ™

INYUVESI YAKWAZULU-NATALI

How can the health system respond to aftercare needs? An integrated model of aftercare for people with substance use disorder in KwaZulu-Natal, South Africa.

Dr December Mpanza

19th WFOT CONGRESS, 9-12 FEBRUARY 2026, BANGKOK, THAILAND,

UKZN INSPIRING GREATNESS

One or two words describing aftercare for PWSUD

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Introduction

- There is a high **global burden of substance use**, which is burdensome to the public health and welfare system (United Nations Office on Drugs and Crime (UNODC) & World Health Organization (WHO), 2022)
- Provision of aftercare services for persons with substance use disorders (PWSUD) within a **rural context is typically met with various intersecting challenges**, including unclear policy implications and lack of resources.
- In low-and middle-income countries (LMICs), especially in Sub-Saharan Africa, including South Africa (SA), **one out of eighteen persons has access to treatment** (UNODC and WHO, 2017).
- The **public sector services are generally limited** and inaccessible to the majority of South Africans, in particular the rural population [2]. For instance, the KwaZulu-Natal (KZN) Province, **the second-largest province in SA, where this study was conducted, has only two public sector in-patient treatment centres located in urban areas**

SA CONTEXT

- In the South African context, service providers are expected to provide aftercare services that should **successfully reintegrate persons with PWSUD into society, the workforce, family and community life** as mandated by Act No. 70 of 2008, despite population diversity.
- The SUD treatment service provision is characterized by several **complexities compounded by the two separate systems of service** provision, namely, public and private healthcare systems [3].
- In the public sector, the tax-funded healthcare system services are **provided to the majority of the population (about 86%)** at no cost, particularly for those who are indigent or on an income-based scale [10]
- There has been an **increase in the establishment of private sector treatment services (both licensed and unlicensed) in SA**, with at least one facility in each city [2] but nothing in rural areas.

Background & Rationale-Aftercare study

- Aftercare intervention mostly **focuses on relapse prevention**. However, persons with SUDs may relapse at any stage of recovery and are generally referred to the ITCs for readmission (Mpanza and Govender 2017) (24).
- SUD has been recognised **as a chronic condition** by key role players such as **WHO, UNODC 2020 and NDMP 2019-2024**; therefore, there is a need to manage relapse instead of focussing on relapse prevention only.
- In SA, there are **policy inadequacies in guiding aftercare services** and there is strong focus on **Acute Approach** in managing SUDs.
- To date, **South Africa has not developed an aftercare model** for service provision for persons with SUDs after discharge from an inpatient treatment centre (ITC).

Aim of the study

To develop a model of aftercare for persons with SUDs in KZN as a system-level contribution.

Objectives:

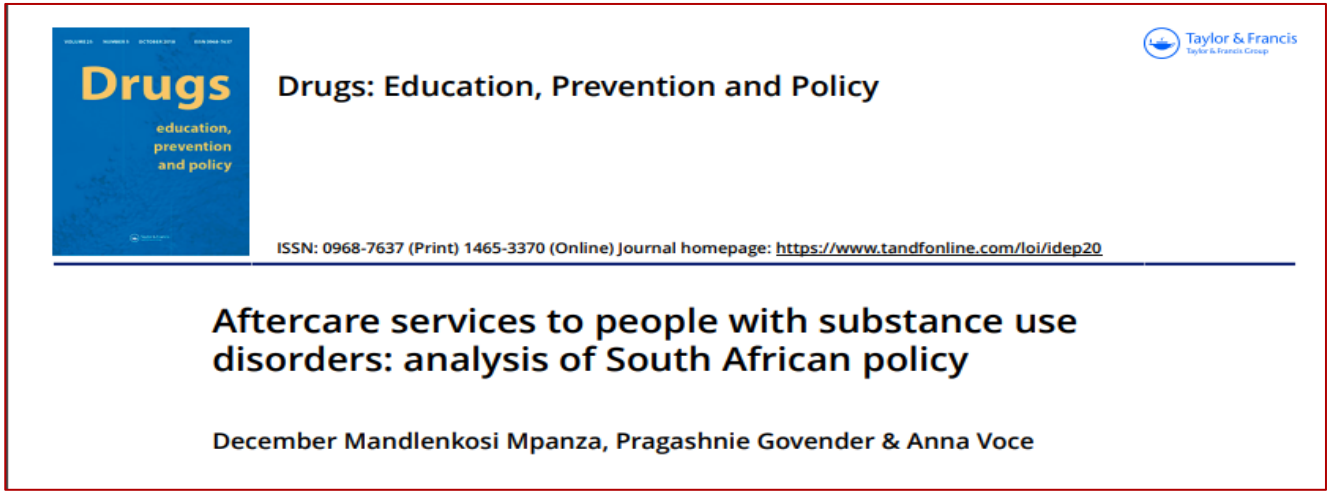
1. To describe national policies governing SUD aftercare service provision in South Africa.
2. To describe SUD aftercare implemented at the district level in rural areas.
3. To explore barriers and enablers of SUD aftercare at the district level in rural areas.
4. To describe monitoring and evaluation strategies of SUD aftercare service provision at the district level.
5. To propose a model of aftercare for persons with SUDs in a South African rural context.

Study Design

- A **multi-method** study design.
- **Systems approach (thinking)** was utilised as the theoretical framework.
  - *Systems thinking focuses on the whole and the interactions/relationships of its parts/sub-systems [26–28] instead of understanding singular components that ignore the holistic interaction between systems.*
- The study was situated within a **social constructivist paradigm.**
  - *It sought to understand the world through the perspectives and constructed meanings (often complex and varied) of the participants' experiences of their lived realities [30].*

Phase one: Policy Analysis

- Phase one focused on **policy analysis**. Existing SUD policies were reviewed to establish the aftercare policy contents.
- **Eight SA policy documents** relevant to aftercare were analysed using the Walt and Gilson Policy Analysis Triangle Framework for Health Policy Analysis
- **The Beer's Viable System Model (VSM)** was included to extend the analysis, which assisted in identifying the five key functions in a system, namely implementation, coordination, control, development and policy



PHASE TWO: QUAL

- STAGE 1:
  - 5 People with SUDs
  - 5 Family members
- STAGE 2:
  - 46 service providers at all levels of service provision .

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Substance Abuse Treatment, Prevention, and Policy

RESEARCH Open Access

Perspectives of service providers on aftercare service provision for persons with substance use disorders at a Rural District in South Africa

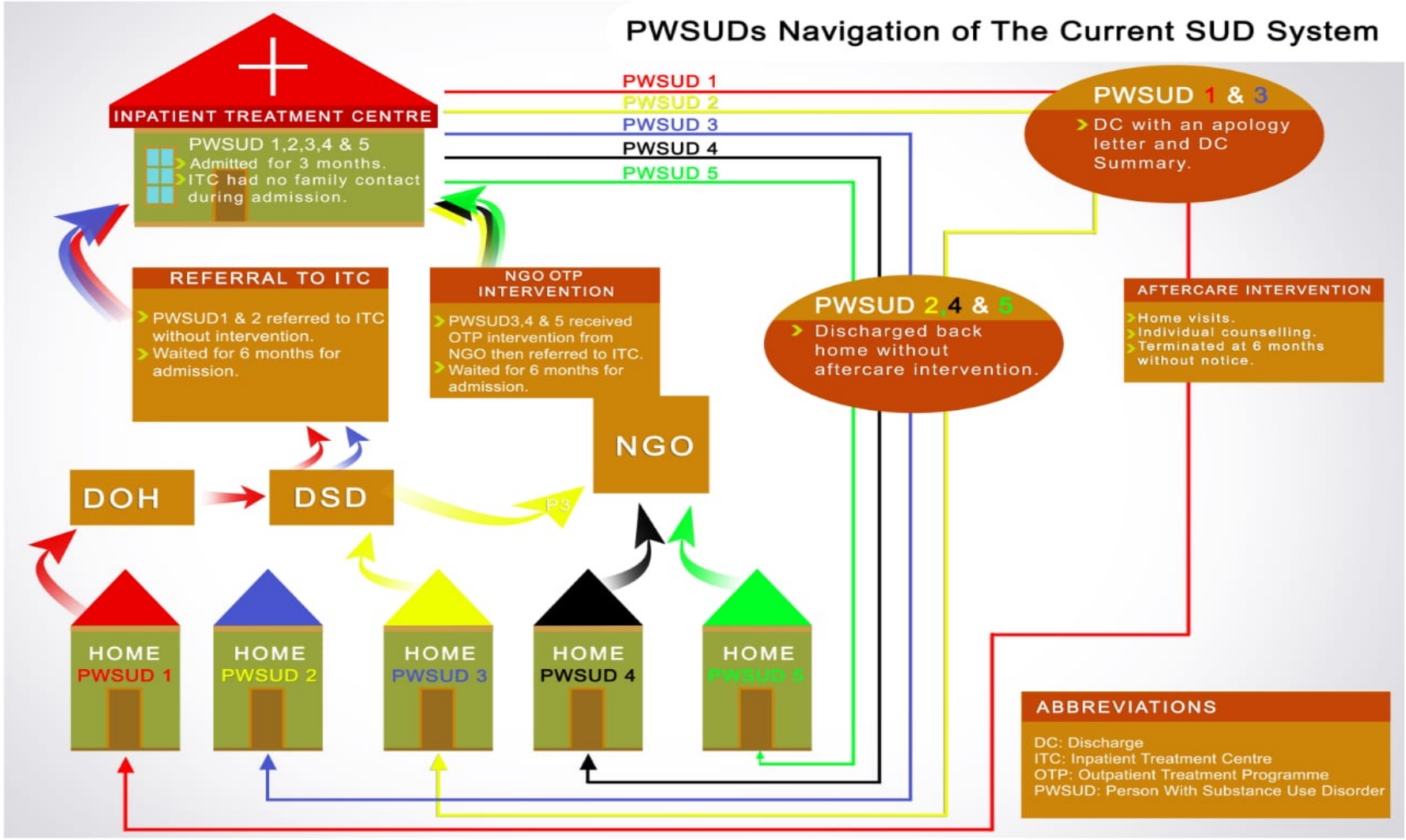
December Mandlenkosi Mpanza[1*], Pragashnie Govender[1] and Anna Voce[2]

Phase 2, Stage 1: Location of the study-KZN

https://cdn.britannica.com

- **Rural district**, one of eleven districts in KwaZulu-Natal (KZN) with a total population of **11,3 million** people, equating to approximately **19,2% of the SA population [15].**
- KZN has more than **55% of the population** domiciled in rural areas [21],
- **25% of disadvantaged SA** (57% below the poverty line) residing in KZN [15].

Phase 2, Stage 2: Results



Phase 2, stage 2: Illustrative Case-study Constructed

- No intervention but referred to an ITC
- Placed on a waiting list for approximately 5 months for admission to the ITC

- Admitted for 3 months then discharged.
- Prepared for discharge and referring agent informed in advance.
- Transported by a referring social worker to and from the ITC.
- No visit from family but telephonic contact maintained.

- Started aftercare immediately upon discharge. Regular home visits and individual counselling by DSD Social Workers.
- Giving talks at Drug Awareness campaigns.
- No referral to other stakeholder/s but eventually received intervention perchance.

- Aftercare terminated at 6 months without being informed.
- "Ignored" by Service Provider as a test to promote independence.
- Relapsed after 1year 7 months.
- After relapse no further intervention was received.

Phase 2, Stage 2: Result summary

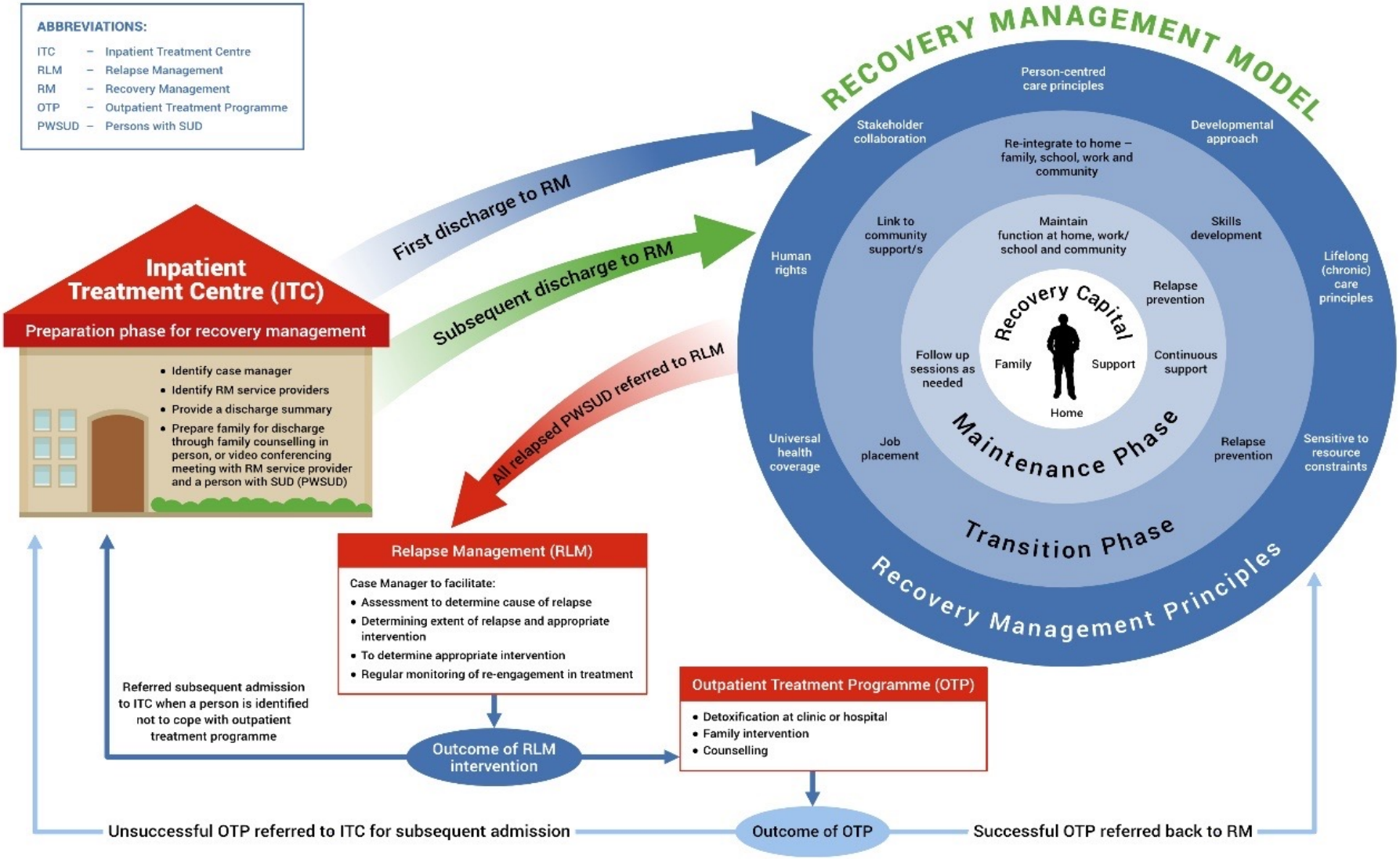
Four key findings emanated from phase 2, stage 2;

- First, **aftercare services are characterised by challenges** compounded by limited services within this rural district. Where aftercare services are available, they are generally inadequate, unstructured, unmonitored, and uncoordinated among service providers, which affirms the status quo of aftercare services in South Africa.
- Second, **aftercare needs are partially aligned with South African policies;** these include family involvement, vocational needs and reintegration needs of a person with SUDs.
- Third, **the types of aftercare required** include regular visits at home, self-help groups and individual counselling.
- Fourth, **the nature of aftercare needs includes a person-centred, culturally sensitive, lifelong without termination**, the collaboration of service providers and flexible, easily accessible professional assistance to prevent and manage relapse.

THE MODEL

An integrated model of aftercare for the substance use disorder population. A system-level contribution

INTEGRATED RECOVERY MANAGEMENT MODEL



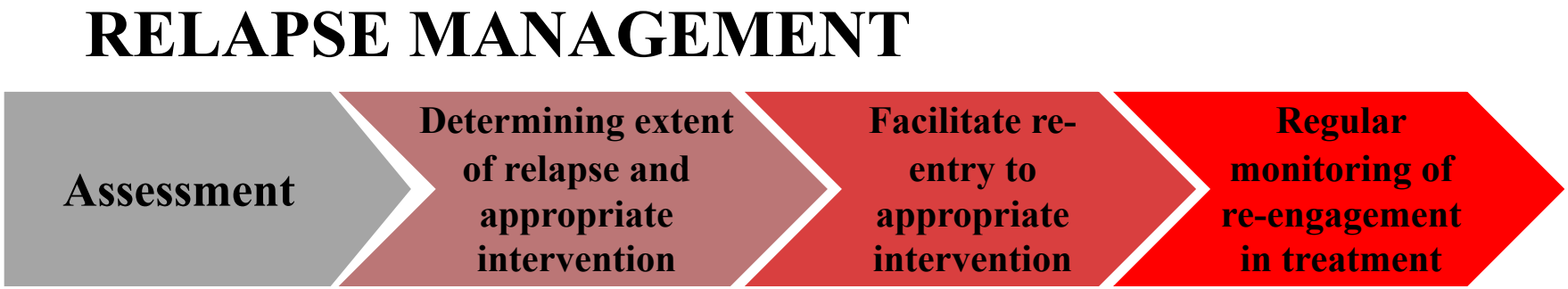
8 Principles of Recovery Management

1. Lifelong oriented approach
2. Developmental approach (recovery capital)
3. Asserting human rights and responsive to individual needs
4. Offering a comprehensive and coherent response by all stakeholders
5. Cognisant of a resource-constrained environment.
6. Follows the principle of universal health coverage
7. Embracing both relapse management and prevention
8. Harm reduction-oriented services

Relapse Prevention vs Relapse Management

- Whilst preventing relapse is important, managing relapse should be pivotal
- Acceptance that relapse is part of the treatment process/recovery journey/cycle and that individuals can re-access treatment services.

A relapse management intervention strategy is proposed and is a key component of the integrated recovery management model.



M&E OF THE MODEL

THE CASE MANAGER IS RESPONSIBLE FOR ALL M&E

PREPARATION PHASE:

- Number & impact of family reconstruction services provided.
- Work/school intervention sessions held.
- Number of meetings between the key role players.

TRANSITION PHASE:

- Number of SUs connected to IRM SPs.
- Number & impact of family reconstruction services provided.
- Work/school intervention session held.
- Work placements conducted.
- Report back to the ITC.
- Number of relapsed persons with SUDs.

MAINTENANCE PHASE:

- Number of follow-up sessions.
- Measure recovery gains maintained.
- Evaluate relapse prevention & management strategies.
- Number of relapsed persons with SUDs.

KEY ROLE PLAYERS:
CASE MANAGER, REFERRAL AGENT, FAMILY MEMBER & SU TO IDENTIFY RELEVANT SPS & REVIEW FROM TIME TO TIME ESPECIALLY AS THE USERS GO THROUGH THE PHASES.

RECOMMENDATIONS:

How can the health system respond to aftercare needs?

- The success of the proposed relapse management intervention strategy is incumbent upon **efficient outpatient programmes**. Therefore, the outpatient programme should be strengthened, and **detoxification services should be made available** and easily accessible at local health facilities such as clinics and hospitals, which should include medication for withdrawals.
- The IRMMC would require the **strong collaboration** of all stakeholders in the provision of intervention/treatment services.
- The key/leading government departments would need to work hand in hand with clearly **identified channels of communication**.

Conclusion:

How can the health system respond to aftercare needs?

- The proposed model is explicitly **expressed in and aligned** to South African policy documents such as the NDMP and Substance Abuse Act No. 70 of 2008, with due **cognisance of the UNODC and WHO chronic treatment approach (lifelong).**
- Relapse management is to be embraced to **safeguard lifelong-orientated recovery** management services.
- **Terminology** should move away from aftercare to **recovery management**.
- A **policy paradigm shift** is required to improve on policy directives that embrace a chronic/lifelong **relapse management as oppose to relapse prevention only**
- Strive to i**ntegrate recovery management services** into the SUD treatment system so that they are well-coordinated, **person-centred and responsive to the needs of persons with SUDs and their families and are lifelong oriented** to meet the continual support needs and the relapsing nature of the SUD condition.

Take Home Message

Move away from the **acute approach/model** ✗

Move towards **recovery-oriented Substance abuse services** ✓

Move away from aftercare ✗

Adopt recovery management ✓

References

1. DoH. (2011). National Health Mini Drug Master Plan (2011/12-2013/14). Pretoria, South Africa.
2. DSD. (n.d.). NATIONAL MINIMUM NORMS AND STANDARDS FOR INPATIENT TREATMENT CENTRES. Pretoria, South Africa. Retrieved from https://www.westerncape.gov.za/assets/departments/social-development/minimum_norms_and_standard_for_out-patient_treatment_centres.pdf
3. DSD. (2013). National drug master plan 2013 – 2017. Pretoria. Retrieved from http://www.dsd.gov.za/index2.php?option=com_docman&task=doc_view&gid=414&Itemid=3
4. DSD, 2011. (2011). Anti-Substance Abuse Programme of Action. Retrieved from https://www.thedti.gov.za/business_regulation/docs/nla/Anti_Substance_Abuse.pdf
5. Fellingham, R., Dhai, A., Guidozzi, Y., & Gardner, J. (2012). The ' war on drugs ' has failed : Is decriminalisation of drug use a solution to the problem in South Africa ?, 5(2), 78–82. https://doi.org/10.7196/SAJBL.219
6. Lund, C., Petersen, I., Kleintjes, S., & Bhana, A. (2012). Mental health services in South Africa: Taking stock. African Journal of Psychiatry (South Africa). https://doi.org/10.4314/ajpsy.v15i6.48
7. Mpanza, D. M., & Govender, P. (2017). Rural realities in service provision for substance abuse: A qualitative study in umkhanyakude district, KwaZulu-natal, South Africa. South African Family Practice, 59(3). https://doi.org/10.1080/20786190.2016.1272232
8. Myers, B. J., Louw, J., & Pasche, S. C. (2010). Inequitable access to substance abuse treatment services in Cape Town, South Africa. Substance Abuse: Treatment, Prevention, and Policy. https://doi.org/10.1186/1747-597X-5-28
9. Parry, C. D. H. (2005). Substance abuse intervention in South Africa. World Psychiatric Association (WPA), 4(1), 34–35. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/16633501%5Cnhttp://www.ncbi.nlm.nih.gov/pubmed/16633501
10. Peltzer, Shandir Ramlagan, B. D. J. & N. P.-M. (2010). Illicit Drug Use and Treatment in South Africa: A review. Subst Use Misuse, 45, 1–22. https://doi.org/10.3109/10826084.2010.481594.
11. Plüddemann, A., Dada, S., Parry, C., Kader, R., Parker, J., Temmingh, H., … Lewis, I. (2013). Monitoring the prevalence of methamphetamine-related presentations at psychiatric hospitals in Cape Town, South Africa. African Journal of Psychiatry. https://doi.org/10.4314/ajpsy.v16i1.8
12. Ramlagan, S., Peltzer, K., & Matseke, G. (2010). Epidemiology of drug abuse treatment in South Africa. South African Journal of Psychiatry
13. UNODC. (2015). World Drug Report. New York.
14. Van Der Westhuizen, M., & De Jager, M. (2009). RELAPSING AFTER TREATMENT: EXPLORING THE EXPERIENCES OF CHEMICALLY ADDICTED ADOLESCENTS. Social Work. https://doi.org/10.15270/45-1-222
15. WHO. (2016). The health and social effects of nonmedical cannabis use cannabis. Who. https://doi.org/https://doi.org/10.1111/dar.12532
16. Mpanza, D.M., Govender, P. & Voce, A. Perspectives of service providers on aftercare service provision for persons with substance use disorders at a Rural District in South Africa. Subst Abuse Treat Prev Policy 17, 60 (2022). https://doi.org/10.1186/s13011-022-00471-5

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QUESTIONS?

EMAIL: Mpanzad@ukzn.ac.za

+27828442938/+27312608375