Exploring the Service Providers' and Former Service Users' Perceptions of the Effect and Impact of Living Hope Community Based Substance Abuse Rehabilitation of South Peninsula, Cape Town.

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PLAGIARISM DECLARATION

I, *Portia Siphokazi Klaas*, hereby declare that the work on which this dissertation/thesis is based is my original work (except where acknowledgements indicate otherwise) and that neither the whole work nor any part of it has been, is being, or is to be submitted for another degree in this or any other university.

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Signature: Signed by candidate

Dated: 13 December 2024

DEDICATION

This mini-dissertation is completely dedicated to my late uncle,

Micheal Temani Klaas. I will forever love and cherish you uncle.

May your soul continue resting in eternal peace.

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Firstly and foremost I express my gratitude to God the Father, who has been the pillar of my strength, through His beloved son Jesus Christ and the Holly Spirit. Father thank you for you have carried me through this journey.

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ABSTRACT:

Substance use is a significant global public health issue, affecting health, criminality, socio-economic factors, and contributing to the rise of HIV/AIDS and mental health disorders. In South Africa, especially in the Western Cape region, substance use: particularly methamphetamine, heroin, and alcohol; presents unique challenges. Understanding the effect and impact of substance use treatment remains a fundamental factor to enhance outcomes among individuals with substance use disorders. This study explored the perspectives of treatment providers and former service users on the impact and effectiveness of the Living Hope substance use program. Semi-structured interviews were conducted with 11 participants, including 7 former service users and 4 service providers, with data analysed thematically. Four key themes emerged: Program Effectiveness and Impact, Family and Community Involvement, Enablers and Barriers of the Program, and Challenges and Needs of the Program. The findings provided the importance of customized interventions, ongoing support, and systemic improvements to enhance program effectiveness. The study emphasizes the multifaceted nature of substance use disorder recovery and advocates for holistic, resource-supported strategies to achieve favourable outcomes.

Keywords: Substance use, Drug Use, Substance Use Disorders, Treatment, Addiction, Rehabilitation, Outpatient, Relapse, and Care.

LIST OF ABBREVIATIONS / ACRONYMS

AA:	Alcoholics Anonymous
AIDS:	Acquired immunodeficiency syndrome
APA:	The American Psychiatric Association
AUD:	Alcohol Use Disorder
ARND:	Alcohol-related Neurodevelopmental Disorders
CBC:	Community-Based Care
CBT:	Cognitive Behavioral Therapy
CBTC:	Community-Based Treatment and Care
CDDA:	Council for the Development of Alcohol and Drug Addiction
CCSA:	Canadian Centre on Substance Abuse
CICAD:	Inter-American Drug Abuse Control Commission
COVID-19:	Coronavirus Disease 2019
DALYS:	Disability Adjusted Life Years
DSD:	Department of Social Development
DSM5:	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
DUDs:	Drug Use Disorders
EMCDDA:	European Monitoring Centre for Drugs and Drug Addiction
FAS:	Foetal Alcohol Syndrome
FASD:	Foetal Alcohol Syndrome Disorder
HIV:	Human Immunodeficiency Virus
IPV:	Intimate Partner Violence
LH:	Living Hope
LMIC:	Low-and Middle-Income Countries
NDoH:	South African National Department of Health
NHI:	National Health Insurance

NIDA:	National Institute on Drug Abuse
NPO:	Non-Profit Organization
NDMP:	National Drug Master Plan
PFAS:	Partial Foetal Alcohol Syndrome
PTSA:	Prevention of and Treatment for Substance Abuse
SASOP:	South African Society of Psychiatrists
StatsSA:	Statistics South Africa
SUDs:	Substance Use Disorders
UNODC:	United Nations Office on Drugs and Crime
USA:	United States of America
USAID:	United States Agency for International Development
WCDSDS:	Western Cape Department of Social Development
WHO:	World Health Organization

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PART A: RESEARCH PROPOSAL

BACKGROUND

Substance use is a world-wide challenge with detrimental effects on health, economy and security of nations [1]. Millions of people are affected by this phenomenon worldwide [2]. In 2020, almost 284 million people aged 15 to 64 had engaged in drug use in preceeding 12 months, and majority were males. This correlate to roughly one in eighteen people in this age group, and signifies a 26% surge on 2010, when drug users were estimated to be 226 million [1]. In South Africa (SA), the most frequently used substances include alcohol, cocaine, and marijuana. While, the frequently used drugs in the Western Cape are methamphetamine, heroin, and alcohol, particularly by young people [3]. Roughly 10 % of the adult population are projected to use alcohol at high risk levels, 17% being men and 5% women. Almost 9% [4% of women and 13% of men] are believed to be using illicit drugs [3]. The use of illicit drugs is generally motivated by cannabis, then methaqualone, amphetamine-kind stimulants as well as opiates and methamphetamine, [3,4]. Substantial fraction of South Africans [13%] meet Substance Use Disorder diagnostic criteria [5], alcohol use disorder being the commonly experienced kind of SUD [4-5].

The use of substances has negative impacts on the user, their community and family. Substance use damages the user's health and is associated with the rise of non-communicable illnesses, including cancer, HIV/AIDS, psychological disorders and heart disease [2,6]. Users are also susceptible to brutal offences, either as targets or offenders and are also in danger of long-term joblessness because of conflict with the law and dropping out from school [2]. Users social costs are also worsened by being excluded from families and their communities. Due to illnesses related to substance use, users are in danger of untimely mortalities, and they may be involved in various forms of accidents, such as road accidents that put innocent drivers, and pedestrians at risk [2,6, 7]. Koob et al., recognise substance use disorders (SUDs) as chronic, relapsing conditions marked by compulsive drug use, even in the face of severe negative consequences, a loss of control over consumption, and the development of negative emotional states during periods of abstinence [8]. In contrast to the traditional and often stigmatizing perspective that views addiction as a personal "choice" or moral failing, research now demonstrates that frequent substance use alters brain function in ways that can lead to significant behavioural changes, contributing to the challenges faced by individuals living with an SUD [8].

Certain socio-demographic factors are linked with substance abuse in South Africa including younger age, gender, population groups, unemployment or lower income and geolocation such as urban areas [6,9]. Learners from both primary and high school are vulnerable from abusing substances in South Africa, and this contributes to violence, school crimes, intended and unintended harms as well as other health and social problems [6,9-10]. South Africa rates among the top 10 global rating on alcohol use [10]. As the substance use advances, family members' emotional distress can increase in households with prevalent substance use. Substantial stress-related problems such as anxiety, insomnia and depression are likely to occur in families with substance users [11]. In South Africa health challenges, crime, socio-economic issues and risky social-behaviors have been associated with substance abuse [12]. Substance use is also found among pregnant women in SA, which in the core, harms both the baby and the mother's well-being [12-16]. Misuse of substances also has adverse effects on Government's plans to fight the spread of HIV/AIDS [17]. It can increase risk of acquiring HIV. And approximately 50% of domestic violence cases in the country were committed under the influence of substance misuse [17].

The exact economic burden of substance misuse is unknown in South Africa; however, it is estimated that the cost of prevention and treatment will increase to R1.2 billion in 2022/23 [12]. Substance use is perceived among key social and health issues in South Africa, predominantly in the Western Cape Province [9,12]. Certain areas of South Africa are constantly burdened by the long-term effects of the dop system, particularly the Western Cape Province. Some individuals who use substances in the Western Cape were initially established on the widely used dop system, where farm labourers were reimbursed with a daily measure of alcohol [9,12-13]. The dop system was abolished in South Africa, however, alcoholism remains the major challenge facing the Western Cape health services [12-13]. Currently the prevalence of dop system is approximated around 2% to 20% of employment rewards in the WC [9]. Even after the abolishment of doping system in SA, alcohol addiction among farming employees continues to play a significant role to trap them in a cycle of addiction and poverty [9, 12]. During pregnancy substantial substance use is linked with the prolonged Fetal Alcohol Syndrome Disorder (FASD) disability, and most common among low socio-economic status societies on both developing and developed countries [12-15]. South Africa is recognised by the high prevalence of FASD, particularly in some rural areas of the Western Cape, where it is estimated that between 18% and 26% of children are affected

(180-260 per 1000) [18]. FASD transpires on a spectrum with various features such as developmental defect, facial dysmorphia and neurobehavioral deficiency showing in Alcohol-related Neurodevelopmental Disorders (ARND) and full FAS to partial FAS (PFAS) [10,11]. Specific problems related to use and the complex nature of substance misuse patterns has reprecussions for the development and implementation of rehabilitation interventions. The Department of Social Development [WCDSDS] in the Western Cape has allocated resources to the prevention and treatment of Substance Use Disorders (SUDs), due to demand for substance use treatment and rehabilitation services and cries by communities for additional facilities [15].

Although substance use disorders' prevalence is very high [9-11], the figure of SUDs treatment receipients is less than 5%. Factors behind the treatment gap involve the inadequate accessibility of SUD treatment relative to barriers of geographical access, needs, and users' anxieties concerning quality of treatment that influence their decisions concerning whether to seek help or not [7]. Having a high burden untreated SUDs and limited chances of treatment, it is of vital importance for public health to ensure the availability of effective and acceptable quality SUD facilities [9,11]. Substance users require rehabilitation treatment in a treatment centre. The Prevention of and Treatment for Substance Abuse [PTSA] Act, 2018, asserts that the South African provinces should at least have one public rehabilitation centre for the intake, restoration, capacity enhancement, and care for substance users [7]. Currently, there are two public in-patient care centres in the Western Cape, which only admit a limited number of adults and women. Admission to the treatment centre can take from six weeks to five months for one user [7, 15].

LIVING HOPE COMMUMMUNITY-BASED REHABILITATION SERVICES

Although the obligation is on government to establish at least one rehabilitation centre per province, there have been several Non-Profit Organisations [NPOs] that provide community-based rehabilitation services [16]. Living Hope is currently one of the NPOs that offer community-based substance use rehabilitation intervention programs in the South Peninsula area. Its services started in 2009 due to an identified need in this community and its surroundings. The program accepts people from the age of 18 and above, and the focus is on acute to chronic stages of addiction. The Living Hope foundation is based on Christian values and is freely accessible and available [19].

The program operates in three stages, which include the:

1. Initial Stage, where clients are screened, assessed and have an opportunity to build rapport, with both providers and other service users [19].
2. Second Stage, a six weeks treatment cycle which includes various interventions such as Cognitive Behavioral Therapy (CBT). CBT is a psychological therapy form that has been proven to be efficient for different problems including alcohol and drug use. Secondly, a Minnesota 12 step and Celebrate Recovery [Faith Component] program are also used [19]. During this phase service, users also have access to counselling services offered by social workers at least once a week, and an opportunity to participate in a group. There are also focus groups available that are separated based on gender [19].
3. Third Stage, an aftercare and support group to assist service beneficiaries to integrate into their families, communities and for employment opportunities. This is an open-ended phase and clients are encouraged to remain in touch with the organisation. Those who remain sober for at least a year are encouraged and acknowledged by an annual ceremony and certificates are also awarded [19].

STATEMENT OF THE PROBLEM

Substance use is a significant concern because of economic, social and health related issues such as mental health, road accidents, crime, loss of employment and violence that transpire under the its influence [17]. Studies show the importance of interventions that are aimed at reducing harms related to substance use [7,9,16]. Research show the level of the substance use problem in the Western Cape and the necessity of community-based rehabilitation programs [15-16,18]. This research seeks to enhance our understanding of community-based substance use rehabilitation services offered by evaluating the experiences and perceptions of those who have used the services as well as of those who offer these services. The study might give an insight on the impact of the services on individuals vulnerable to substance use in South Peninsula. Despite the availability of many SUD programs, many fail to reflect lived experiences of service users, leading to limited engagement and lower success rates. When programs are designed excluding user perspectives, they often fail to engage the target population effectively. This gap can result in low participation rates, increased dropout rates, and ultimately lower success rates in recovery [20].

Furthermore, programs that do not align with users' needs may perpetuate feelings of isolation and mistrust, undermining the therapeutic relationship essential for effective recovery [21]. Understanding and incorporating the perspectives of service users is crucial to improve the effectiveness and relevance of SUD treatment programs. Evaluating these programs through the lens of lived experiences not only exposes the gaps in service delivery but also identifies best practices that resonate with users. By integrating feedback from individuals who have navigated these services, programs can be better designed to meet the actual needs of the community, encouraging a sense of ownership and empowerment among service users. This method enhances the likelihood of sustained recovery and reintegration into society [20, 22].

PURPOSE OF THE STUDY

Treatment has been made elusive for the majority of people, due to the outrageous costs of in-patient treatment and the restricted publicly funded residential facilities. Community-based rehabilitation intervention programs offer an alternative to alleviate the inaccessibility and unaffordability for many. Learning from the United States of America (USA), the City of Cape Town has promoted community-based services in addressing the substance use care demand in Cape Town [18]. Community-based substance use care is defined by providing services to substance use service users while they continue to reside in their homes. The goal of this study is to get a comprehensive perception of the program outcomes from the users. The study will investigate the experiences of individuals who attended the program provided by the Living Hope.

Although there is available research done on the effectiveness of community-based substance use programs in Cape Town, research on community-based substance use programs like those offered by Living Hope remains sparse. LH stands out due to its faith-based approach, its holistic care model, and its comprehensive services that not only address the addiction but also focus on community support, social reintegration, and long-term recovery [17]. This study aims to understand the experience of delivering and participating in this kind of program, including possible challenges experienced during treatment, by speaking with the Living Hope substance abuse program staff, users and their families. Findings from the research should be helpful to offer insight and valuable recommendations for enhancing the treatment program experiences of both service providers and users. Evaluations of these kinds of programs typically occur following treatment, investigating factors such as employment status, social-behaviour and relapse to

substance us; as measures of effective substance use treatment and rehabilitation. However, holistic approach method is required for the recovery to occur on service users' addition [7,20]. When evaluating efforts in substance use treatment, it is essential to consider all aspects of life to reduce substance use, thereby enhancing the overall quality of life for the user. This perspective, advocated by Laudet, underscores the significance of substance use treatment taking into account the broader impact of both treatment and substance use on various aspects of individuals' lives who access services within the communities [15,22]. For this research, Living Hope's community-based substance use treatment interventions are assessed through the experiences and perceptions of the service providers and former program users.

RESEARCH QUESTION

MAIN QUESTION

How do service providers and former service users experience and perceive the effect and impact of the Living Hope Community-Based Substance Abuse Program in South Peninsula, Cape Town?

SUB QUESTIONS

What are the perceived enablers and barriers to accessing the program?

What is the perceived impact of the program on service users?

What is the understanding of service users of how the program is intended to work?

How does the program work to shape service providers and clients' perceptions?

What values or concepts underpin the program design?

THE OVERALL OBJECTIVES OF THE STUDY ARE

1. To explore service providers' and former service users' experiences and perceptions of community-based substance abuse rehabilitation services.
2. To identify attributes of the program that rehabilitated substance users and service providers perceive to be helpful in assisting to maintain positive results.
3. To identify features of the rehabilitation program that service users experienced as least helpful.
4. To explore the impact of the program on attitudes and beliefs of both service providers and service users.
5. To examine the core values and principles that inform the program's design, ensuring alignment with the needs of service users and the program's objectives.

METHODOLOGY

STUDY SETTING AND DESIGN

The study setting will be Living Hope facilities in South Peninsula Municipality, in Cape Town. A qualitative method for evaluating the former service user's experiences and perceptions of the substance use interventions provided will be used. The qualitative method will provide an opportunity to gain understanding into both service providers and users' perspectives, but also to explain and comprehend the phenomenon being investigated. Qualitative research is suitable for exploring individuals' experiences and perceptions. Studies often use interviews, focus groups and case studies to collect rich, detailed data on participants' subjective experiences [23]. The inclusion of service users and providers is common in qualitative research, as it provides a more holistic understanding of the services. Studies indicate that exploring both perspectives assists researchers to gain a deeper perception of how interventions are experienced and perceived by different participants [24].

SAMPLING AND RECRUITMENT

Sampling hold a significance role in both qualitative and quantitative research, requiring the researcher to make decisions regarding whom and what to observe. This involves determining the sources from which data will be extracted [25]. The study population will be recruited from the Living Hope substance-use programme in South Peninsula Municipality. The population will specifically include former substance use intervention beneficiaries and programme services providers. There will be 14 participants to be interviewed, which will include both males and females. The researcher intends to use purposive sampling methods in recruiting potential participants. Purposive sampling is also referred to as a subjective or selective sampling. Purposive sampling is a non-probability technique and it transpires when the selected participants for the study sample are preferred by the researcher. The researcher believes that she will attain a representative sample by a sound judgment usage, also this sampling method is the most cost-effective and time-effective [26, 27]. The researcher aims to request visits on the site and engage with former service users and service providers to get the understanding of the services offered. She will recruit participants from the Living Hope Substance Abuse Program; this will be done by communicating with the program director and staff members working in the program. Potential participants will be approached as soon as the program manager gives direction and information

about the research project will be provided. This will be done in a private room to ensure privacy and confidentiality. The researcher will also request the program manager to identify program staff members who currently or have been involved in offering substance use program interventions. There will be fourteen participants in total, who are 18-years of age and older. Seven of these participants will be former users of the program and other seven will be service providers at Living Hope.

ELIGIBILITY AND INCLUSION CRITERIA

Participants will be 18 years of age or older, both former service users and staff members. Former service users will be those who are well established in their recovery. Staff members will include service providers of the program, who are currently or have been involved with the treatment program. Participants will have to agree and be willing to participate in the study.

DATA COLLECTION

Data will be collected from the Living Hope substance use programme staff members, and former service users. In-depth semi-structured interviews will be used.

INTERVIEWS

Comprehensive semi-structured interviews will be conducted in either IsiXhosa or English, based on participant's preference. The main researcher will conduct these interviews using a prepared guide. This guide will be developed in English and translated to isiXhosa. Each interview is expected to last approximately 30-45 minutes and will occur in a private setting at the Living Hope Centre in South Peninsula, WC, South Africa. Prior to the interview, participants will be presented with informed consent forms, which the researcher will read aloud in the chosen language. Participants will have the opportunity to ask questions before proceeding, and if they agree to participate, both the researcher and the participant will sign the consent forms. In the case of participants being illiterate, the informed consent process will be carried out in the presence of a 3rd party witness. An audio recorder will be used in all interviews, with the permission of the participant. Interviews will be recorded to allow the researcher to engage with the participant without any disruptions caused by writing every word spoken during an interview. This will ensure good quality of data collected. However, the researcher will take some notes while the interviews are being audio recorded.

DATA MANAGEMENT

Interview audio recordings will be promptly transferred to a password-protected computer and erased from the recorder within 24 hours. Recordings won't be labeled with participants' names; instead, each participant will be assigned a study identity. Only the researcher and supervisors will have access to the data, and they are trained in privacy and confidentiality. Participant names will not be written on any notes. Raw data, including notes, recordings, and transcripts, will be stored in a password-protected folder and backed up on Dropbox. After one year, all raw data will be permanently deleted.

DATA ANALYSIS

The data analysis process aims to “interpret the collected data for the purpose of drawing conclusions that reflect on the interests, ideas and theories that initiated the inquiry” [27,28]. The interviews will be recorded and then translated or transcribed into English. After that, both the transcripts and interview notes will be analyzed. This analysis will follow an inductive thematic approach, which involves several steps [29]:

1. Getting familiar with collected data.
2. Creating initial codes based solely on the data, without any pre-existing coding structure.
3. Grouping these codes into possible themes.
4. Evaluating and refining the themes derived from the data.
5. Outlining essence for each theme.
6. Concluding the analysis of themes.

In the analysis, the researcher will look for themes related to the community-based treatment programme, service providers’ and client’s perceptions of the program, their experiences of the program, challenges, enablers and barriers while in a program and possible changes and benefits while in a program. The researcher will also be looking for variations in the data collected, variations in age, gender and if the participant have previously participated at any study of this nature. Data analysis will occur concurrently with data collection and beyond.

ETHICS

ETHICAL APPROVAL

Ethics approval for this research will be obtained from the Faculty of Health Sciences Human Research Ethics Committee of the University of Cape Town. Written permission to recruit participants and conduct interviews will be requested from the Living Hope Substance use Programme Manager.

WRITTEN INFORMED CONSENT

Information about the study will be provided to the selected staff members should they show interest in participation. Participants will receive information about the study purpose, potential risks, and benefits before being invited for the interview if they meet the inclusion criteria. Two days before the scheduled interview, participants will receive a reminder call. Informed consent will be conducted in the participant's preferred language, either IsiXhosa or English. Participants will also be informed about their freedom to withdraw at any time, the confidentiality and privacy measures in place. If a participant chooses to participate, the consent process will be reiterated before the interview, and both the participant and researcher will sign the informed consent documents as a final agreement. Participants will have opportunities to ask questions about the consent process, and a copy of the informed consent will be included in the appendices.

PRIVACY AND CONFIDENTIALITY

Privacy and confidentiality will be ensured during recruitment of potential participants by managing the recruitment process in a private space. The primary researcher with the help of the program manager will be recruiting participants, and the researcher obtained training on confidentiality and privacy. The main researcher will ensure privacy and confidentiality during data collection by conducting interviews in a private room. Only the main researcher and the supervisors will gain access to the data. All research members who will have access to the data collected are trained on confidentiality and privacy.

POTENTIAL RISKS AND BENEFITS

Possible risks include a breach of confidentiality and privacy, such as participants being identified by other participants during recruitment. There is also a potential for participants to feel distressed when discussing past substance use experiences. While these interviews are typically low-risk, if a participant needs psychological support, they will be referred to a social worker at the nearest health facility. The main researcher will ask Living Hope to recommend former service users who are well established in their recovery. This will assist in minimizing the risk to former users whose recovery might be still fragile. Participants will be notified of any risks during the consent process and will have the option to decline responding to any questions they feel uncomfortable with. There are no direct benefits for participants. However, the information gathered from their involvement in the study could contribute to existing literature and enhancement to the organisations' services provided to substance use rehabilitation program beneficiaries.

Several strategies will be implemented to enhance the rigor of the study [27,29].

- ◊ **Data Triangulation (Credibility)**: To enhance credibility, data will be gathered from various sources, including both female and male participants, as well as research study interviewers and recruiters. This approach aims to provide the researcher with a more broad and well-rounded insight into the researched
- ◊ **External Audit (Dependability):** To ensure dependability, this study will have designated supervisors as a required component. The supervisors will function as external auditors, examining both the procedural aspects and the outcomes generated by the study.
- ◊ **Thick descriptions (Transferability):** The researcher will offer fellow researchers or readers with evidence supporting the potential relevance of the study outcomes to various situations, contexts, or populations. Detailed narratives of the study results will be provided, equipping other researchers with sufficient information to make informed decisions about the applicability of the study outcomes.
- ◊ **Audit trail (Confirmability):** A detailed record, including interview notes, transcripts, investigator journal (reflexive notes), study proposal, and analysis process, will be maintained. This record aims to enable other researchers to comprehend and trace the steps that led to the study findings.
- ◊ **Reflexivity (Confirmability)**: Investigators will engage in reflexivity by carefully observing and documenting their roles throughout the research process. This process aims to uncover

potential assumptions or biases that could have an impact on different stages of the research process [30-34].

The researcher will be reflexive by recognizing that she is an interviewer and also a researcher and the researcher will be requesting participants to communicate their research experiences and a research process may be affected by this. The primary researcher is a black female and isiXhosa is her first language. She has a higher education and is associated to the University of Cape Town Institution, and this may influence the research process. The researcher might be considered an outsider because she is a researcher. Also, the researcher might be reflected as an outsider to male participants because she is a female. Lastly, there might be those who are able to relate on who the researcher is, being a female and black isiXhosa speaker, and the researcher might also be considered an insider in those terms. The researcher's interactions with the study participants and data will be documented through a journal. This will be done throughout the process of the research.

COMPENSATION

Former service users will receive a compensation of R150 for transportation for them to be able to attend the interviews. Staff members will not be reimbursed in any way as the arrangements to meet with them will be done during their usual activities in the organisation.

STUDY PERIOD AND TIME FRAME

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Study Proposal	Ö	Ö	Ö	Ö										
Protocol Submission		Ö	Ö											
Study Approval				Ö										
Data Collection					Ö	Ö	Ö	Ö	Ö	Ö	Ö			
Coding and Data Analysis									Ö	Ö	Ö	Ö	Ö	
Write-up and Dissemination										Ö	Ö	Ö	Ö	Ö

DISSEMINATION OF RESULTS

This study will be conducted as a requirement for the Master of Public Health Degree at the University of Cape Town. As a degree requirement, the outcomes of the study will be submitted. The results will also be disseminated to the study participants and also the organisation where the recruitment for this study happened. Findings will be disseminated in the form of an article.

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PART B: JOURNAL MANUSCRIPT

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Exploring the Service Providers' and Former Service Users' Perceptions of the Effect and Impact of Living Hope Community Based Substance Abuse Rehabilitation in South Peninsula, Cape Town.

ABSTRACT

Substance use remains a significant global public health challenge. This growing issue has extensive consequences, impacting health, crime, exacerbating socio-economic issues, and the spread of HIV/AIDS. In South Africa, the prevalence of substance use, involving alcohol, cocaine, and dagga, is a major concern. The Western Cape, particularly in Cape Town, struggles with unique challenges, marked by prevalent usage of methamphetamine, heroin, and alcohol. Understanding the effectiveness and impact of substance use care is one of the strongest interpreters of improved results among people living with substance use disorders. This study examined providers' and former users' experiences and perspectives on the effect and impact of

Living Hope substance use program. Semi-structured interviews were conducted by the researcher and a thematic analysis was used on the interview data. The interviews were conducted with 11 participants, 7 being former users and 4 service providers at Living Hope facilities. Participants shared their perceptions on the effects and impacts of the Living Hope program. Four major themes identified include: Program Effectiveness and Impact, Family and Community Involvement, Enablers/Facilitators and Barriers of the Program, as well as Challenges and Needs of the Program. All participants, provided insights into the complex dynamics of addiction treatment. Successes and challenges highlight the necessity of tailored interventions, continuous support, and systemic improvements for program effectiveness. The findings emphasized the diverse nature of addiction recovery, advocating for holistic, resource-backed strategies to address individual and structural aspects for favorable outcomes. The results indicated that a key impact of Living Hope should be in helping former service users in securing jobs after overcoming substance use disorders, as they find it difficult to get employment.

Keywords: Substance use, Drug Use, Substance Use Disorder, Addiction, Treatment, Rehabilitation, Outpatient, Relapse, and Care.

LITERATURE SEARCH STRATEGY

Journal articles on different databases were searched, including Google Scholar UCT, PubMed Central, Web of Knowledge, Ebscohost, and Google Scholar database platforms. Also, literature was searched through diverse websites, such as the World Health Organization [WHO], the Department of Social Development [DSD], The American Psychiatric Association [APA], the United States Agency for International Development [USAID], Statistics South Africa [Stats SA], the South African Society of Psychiatrists [SASOP], and the South African National Department of Health [NDoH] websites. Although every effort was made to ensure a comprehensive search, it is acknowledged that some relevant sources may have been missed. Due to the databases used, key words selected, or the exclusion of the studies in other languages, or unpublished research not yet captured.

BACKGROUND

In 2021, the global drug users' population reached a total of over 296 million individuals, representing 23 percent rise in the last decade [1]. This suggests a surge in drug consumption around the world. A notable increase in substance use disorders has been observed, with figures reaching almost 40 million, indicating a 45 percent rise over a decade. Signifying a complex relationship between substance-related issues and socioeconomic disparities, this illustrates how these issues mutually reinforce each other [1-2]. According to the United Nations Office on Drugs and Crime (UNODC) in 2021, approximately 39.5 million individuals worldwide were affected by drug use disorders (DUDs) within the drug user population. The World Drug Report (WDR) 2023 emphasizes the contribution of social and economic inequalities to drug-related challenges, highlighting environmental and human rights concerns linked to illegal drug economies, as well as the escalating prevalence of artificial drugs. The report shows a significant gap in meeting the demand for treating drug-related disorders [2]. However, only one in every five people with DUDs were receiving drug treatment, with increased differences in the ability to access treatment among diverse regions [2]. These disparities can adversely affect the access to treatment and resources for individuals impacted by drug use.

According to Tumalavicius, this report also emphasizes the harm to both human and environmental aspects resulting from illicit drug economies, as well as the human rights violations associated with the drug trade [3]. The COVID-19 pandemic worsened the gap in drug treatment. Among the 46 countries regularly reporting drug treatment to the UNODC, approximately 40 percent indicated a decline in treatment during the COVID-19 health emergency compared to previous years [2-5]. Concurrently, Roerecke et al. and Connery et al., assert that alcohol consumption raises major health concerns, related to risks of dependency, liver cirrhosis, and various diseases. Alcohol use is a primary cause of different disorders, significantly contributing to early death and disability. It is a leading factor in accidental injuries and suicides, notably affecting those aged 20–39 years [6-7]. The studies suggest that alcohol consumption causes 3 million deaths annually and affects millions with health issues and impairments. Around 300 million people suffer from alcohol use disorders (AUDs), including 150 million with alcohol dependence [6-7]. Rehm and Shield argue that the global impact of disease connected to alcohol goes beyond just deaths attributed to alcohol. AUD creates a threat for further mental health disorders [8].

Additionally, alcohol-related harm affects not only people with AUDs but also reaches into families and communities, particularly impacting women and children [8]. According to various scholars vulnerable populations face more alcohol-related deaths and hospitalizations, highlighting the dual challenges of substance use and alcohol. Thus, suggesting the need for globally integrated treatment strategies to address these complex issues [7-9]. SUDs account for major financial and social problems globally. However, individuals with substance use disorders in both low- and middle-income countries (LMICs) and high-income countries (HICs) often face barriers in accessing treatment, despite the existence of effective treatments. Access to these treatments is very limited [10]. A large part of the world does not have access to treatment, and even for those who do, it can be costly and inefficient [11-13]. Ilomuanya and colleagues impart that in Sub-Saharan Africa (SSA) people can access addiction treatment, but it often depends on their financial capacit, meaning that many who need treatment cannot afford it [14]. They further mention that selection of effective therapies for substance use is based on evidence, yet limited resources make it challenging to adopt certain treatments [14]. This not only challenges individuals but also leads to significant public health costs. Therefore, it is important to enhance and optimize these programs for improved outcomes [11,13]. In South Africa, demographic information on substance use is limited at the national level, however, it is projected that 10.3% of South Africans aged 15 and above utilize risky levels of alcohol, with higher rates among men (17%) than women (5%) [15]. Additionally, about 8.6% of the population, including 13.3% of men and 4.1% of women, are assumed to use illegal drugs [15].

Among these, Mandrax is the most prevalent, followed by cannabis, methaqualone, methamphetamine, and opiates. Studies indicate that roughly 13.3% of South Africans meet the criteria for substance use disorders (SUDs), with alcohol use disorder being the most common [15,16]. Consequently, South Africa has one of the world's highest rates of alcohol-related diseases and deaths, estimated at 3013 disability-adjusted life years per 100,000 individuals, (DALYS; 95% UI:2409–3610) [15,17]. Having a significant challenge due to the prevalence of substance use disorders, South Africa is among nations with the highest prevalence of binge drinking in Sub-Saharan Africa, positioned the third in terms of per capita alcohol consumption among those aged 18-24 [18]. The association between binge drinking, gender inequality, and sexual risk behaviours is well-documented. Binge drinking has a strong correlation to condomless, transactional, casual, non-consensual sex, as well as multiple and concurrent relationships. Gender inequality is also

linked to male partner co-consumption, unprotected intercourse, binge drinking, and perpetration of intimate partner violence (IPV) by male [18]. Despite the high occurrence of SUDs in the country, the availability of treatment is quite limited. In fact, fewer than 5% of individuals struggling with SUDs essentially receive care [19]. The reasons behind this treatment gap are well-documented and entail structural and systemic factors. These factors include limitations in treatment infrastructure, with South Africa having just eighty-six treatment or care centers capable of offering around 20,000 out-patient and residential treatment sessions annually [20]. The majority of these services are concentrated in the Western Cape province, where the prevalence of SUDs is significantly higher (20.6%) than the 13.3% national average [15,19]. Non-profit organizations primarily provide these treatment services, either funded by the Department of Social Development or managed by the state. Although there is a for-profit private treatment sector, it is accessible to only a small portion of the population with private health insurance or those who can afford to pay for these services themselves [19]. SUD treatment, regardless of funding, typically lacks specialization and mainly relies on behavioural interventions. Medication-based treatments are only accessible to those who can afford them [21]. These constraints, along with a shortage of healthcare professionals, lead to high patient loads, long wait times, and difficulties in reaching treatment centers [22]. Notwithstanding modern investments in state-funded SUD services and healthcare workforce improvements, access to treatment remains limited. [23-24].

Considering the scarcity of SUD treatment resources, this research crucial to maximize every potential opportunity for effective treatment. It adopts an evaluative framework that integrates evidence-based practices combined with the lived experiences of those affected by SUD [19]. Through integration of these perspectives, the research seeks to enhance services in a manner that is both adaptable and responsive to the unique needs of individuals seeking support, ensuring that treatments are not only suitable but also impactful in promotion of sustained recovery. Furthermore, integrating supported education, employment and vocational rehabilitation into recovery-oriented interventions is crucial to achieve long-term success [25]. These career-focused interventions are effective in facilitating individuals achieve independence and financial stability [26] while promoting personal growth, social inclusion, and holistic recovery [27]. When support, resources and guidance are provided, these interventions enable individuals to regain or maintain meaningful societal roles, improving their general quality of life and well-being [28].

This study aimed to understand how Living Hope substance use treatment program function. To answer this question, it was essential to engage with individuals and understand their perceptions of the effect and impact of the program. Scott et al [29] note that people who have faced SUDs offer a unique perspective on the challenges, the impact of substance use, and the effectiveness of treatment. People's personal experiences provide depth and authenticity to our understanding of the issue. Notwithstanding the essential role of user involvement in literature on substance use issues and treatment, there are significant challenges [30]. Baloyi [31] assert that substance use services planning often relies mainly on professionals' perspectives and methods involving individuals with substance use experiences are inadequate and underutilized. Different studies assert that drug and alcohol use treatments bring positive changes, reduce substance use and improve abstinence rates [31]. These interventions focus not only on the main issues but also address broader aspects like mental and physical health, enhancing overall well-being. However, identifying the precise factors that impact the success of treatment remains a challenge [32-35]. The scarcity of evidence from previous studies on this subject enhances the value of this research in contributing to the broader conversation on how SUDs treatment services can be improved [7,29].

METHODOLOGY:

STUDY SETTING

This study examined the perspectives and experiences of service providers and former service users regarding the substance use intervention program provided by Living Hope in the South Peninsula, WC, SA. The focus of this study was primarily on service users who had completed the program and the service providers of the program, with participants being 18 years and older. Interviews were conducted at the Living Hope premises, as it was convenient for all participants, many of whom were still receiving aftercare services in a nearby facility. The venue was selected for its accessibility, privacy and freedom from distractions.

STUDY DESIGN

This study employed a qualitative method, and qualitative data analysis methods were used to analyze the interviews. Data analysis was performed on interviews conducted with a purposive sample of 7 service users and 4 service providers, focusing on their experiences and perspectives on the substance use treatment program. The reduction from the target of 14 to 11 participants

occurred due to staffing changes within the program. Some providers were no longer with the organisation, and those who replaced them lacked the experience needed to offer relevant insights, leading to the inclusion of only the experienced providers in the interviews. The primary researcher conducted interviews, and thematic analysis was used to analyze the interview data.

Study Population and Sampling

The study participants were recruited from the Living Hope substance abuse treatment program, encompassing both former service users and service providers. The sample consisted of eleven participants, including both males and females aged 18 and older. The researcher employed purposive sampling to select participants, specifically choosing former service users with minimum 1 year in recovery with total sobriety and service providers who are actively involved in the program. All participants willingly agreed to participate in the study.

Data Collection

A total of eleven semi-structured individual interviews were conducted and analyzed with service users and service providers associated with the substance use program at Living Hope. The sample size was reduced from 14 to 11 due to availability of service providers within the program. Interviews took place in a private setting at Living Hope, and each interview lasted approximately 45 to 60 minutes. Over a two-month period, the interviews were conducted primarily in English, as all participants were proficient and comfortable with the language, avoiding the need for translation. Different interview guides were used for service providers and former service users, tailored to their respective roles within the program.

Interview recordings

All interviews were recorded using an audio recorder with the consent of each participant. Recording interviews helped maintain engagement with participants without the interruption of taking extensive written notes during the interviews, ensuring the quality of data collected. The researcher also took detailed notes during the interviews. Recorded interviews were securely stored on a password-protected computer and deleted from the recorder within 24 hours. Additionally, audio recordings were backed up on an external hard drive, accessible only to the main researchers to prevent data loss. To maintain participant confidentiality, audio recordings were labelled with study identities rather than participants' names, and access to the data was restricted to the researcher and research supervisors.

DATA CODING AND ANALYSIS

The purpose of coding is to categorize and structure the qualitative data for the identification of different themes and connections between them [36]. The data analysis process aimed to interpret the collected data to draw conclusions related to the research interests, ideas, and concepts that initiated the inquiry [37]. The primary researcher transcribed the audio recordings of all interviews, and the transcripts and interview notes were analyzed using an inductive thematic analysis approach, following the framework developed by Braun and Clark [38]. The researcher first familiarized herself with the data before coding by reading through all interview scripts, and before notes were made. Secondly, the initial codes were generated from the data, without a pre-existing coding frame. Codes were identified and sorted out into potential themes. The researcher reviewed all themes that were identified from the data, defined what each theme meant. Themes were grouped into categories grounded on 'main theme and sub-theme' to generate codes. and finally, analysed the themes. During this process the researcher integrated member checking and peer debriefing to ensure trustworthiness. The researcher asked participants to review the results and confirm that their preceptives were captured correctly and they provided feedback. The researcher engaged with supervisors throughout the research process to ensure their perspectives are considered.

FINDINGS

DESCRIPTION OF RESEARCH PARTICIPANTS

A total of eleven participants were interviewed, including service providers and former service users of Living Hope Substance Abuse Rehabilitation Program. Their age group was between 35-60 years old, and their education levels ranging from high school to tertiary. Participants reported their employment status from unskilled labourers (former service users) and professionals [service providers]. The majority of service users [5 out of 7] did not have a formal job. All female service providers were social workers, and one male a counsellor. The participants' perspectives informed the findings captured under the different themes. Four broad themes emerged from the research data. Below is a summary of the themes relevant to this research study. Service users come from diverse and challenging backgrounds. Some have experienced struggles with poverty, homelessness, unemployment, lack of access to education and health care. Others have faced social isolation, family breakdowns and traumatic life events. These circumstances

have somehow contributed to their substance use disorders. Upon completion of the program, they are either discharged back home, homes of safety or referred to aftercare services for continued support in their recovery.

TABLE 1: SUMMARY OF MAIN THEMES

Themes:
Treatment Goals and the Program Expectations
Family and Community Involvement
Program Enabler/Facilitators and Barriers
Challenges and Needs of the Program

THEME 1:TREATMENT GOALS AND THE PROGRAM EXPECTATION:

Many service users identified maintaining sobriety as a crucial factor indicating success in the treatment of SUD. However, others felt that SUD treatment should be more than just abstaining from substances. For many participants, improved quality of life was a major goal in treatment, with service users wanting to live healthy lives. Service users emphasized several healthy life components, including coping better with life difficulties, setting goals towards a better life or future, engaging in healthy behaviours and personal empowerment.

Coping Strategies

Service users articulated their coping strategies within the program, and the terms 'tool or toolbox' were used by some. They shared the following statements:

U1. *"This program has helped me to cope with challenges I have experienced in the family. When I left the program, I had my toolbox, If any challenge comes, I dig deep into it."*

U2. *"I have a toolbox from the program that I use to continue with my sober habits. The program helped me to abstain from drugs, I have been sober since 2021."*

U3. "I dealt with my challenges through the tools that I was given by the LH program."

Service users described their interpretation of the terms 'tools' or 'toolbox' in the context of dealing with substance use disorders. Users clarified that crucial aspects among these tools include effective communication and maintaining a close connection with the Bible. They stressed the importance of commitment to prescribed practices, even though these resources are freely provided. The 12-step program and active involvement in Alcoholics Anonymous (AA) meetings were identified as essential components of the toolbox. Participants stressed the critical significance of adhering to shared information and rules, considering them essential for the recovery process.

User 6, described her coping strategy differently, she reflected on how she perceives life without drugs and acknowledged the difficulties she had to face, yet had an ability to cope, she said:

U6. "There is life outside of smoking; I have never touched drugs since I started the LH program. It wasn't easy but I have managed to cope without drugs."

However, service providers' perception regarding users' coping strategies, recognize successes and challenges. Providers highlighted the potential impact of extended support services in facilitating sustained positive outcomes for individuals in their recovery journey. The extended support services contribute to coping by offering ongoing assistance, guidance, and resources. Providers shared insights in both service users' coping mechanisms and their own coping experiences in delivering the treatment program. One service provider mentioned that:

P1. *"They've [service users] lost everything. Some have lost their children, have been removed, and ended up in court and on the street... But when they leave this program, the beautiful transformation that happens over the 8 weeks."*

She further explained her feeling as:

P1. "It is very, very tiring. It's not for the faint-hearted. You must really have a heart and compassion for addicts and alcoholics to do it."

The provider's perspective disclosed emotional fatigue and stresses the demanding nature of her coping strategy. Assisting users requires not only dedication but also a deep sense of empathy and compassion. Knowledge of the emotional toll emphasizes the need for resilience and sincere commitment from those supporting users in addiction. This insight added complexity to understanding coping in treatment, highlighting the challenges and emotional investment needed for encouraging well-being during the recovery journey.

Another provider's perspective on service users' coping shared:

> *P4. "Some of them are doing very well. Others have fallen back into drugs because we can provide them with all the information and everything, but at the end of the day, they must do the program out there."*

This was an interesting finding given by the respondent P4, it implied that the support and information provided within the program are valuable, there is an ability to cope, but the ultimate success depends on the individuals' commitment and active participation in the external environment. P4 expressed the importance of not only the program's resources but also the individual's responsibility and engagement beyond the structured treatment environment for sustained recovery. Generally, the program contributed to the management of cravings, suggesting an improved ability to cope with and overcome the desire for substances.

Goal-setting for a Better Life

Service users mentioned goals related to a better future and the ability to make a change in their lives. This included the ability to change their mindset and aligning thoughts with what they have learned from the program. Additionally, participants mentioned several other positive outcomes and transformative factors associated with their experiences in the program. These participants believed that the treatment program has empowered them towards setting their goals:

> U3. *"I received the 'life tools' to change my life for the better. The program has helped me to see a bigger picture about my future. My mindset has changed a bit, my thoughts, attitude, and cravings, and many other things. . ...and now I can set positive life goals, My exit goal*

from the program was to secure employment and become a more positive and supportive member of my family and community."

The participant noted shifts in attitude, indicating a more optimistic and constructive approach to life. They showed how the program has helped them develop a clear sense of purpose and direction for the future. Participant have learned to set concrete goals for both personal and community improvement, and they recognize the importance of mindset in achieving those goals. This shows how the program facilitated their ability to plan for a more positive and fulfilling future.

U4. "*During the program, I began to know who I am, I started to know myself, because it was during festive season. There were many gatherings happening, parties, family outings and many other things but this made me stronger in my recovery. I was not bothered to miss any, I needed a real change for my future. I will continue to focus on my recovery by making choices that support my long-term well-being, even in situations where social pressure or temptation may arise."*

This finding highlighted a process of self-discovery during the program, gaining a deeper understanding of self and strengths. Despite external temptations, participant showed strengthened determination in his recovery journey, emphasizing the commitment to positive change.

U6. *"That program helped me to realize that I can still pursue my dreams... as long as I live, there is something that I can still do."*

U7. "..now I will be going back to school. I thought because I am 36 years old; I was too old to study again, but they made me realise that I can still do it. They said as long as I live, there is something that I can still do".

Participants felt empowered by the program, indicating a sense of agency and control over their lives, including the pursuit of education and personal growth. These basics contribute to a holistic view of the positive impact of the program on the participants, including attitudinal, psychological and emotional changes that go beyond plain termination of substance use [7]. The

program appears to have played a multifaceted role in promoting personal development and empowering users to envision and work towards a more positive and fulfilling future.

Personal Empowerment

Personal empowerment emerged as a multifaceted concept that involved self-awareness, confidence, critical thinking, effective communication, resilience, initiative, continuous learning, self-care, and advocacy. Participants expressed their emotions and highlighted their capacity to exert control over their lives, make significant decisions, and confront challenges with confidence and resilience:

U1. *"I feel great about myself, I have learned discipline that I lost long ago. I have also gained the ability to listen to others."*

U2. *"I have gained self-worth through attending this program, I easily share with anyone who needs help."*

U4. "I have discovered myself, I am doing things differently, I respect people better than before, I am looking more to positive life, in a different perspective. Instead of destroying my own life, I have found who I am".

The narratives shared by participants disclosed a positive image of personal empowerment in their transformative journeys. Each participant's perceptions formed a unique blend of self-awareness, discipline, effective communication, increased self-worth, willingness to help others, self-discovery, improved respect for others, and a positive life perspective. These narratives highlighted the dynamic and connected aspects of personal empowerment, emphasizing its vital role in nurturing overall growth and positive changes for individuals in rehabilitation or treatment programs.

THEME 2: FAMILY AND COMMUNITY INVOLVEMENT:

All participants from the program agreed, that recovery is a lifelong process that requires daily work with loved ones and community engagement for the journey's success. The subsequent sub-themes provide comprehensive explorations of the participants' expressions.

Family Connections

Both participant groups emphasized the critical role played by the rehabilitation program in impacting service users' relationships, and more particularly the family connections. A key outcome highlighted by service users in their recovery process was the restoration of important family relations. Many participants emphasized that rebuilding relationships with parents and siblings was essential to their recovery, as their substance use had previously strained these bonds. In healing these relationships, they were able to regain a sense of support and stability, which played a crucial role in their long-term recovery.Participants expressed the following:

> *U2. "I felt supported by my family, I have regained my family and friends' trust; my wife is now allowing me to see my son. We are in the process of reconciling our marriage, this encouraged me to take my treatment seriously".*

Another said:

> U5. "*My mother was my main source of support. She was always there for me during my recovery process. Even though I was a problem in my family".*

While many service users highlighted the importance of rebuilding family relationships in their recovery, one participant shared a different perspective, emphasizing that he was not yet ready to reconnect with his family.

They explained:

> *U3: "I am not ready, I don't think it is time to meet my family yet. I regard myself as still in the healing process, I am doing it for my family as well. I don't want to be the same person, I need to gain their trust again, and I know I am progressing towards it".*

This reflection revealed the reality that recovery is a personal journey, and for some, rebuilding relationships takes time and requires further healing before they can restore trust and re-establish connections. While other service users conveyed positive outcomes of successful services in their relationships. These included the restoration of trust, improved communication, and a sense of joy and connection with family and friends.

Although, one participant expressed caution and self-reflection, indicating a deliberate and thoughtful approach to family reunification, driven by a desire for sustained personal growth and

positive change. This view was echoed by service providers on users' perspectives on the important role of family involvement during recovery. Providers highlighted various significant roles played by family members, with one provider expressing:

> *P1. "The family or extended family members will take care of their (service users) children while they're on the program. So they are at ease knowing that their children are in good hands."*

One provider pointed out that, in some cases, family members of service users may become involved in the program not out of a genuine interest in supporting their loved ones, but rather because they perceive personal benefits from the program itself.

The provider noted:

> *P2. "Some of their (service users) family members would also come to be part of the program as well, simply because they see the benefits, they only want what is being offered. You could see that they are not interested in the program nor supporting them."*

The expressions by providers reflected a dual perspective on family involvement in the recovery process. On one hand, there was an emphasis on the positive, supportive role families can play in helping service users navigate their recovery. This support included emotional encouragement, building trust, and re-establishing family bonds, all of which are crucial to successful recovery. On the other hand, some providers acknowledged that certain family members may be motivated to participate in the program not solely out of concern for their loved one's recovery, but also because of the personal advantages the program offers. These advantages can include access to resources such as counseling, educational workshops, or tools for managing relationships. One provider specifically mentioned that some family members were drawn to the program due to practical benefits like the food provided, which served as an added incentive for participation. Such benefits, while helpful, may not always be driven by a desire to support the service user's recovery but rather by the immediate needs or personal interests of the family members.

Community Involvement

Service users expressed the importance of accountability as a key factor in catalysing positive change in their recovery. The active ingredient of a supportive, accountable community was seen as crucial, where participants are not only encouraged but also held responsible by others. The sense of accountability encouraged a willingness among service users to exceed their previous limitations and engage more fully in their recovery process. Many users pointed out that being part of a community that holds them accountable encouraged them to take responsibility for their actions, contributing to stronger involvement with their recovery and, indirectly, with their larger social community. One mentioned that:

> *U3. "The community sees me as a different person, my behaviour has changed, and I can live normally with people around me. My community know me, and how I looked before, they sometimes support me and encourage me to continue and to keep focused because I look good".*

Providers also perceived community involvement as a progressive impact of a successful rehabilitation program. One provider shared that:

> *P2. "They (service users) are mostly encouraged by their communities, hearing people from your community saying positive things about you after you have lost all; their responses are very encouraging for them".*

Participants emphasized the lifelong nature of recovery, stresing the importance of daily efforts with family and community engagement. Restoring family connections, marked by regained trust, is a significant outcome. While service providers recognized the crucial role of families, some involvement may be motivated by program benefits, such as the food provided, which served as an added incentive for participation. Community support was seen as a catalyst for positive change, offering encouragement and accountability. These insights emphasized the complex dynamics of family and community engagement in supporting individuals through recovery.

THEME 3: ENABLERS/FACILITATORS AND BARRIERS OF THE PROGRAM:

In discussing their experiences of the program, participants described a range of factors that influenced their journey through treatment, with some acting as facilitators that enhanced their progress and others as barriers that hindered their recovery. The success of the program, according to participants, is linked to these influences, which influence how individuals engage with and experience the program.The following sub-themes provide detailed insights shared by participants.

Facilitators/Enablers

All participants expressed various reasons for enrolling in treatment program, with the most prevalent factor being the experience of hitting rock bottom. Participants highlighted facilitators that pushed them through the program. Many participants acknowledged different positive outcomes they gained from their involvement in the program, including accessibility, the provision of aftercare services, social support networks, spiritual/religious interventions, and the integration of the 12 Step intervention.

Accessibility of the Program

When service users were asked about their treatment journey, they all expressed the simplicity of gaining acceptance in the program. Their opinions of the program's accessibility included the ease with which they were able to initiate and sustain their commitment. Many participants mentioned factors such as proximity, flexibility and easy entry procedures enhanced accessibility, enabling them to overcome logistical barriers and engage more readily.

One service user said:

> *U1. "I got to the program by accident, I had hit the rock bottom. I heard about the program while I was looking for something to eat at the beach [Muizenberg]. One client shared about the program and how it had helped him. He directed me to Living Hope offices for more information. I was immediately accepted".*

Other participants talked about the convenience they enjoyed, which extended to hassle-free travel arrangements to the program, as well as their capacity to adhere to scheduled timelines.

Participant U6 revealed that:

> *U6. "Attending the treatment was convenient, I didn't have to endure lengthy travelling to reach the facility. I managed to arrive on time, making it easy for me to continue with the treatment. Though I was unemployed; otherwise, I might have dropped It, but I pressed on".*

A service provider concurred with service users, and elaborated that:

> *P2. "Most of our clients, come from safe homes and shelters; because we reach out with information sessions. So, it is easy for them to get access and very convenient to attend to the end."*

Service users expressed how the has program helped them feel like they had a second chance in life. They found hope and purpose through the structure of the treatment, social connections, and spiritual or psychological support. Users reported gaining practical benefits (ease of access, flexibility, convenience), ongoing support (aftercare, social networks), personal and spiritual growth, and recovery tools (12-Step program, coping mechanisms) from the program. They perceived that these positive effects played a crucial role in sustaining their commitment to the program and improving their overall well-being.

Availability of Aftercare Services

Almost all participants acknowledged the critical role that aftercare services played in helping them maintain progress both during and after their treatment. Aftercare was consistently identified as a key facilitator, providing essential ongoing support that allowed participants to continue their recovery journey. The provision of comprehensive aftercare services, such as counseling, support groups, and continued therapeutic interventions, acted as a bridge between treatment and reintegration into everyday life.

One participant expressed:

> *U7. "I attended the after-care while I was in the middle of my recovery, and I used to take my friends with. I could see that something positive is happening to me, I was very positive about life. My friends would sit and listen and others asked why we looked good, this encouraged me to continue with the program. I still attend aftercare, because there's still a lot to learn from it."*

The service provider shared:

P3. "The program helps the clients to abstain or to stay away from drugs because we've got the aftercare program. They are offered counselling and group sessions to continue with their journey. Some are getting life skills, like job readiness during aftercare".

Service users found aftercare helpful in their recovery, noting positive changes and ongoing learning. The service provider emphasized the significant role of the aftercare role in helping clients stay drug-free through different interventions. Both stress the essential impact of aftercare in sustaining recovery and fostering positive transformations.

Social Support Networks

The crucial role of social support for individuals in substance use disorder programs was perceived by the majority of participants. Whether it comes from family, friends, or within the program, having a strong support network creates a sense of belonging and encouragement. They acknowledged how support helped in building resilience and motivation, making the recovery journey more manageable.

The role of social support was cited as a key enabler, one participant and described that:

U1. *"Through Living Hope support I managed to pull myself together and continued with the program. They are supportive and they encouraged me to pull through. I was also supported by the sponsor from AA group that I attended while in treatment."*

While Living Hope offered structured treatment and counseling services, many participants also highlighted the benefits they gained from self-help groups like Alcoholics Anonymous (AA). Although AA operates independently and has no direct formal link with Living Hope, its support was seen as complementary to the services provided by Living Hope. These groups share a common foundation of values and goals, specifically around recovery from substance use. A participant who attended an AA group during treatment explained, that he was supported by AA sponsor, while in rehab program. This showed a collaboration between Living Hope and AA, not through direct organizational ties but through a shared commitment to supporting individuals in overcoming addiction. This partnership, in a broader sense, provides service users with a holistic support network.

U6. *“My mother provided significant support because she was determined for me not to be involved with drugs. My family consistently encouraged me not to give up."*

The participant stressed the critical role played by family support in facilitating their progress in the rehab program. The family determination and consistent encouragement were essential facilitators of recovery. The treatment program worked to reinforce and strengthen this support by offering family education and resources that helped the family understand the challenges of addiction and the recovery process. This made the recovery process feel more manageable and less isolating for the participant, as they knew they had a strong network backing them up.

Furthermore,service providers elaborated that support held significant value for everyone, as service users are usually faced with diverse challenges of navigating their recovery journey. Despite the difficulties, they find solace in the support system, allowing them to communicate and discover a sense of belonging and purpose through the various forms of assistance provided:

P4. *"We support service users through counseling and actively encourage family members to participate and support their loved ones. This not only helps the individuals in their recovery but also provides valuable knowledge to family members. It serves as a form of support for them too, considering the challenges they often face dealing with addiction."*

All participants concurred that the role of social support is critical in the program, citing it as a significant factor in users' recovery. Service providers, exemplified by P11, stress the importance of a supportive environment in helping service users navigate the challenges of their recovery journey. This support, provided through counseling and involvement of family members, not only helps individuals in their recovery but also equips family members with valuable knowledge and assistance in dealing with addiction-related challenges.

Spiritual/Religious Interventions

In addition to the enablers, many also stressed the significance of the religious or spiritual aspect of the program. All participants acknowledged the role of the Bible, considering it as one of the tools among many that they use to support their ongoing recovery. All participants shared that spiritual and religious interventions provide an additional layer of support for individuals

seeking meaning and purpose in their recovery. Participants perceived that the interventions within the program acted as facilitators by providing a structure for personal growth and self-reflection. They emphasized that these interventions helped them better understand themselves and their addiction, giving them tools to navigate challenges in their recovery. Some participants described how the program offered a framework for growth, which allowed them to process difficult emotions and moments of vulnerability.

One participant, who strongly idendified with Christianity shared a transformative experience with a word-based program within Living Hope, highlighting its spiritual focus:

> *P7. "The program, is centered on teachings about God, it inspired a new interest in me. Initially I was surprised by the inclusion of God in the healing process, my curiosity grew upon starting the program. I have gained significant knowledge about God through this program, this played a huge role in my recovery."*

Another service user disclosed that:

> *U1. "I've experienced significant change by including Bible verses into my recovery toolbox. The Word of God guides me to question, learn, and improve. This spiritual foundation has positively influenced how I communicate, view myself, and relate to others. My connection with God is now crucial to my recovery, which is quite different from my earlier experiences, despite growing up in a Christian home. My journey with LH feels like a personal resurrection, bringing back discipline and values I had lost."*

Service providers also testified that incorporating spiritual and religious [Christian] interventions adds extra support to recovery journey, one of them mentioned:

> P3. *"I am also a recovering addict, and the emphasis on God first and everything else follows, is important. I've been running the program at church for 15 years. Individuals with the longest period of recovery at the church are 12 years clean, including my secretary who has been clean for 10 years. They participate in the program to showcase positive outcomes to newcomers, and it also serves as a support system to help them stay clean. The program has the ability to offer long-term support that extends beyond the initial treatment phase. For me, the spiritual emphasis and community-building aspects of the program are especially powerful, in providing a foundation for lasting recovery. I have an active role in*

aftercare programs and my involvement in the church recovery efforts indicate how the Living Hope program serves as a platform for sustained recovery and personal growth."

Participants shared a consensus that integrating the religious aspect and teachings about God played a crucial role in substance use recovery. They highlighted the positive impact of adding the Word of God into the recovery journeys. Participants attributed the long-term cleanliness from drugs to this intervention, highlighting the important role of spiritual and religious essentials in their sustained recovery efforts.

12 Step of Recovery Intervention

The 12 Step intervention model, was mentioned by the majority of participants as rooted in mutual support and accountability, and has proven effective in encouraging lasting recovery. The involvement with the 12 Step approach served as a facilitator, guiding service users through a systematic process of self-discovery and behavioral change. Participants explained that 12 steps are mirrored in Bible verses designed for addiction recovery, enabling them to integrate their faith in God with the process of overcoming addiction.

One user shared his experience:

U2. *"In Step 3 of the Recovery Steps, I learned to surrender control to God. This means avoiding decisions based on my past habits and seeking help when I'm upset or facing problems. I realized that relying solely on my own judgment can lead to issues. I also learned to identify the root cause of my emotions and irritations. It was challenging to let go of pride, but it helped me to make good progress."*

Another participant expressed his views this way:

U4. "I was advised that I should follow the 12 steps, to stay on the right path. The 12 steps and AA meetings are crucial for my recovery. Practicing these steps made me realize that there's a way out of addiction. I understood that I wouldn't do it alone, but with God's help, it became possible. I apply 12 steps daily and it keeps me focused, and I am a changed person."

Institutional Support and Service User Engagement:

Many participants frequently highlighted the importance of staff personalities and the positive relationships formed between staff and clients in enhancing treatment effectiveness. Some emphasized qualities such as staff members being energetic and dedicated, expressing kindness, and feeling respected by the staff during their participation in the treatment process.

Staff Qualities and Positive Relationships

Service providers revealed that LH strives to create a welcoming environment in its facilities by promoting inclusivity for diverse groups, including those of different religious backgrounds. Their commitment is reflected in efforts to respect and accommodate the religious beliefs and practices of service users, ensuring that everyone feels valued and supported regardless of their faith. Some providers suggested that offering or arranging transportation further contribute as an enabler to addiction treatment.

A service provider declared:

> *P4. "Building a strong relationship, fostering a sense of safety, to ensure that someone feels valued with us, have a person to talk to are crucial elements. This, in my view, is the primary factor. Failure to excel in these areas may result in losing our clients and not serving our purpose."*

One service user disclosed:

> *U7. "One of the reasons I liked here was that, they make you feel comfortable, they don't judge you even if you make a mistake. In that, it is easy to continue with the program. They make you feel wanted, because as addicts we are rejected by many people out there, but not here".*

Another provider stressed the effectiveness of providing food and incentives, as well as arranging pro-social and sober activities, to enhance treatment adherence. Also, maintaining communication between sessions, including in-session appointment reminders, was a prevalent strategy among providers to improve overall effectiveness.

P3.*"We prepare three-course meals for participants, ensuring they receive a balanced combination of protein, carbohydrates, and fruit. When they arrive, it's mealtime, and we extend this support to their families, particularly those facing financial challenges. We exercise, we play games and we run support groups"*

The service provider shared how they strive to create an inclusive and supportive environment for both participants and their families. They highlighted the importance of providing nutritious, balanced meals as part of their commitment to holistic care, addressing not just physical but also emotional needs. The provider emphasized their efforts to extend this support to families, particularly those facing financial hardships, stressing the institution's broader focus on inclusivity. In addition to meeting basic needs, the provider pointed to activities such as exercise, games, and support groups as key components in promoting a sense of community and engagement; essential to enhance empowerment and well-being.

While the service provider shared their efforts to create a welcoming and inclusive environment through nutritious meals and supportive activities, it is important to consider contrasting perspectives from service users. One service user voiced concern about the restrictive nature of LH's rules and how these may affect their treatment experience. For example, this participant noted a preference for less restrictive adult programs and expressed frustration with some of the institution's guidelines, particularly the rule of celibacy. As the participant shared:

U5: *"Participants felt frustrated with many LH rules and a perceived lack of freedom, we prefer the less restrictive nature of adult programs. I'm also worried about the rule of celibacy in place. Living Hope advises us to remain single until we are ready to commit. But a two-year duration feels too long. Relationships are crucial, and I feel a bit down about this rule*."

The service user's perspective stressed a tension between the institution's efforts to maintain a structured, supportive environment and the desire for autonomy and age-appropriate treatment. The perceived lack of freedom and specific policies, such as the celibacy rule, may be seen as limitations on personal growth and relational autonomy, underscoring the complexities in balancing institutional guidelines with the individual needs and preferences of service users.

The findings revealed the complex relationship between the institution's efforts to provide supportive care and the personal needs of service users. The service provider emphasized the institution's commitment to creating an inclusive and holistic environment, while some service users expressed concerns about the restrictiveness of certain institutional rules, such as the celibacy requirement and a perceived lack of freedom within the program. Although LH's approach to inclusivity and holistic care was effective in many respects, it was clear that a greater degree of flexibility and openness to user feedback was essential. This would have ensured that the institution could better accommodate the diverse needs of its service users.

Motivation

Providers stressed the significant role that self-motivation plays in the treatment process, noting that users' personal readiness or their motivation to reduce or stop substance use was a key facilitator at the user level. One service provider referred to this as readiness or being in the right stage of change. According to the providers, when clients are motivated to change, particularly in terms of substance use, they tend to be more engaged in treatment and more likely to experience positive outcomes. However, providers also pointed out that external motivations; can play an equally crucial role in facilitating treatment success. These external factors often include institutional or social pressures that encourage participation in treatment programs. Specifically, the involvement of external agencies such as the Departments of Social Development and Correctional Services were frequently mentioned as significant influences on a client's decision to enter or remain in treatment.

A service provider relayed:

> *P3. "I believe one of the reasons of what motivates them to stay is that there's an external factor that says, Probation wants you to finish this program."*

Participants 8 and 9 narrated similar views:

> *P1. "Some clients are referrals from court, you know, from probation officers, the diversion program. So, they don't have a choice they must complete the program. For others their children are in foster care, so once they've completed this program, sometimes they would go back to court. And the children might be placed back, into their care."*

P3. " Clients referred through court are more likely to be active in their recovery, they're open and honest when not fearing drug screenings. They often attend irregularly, they share their substance use experiences, motivating others in the program, especially those who were referred by shelters or self-referrals.".

This was also revealed by a participant who is confident that she played a crucial role by attending this program. She said:

U7. "I was destitute, I got thrown out of my house by my ex-husband because of drug use, this served as a motivation to seek help and prove my ability to overcome challenges independently. I don't regret this decision, it has resulted in positive outcomes."

At the client level, service users were motivated to engage in treatment, by both internal factors like the desire to reduce substance use and external factors such as court referrals and probation requirements. Their personal circumstances, further contributed to their active participation in recovery.

Barriers of the Program

Participants were asked about their perceived barriers in the program. Many responded that program barriers involved a range of challenges, such as structural, attitudinal, and systemic components. These barriers manifested in different forms, such as lack of support structures, homelessness, mental health issues, and unemployment etc. This array of barriers underlined the complex nature of obstacles that participants encountered during their engagement with the treatment programs.

Systematic Barriers

Participants emphasized the importance of recognizing and addressing different obstacles to improve the effectiveness of interventions and promote a more supportive and inclusive environment for those seeking recovery. The following sub-themes will give detailed description of systematic barriers.

Lack of Support

In early findings, one of the key sub-themes that has emerged is the lack of support, which had a profound impact on participants' experiences. Some participants shared how they have

struggled due to insufficient support from family, friends, or community networks. The absence of a strong support system has made their recovery journey more challenging, with some noting that without reliable emotional or practical assistance, they felt overwhelmed and isolated in the face of adversity.

Participants articulated the challenges in the following ways:

> *U2. "It became very difficult for me when my wife left me and my family, friends and everyone else moved far from me".*

Service providers noted that family-related factors are connected to users' challenges during treatment.

One said:

> *P2: "I think it's only about 1% of the families who are willing to sit in the support room. Most of them would say, "I did my best and I gave him everything". This basically mean they are on their own, no support from home".*

Homelessness

Service users shared experiences of homelessness, because of alcohol or drug addiction, and strained relationships with their families. They narrated being kicked out of their homes due to drug-related behaviours and feeling lost with no place to stay. Users had to undergo addiction treatment while residing in shelters.

One user stated:

> *U7. "Having a home with basic necessities is crucial for success in this program. It is essential to be around supportive people who won't pressure you about cleaning up or finding work, but instead, be patient with you. Praying to God is good, but having a warm and comfortable environment is equally important for your focus. Being on the street without support makes it very challenging, even if you're aware you put yourself in that situation."*

Another participant highlighted the prolonged duration of their program completion:

> U3. *"I had to participate in the program while staying in a shelter since I had no place to live. I completed all my lessons while at the shelter, since I wasn't at home, it took me longer to finish the program".* [The user did not have the same daily structure as others. As a result, the lack of a stable home environment and the need to wait for specific days to access the

program contributed to a longer completion time compared to peers who had consistent, uninterrupted access].

These finding revealed how systematic barriers, such as the lack of support and homelessness, initiated profound challenges for service users, impeding their recovery and contributing to feelings of isolation, stress and frustration. Many participants shared their struggles with homelessness, which were often a direct result of substance abuse and strained familial relationships. These individuals faced the dual burden of trying to engage in addiction treatment while residing in shelters, where unstable living conditions further complicated their recovery process. Participants consistently emphasized the critical importance of having a supportive environment that includes basic necessities, such as stable housing, a safe place to stay, and freedom from external pressures. Without these essential conditions, recovery became significantly more difficult. As one participant noted, "Being on the street without proper support made recovery exceptionally challenging, despite knowing I was responsible for my situation." This indicated how the lack of a reliable support system and the absence of stable housing were not only obstacles to program participation but also contributors to increased emotional and psychological stress.

Unemployment

Participants stressed the economic factors, job availability, and employment opportunities that affected their ability to participate in and benefit from a treatment program. They talked about the stability and support in the recovery process that employment provides.

In expressing these experiences service provider shared:

P1. "Their families complain about their eating habits, it financially drains family members. They are unemployable due to substance use disorder, and are in a journey to get back to recovery. These challenges need to be addressed for their full recovery."

A service user disclosed:

U6. "Finding a job after overcoming addiction is really tough. People often don't see us beyond our past struggles. During recovery, we focus on strategies to get back to work; because being an adult without income is hard. Having a job is crucial, it not only brings financial stability but also helps us stay positive and avoid falling back into substance use".

Participants perceived unemployment as one of the barriers they face in addiction recovery. Participant also posited that it causes financial strain, increasing idle time, limiting social support, affecting self-esteem and identity, exposing one to triggers, and subjecting them to stigma and discrimination in the job market.

Psychological Barriers

Participants disclosed to have faced challenges related to their mental health, which included conditions such as anxiety, shame and guilt, as well as difficulties in managing anger.

Mental Health Issues

Despite the reported supportive and inclusive environment at LH, some participants found that the behaviours of other users acted as triggers, negatively impacting their ability to engage effectively in the treatment program. For a few individuals, the presence of others with aggressive or negative behaviours linked to past trauma created a highly stressful environment. Some service users described how pressure from home contributed to their anxiety and feelings of inadequacy. One user shared:

> U1. "*When I arrived there, some service users were very negative and had aggressive behaviours because of their past life, this affected me a lot. It was a very stressful experience, to be around such people. It sometimes triggered anger in me*."

This sentiment was echoed by others, who noted how such interactions made it harder to focus on their recovery, with some even feeling that the behaviour of others exacerbated their own mental health challenges. These dynamics emphasized the complexity of group-based treatment settings, where the presence of unaddressed mental health issues in peers can sometimes hinder rather than help the recovery process.

A service provider noted that, for many users, the disconnect between the support offered in treatment and the expectations at home created tension and confusion:

> *P2: "It's tough for them [users] because we show them this here but at home the family says something different, families cannot understand their addiction. Users are pressurised to get a job yet, they are still in the healing process, this causes a lot of anxiety among users".*

According to the provider, the external pressure from family members, who often failed to understand the complexity of addiction and recovery, contributed to feelings of stress and self-doubt among service users, making it harder for them to focus on their healing journey.

Furthermore, shame and guilt were prevalent emotions expressed by service users, often becoming internalized barriers that prevented them from seeking help or fully engaging with the program. These negative self-perceptions were noted as leading service users to believe they were undeserved of support and that they might be judged by others. One user expressed:

> *U4. "I felt like isolating myself from others, because of my mistakes. My guilt arose from a sense of responsibility for perceived wrongdoings. In these moments, I felt accountable for my condition, this created a hindrance in reaching out for support and participating in treatment."*

Another participant articulated how shame caused them to feel flawed and unworthy of help:

> *U6. "I had internalized negative beliefs. I experienced shame that sometimes made me believe that I am fundamentally flawed or unworthy. When I experienced shame, I felt embarrassed about my situation, which made me hesitant to seek help or share my struggles with others".*

Participants shared their negative experiences, stress and pressure from home and peers. These findings highlighted the profound impact of mental health challenges, on users' recovery experiences. The emotional barriers experienced by users not only affected their engagement in treatment programs but also contributed to a negative self-perception that further isolated them from seeking support.

Fulfilling Familial Expectations

Participants reflected on their personal motivations and attitudes toward continuing with treatment. One participants shared that the primarily motivation by external expectations rather than an innate desire for personal change, affected their level of commitment and engagement in the treatment journey.

He stated:

U4. "I experienced lot of pressure from my family. They wanted me to attend the program in their terms. I had to do it for my family and not for myself, I was just pleasing them. They kept nagging me, as a result I relapsed".

Another shared:

U7. *"My children invited me to visit them at home for Eid, and when I arrived, my ex-husband wanted me to visit his mother. However, it was my first month in the program, and I wasn't ready for that. He insisted, but I told him not to force me. I felt pressured because he expected a lot from me too soon".*

One provider communicated her observations concerning family expectations, she said:

P1. "During our Family Day meeting, I noticed clients currently in the 8 to 12-week programs facing challenges similar to their family members. Some clients are perceived as lazy by their families, but it's not necessarily laziness; it is more about adjusting to a different lifestyle. Many of them have been addicted for years, and suddenly they expect them to stand still, which can be challenging."

THEME 4. CHALLENGES AND NEEDS OF THE PROGRAM:

Both providers and former users of the treatment agreed that there are challenges and needs within the LH program. Under this theme, four sub-themes emerged. These include, the issue of relapse, Service Providers' fatigue and burn-out, Lack of recourses.

Relapse

Participants mentioned relapse as the major challenge faced in addiction treatment. Many participants shared that relapses occured during and even after attending the program. Service providers shared that some clients who attend the treatment program seek readmission due to relapse. Providers indicated the issue of relapse in these narratives:

P2. "While supporting my clients, I've noticed instances of repeated admissions and dropouts. This is a challenge we face with limited space and resources".

P3. "Users always share that recovery is not easy and some individuals struggle with relapse".

P4. "I contacted one of my clients yesterday, I asked him how's he doing and he said he's not so good. He has relapsed and it was too much".

Service users concurred with these narratives, and shared that recovery is tough, with some facing relapses both during and after attending the program.

U2. "*I was coming for the second time in this program, I relapsed previously".*

U4. "I asked for readmission because I relapsed within the first month of treatment."

U7:"I know some individuals who attended this program before, they went back to the streets, but I have never relapsed since".

Participants admitted that this challenge is common in addiction treatment, impacting users, their families, and treatment providers. Despite the difficulties, the reassurance comes from understanding that recovery is possible with dedication, support, and appropriate treatment.

Fatigue and Burn-Out: Service Providers

According to service providers, providing addiction services can be tiring and lead to burnout. Providers deal with challenges and emotional stress of addiction treatment regularly, and this affect their well-being and effectiveness. Providers shared their individual experiences:

P2. ***"****Working in an addiction treatment program is not for the faint hearted, it is tiring. It is physically and emotionally demanding, often leading to burnout and fatigue among those who dedicate themselves to helping individuals struggling with addiction. You must really have a heart and compassion for addicts and Alcoholics to do it".*

P4. "You need to be flexible and willing to navigate through the challenges in users' lives daily, as they often come to us when everything is falling apart. Every day presents a new set of challenges and these challenges are often intense and emotionally charged, as service users come to treatment in the midst of personal crises or during moments of profound

distress. While compassion and flexibility are essential, the constant emotional engagement with clients in crisis takes a significant strain on us over time."

Another provider elaborated:

P3. "Serving clients with substantial, related socioeconomic, substance use, and mental health needs demands a significant emotional commitment from staff, its tiring".

Service providers confirmed that working in addiction services is demanding and can lead to burnout. The demanding nature of addiction treatment, marked by daily crisis management and emotional labor, contributes to fatigue and burnout among service providers significantly. The constant need for empathy and responsiveness to clients in distress, without adequate recovery time or support, leads to emotional depletion and can diminish the effectiveness of care. Providers posit that LH emphisizes self-care as a priority, provide professional support and have a sustainable work environment to prevent burnout and to maintain the quality of care.

Lack of Resources

Participants acknowledged that facilities offering substance use or addiction treatment face challenges extending beyond emotional aspects. These facilities may struggle with significant financial difficulties, shortage of personnel, funding, and infrastructure in providing support for individuals dealing with substance use. It becomes apparent to these facilities that a significant portion of their resources may be depleted by the costs associated with supporting individuals in their recovery journey.

Service providers supported these sentiments:

P2. "Our biggest challenge is money, there is no funding. We lack personnel, we need at least 2 Social Auxiliary workers, a social worker and a professional nurse. If we could have a bigger staff component then we will make a huge difference".

P3. "Clients are facing tough economic times, and the meals provided by the facility are often their only source of food. The issue of economic instability among service users, many of whom struggle with unemployment, lack of affordable housing, some are facing the financial consequences of addiction. These challenges often compound the difficulties of

recovery, as clients are not only struggling their addiction but also dealing with poverty and the inability to meet basic survival needs."

P4. " We need more manpower and additional rooms for counseling , so that we can reach more clients and maybe extend the program even further.Even if we can get internships... that can maybe do, the internships, maybe for six months to a year".

One service user expressed concerns about the physical condition of the treatment facility, emphasizing the need for improvements to ensure that the program can continue to operate effectively and support more individuals in need. As they shared:

U2. "….my only wish is to get more funding for the program, so that it can continue to uplift the current building, to help more people".

Participants agreed that Living Hope like any other facilities offering substance use or rehabilitation treatment services are faced with challenges. The limited resources are often used up in supporting individuals in their recovery journey. Service providers expressed the need for more staff, funding and better infrastructure to make a bigger impact. Clients are also faced with tough economic times and the meals provided by the facility are not enough for them. A service user wished for more funding to improve the building and assist more people in the program.

These findings highlighted the challenges faced by LH facility in offering substance use and rehabilitation treatment, specifically in the areas of finances, staff shortages and inadequate infrastructure. Participants consistently emphasized that, beyond emotional and psychological support, the limited resources of these facilities hinder their ability to effectively serve individuals in recovery. Service providers noted the critical need for additional funding, personnel, and expanded facilities to enhance the impact of their programs. Service users also face economic hardships, with some relying on the meals provided by the facility as their primary source of nutrition. One service user's requested for improved infrastructure further stressed the necessity of additional financial support to ensure the continued operation and growth of the program. These findings directly address the research question by illustrating how resource limitations affect the ability of facilities to meet the needs of their clients, and the need for systemic support to overcome these barriers.

DISCUSSION:

This study sought to explore users' and providers' experiences and perceptions of the effect and impact of Living Hope Community-Based Substance use care services in South Peninsula Region in Cape Town. The findings shed insight on the complex dynamics shaping SUD recovery within the program. The discussion section is organized based on the themes that emerged from the interviews conducted during the study.

RECOVERY JOURNEY AND TRANSFORMATION

The exploration of participants' recovery journeys discovered a shared narrative of resilience and personal growth. Participants consistently emphasized the significance of a holistic approach to SUD treatment success, highlighting the pursuit of a higher quality of life beyond mere sobriety. The findings showed that Living Hope provided service users with different tools such as 12 steps of recovery, spitituality and aftercare services, that helped them to identify and reduce the root causes of SUD. Studies indicate that holistic SUD treatment aims to identify and address the root causes of addiction, with coping strategies developing as fundamental tools involving factors and active engagement in structured programs [39-40]. The findings indicate that the LH program addresses different root causes of SUD, by focusing on physiological, psychological and social factors. LH targets individual needs, circumstances and triggers of substance cravings. LH provide personalized interventions, by attending to underlying issues such as trauma, mental health disorders, social environments and behavioural patterns that contribute to addictive behaviours. The findings further emphasized the effectiveness of these personalized interventions in improving individuals' coping skills and overall adjustment during treatment. Through its emphasis on personalized strategies, the LH program shows that such approaches can lead to better recovery outcomes. The participants' testimonials regarding the transformative power of self-reflection, emphasized the importance of understanding one's triggers and building resilience to overcome challenges. Peer support was identified as a crucial aspect of promoting a sense of community and shared experiences, which are key factors in sustained recovery. These findings concur with those of Jardine & Bourassa; Price-Spratlen and Yamashita et al., [41-43] which reported similar patterns of behaviour among service users. These studies emphasize the importance of peer support in encouraging a supportive environment that enhances long-term recovery outcomes. Furthermore, the results indicated a notable change in perspective exhibited

by participants suggesting a fundamental shift in their approach to coping. Croff and Beaman argue that interventions that are focused on enhancing resilience among individual with SUDs could assist them in retaining long-term abstinence, resilience and successful adaptation to a drug-free lifestyle [44]. According to the study findings, goals setting plays a pivotal role in the recovery process, offering service users the motivation required to attain and sustain their journey to healing. Meaningful goals not only enhance a client's involvement in their recovery program but also serve as a driving force, encouraging continued participation in rehabilitation treatments to accomplish these objectives. Kelly et al., assert that meaningful goals not only enhance a client's involvement in their recovery program but also serve as a driving force, that encourage continued participation in rehabilitation treatments to accomplish these objectives. The role of goal setting in the recovery process is a critical factor in motivating users to engage with and sustain their healing journey [45]. Despite the reported supportive and inclusive environment at LH, some service users found the behaviour of certain users to be triggering and detrimental to their treatment experience. For instance, one service user noted that facing negativity and aggressive behaviours from others impacted their ability to engage effectively in the program, significantly. This reflects the complex relations between individual mental health issues and the group dynamics within treatment settings.

The credit for the positive transformation is attributed to the LH program, calling attention to the significant impact of personalized interventions in the context of SUD treatment. Essentially, this assumes that the people’s ability to cope and adjust positively could be shaped by the specific and customized interventions [46]. Services provided at the LH program, are said to be showing the capacity for individualized strategies according the findings, this emphasized the broader applicability of personalized approaches in the field of SUD treatment. However, the study conveyed both successes and challenges among others being service users' coping strategies. Additionally, the emotional fatigue and burnout, on service providers in dealing with the demanding nature to support individuals in SUD recovery. This dual perspective, considering both the experiences of service users and providers, enriches the perception of coping mechanisms within substance use treatment. It highlights the need for vigorous support systems that address the challenges faced by both parties, as noted by Zili et al. [47], who emphasize the significance of creating supportive environments for both service users and providers in managing these demands. Furthermore, research shows that individuals with SUD often experience overwhelming

emotions, despite being aware of the detrimental consequences of drug use, withdrawal, or the chronic stressors they face daily. As Magill et al., [48] point out, the ability to stabilize these emotions is a crucial component of SUD therapy, as it helps individuals better manage the emotional turbulence associated with their recovery process. This underlines the complexity of recovery, not only for the individuals experiencing SUD, but also for those supporting them in the treatment process. These insight complicated the understanding coping in treatment, pointing the challenges and emotional investment required. Particularly by drawing attention required from those providing support. Magill et al. [48-49], note that the demands on service providers extend beyond simply delivering treatment, stressing the emotional energy and commitment required to support individuals through the recovery process. A noteworthy finding is the acknowledgment that the effectiveness of coping strategies relies not solely on program resources but also on individual commitment and active participation in the external environment. This shows the significance of sustained recovery efforts beyond the confines of structured treatment environments. Moreover, these findings indicated that setting meaningful goals is a crucial element in the recovery process, motivating service users to actively participate in rehabilitation treatments. The study also showed positive perceptions of the program, such as shifts in mindset, attitude and the ability to manage cravings, are associated with achieving goals within the LH program.

Findings revealed a positive image of personal empowerment, embracing self-awareness, confidence, effective communication and continuous learning. Based on participants' perceptions, it was evident that the LH program contributed to a comprehensive concept of personal empowerment, encouraged inclusive growth and positive changes. Goal-setting process in SUD recovery is supported by various studies as crucial, and that it provides structured framework that empowers individuals, enhances motivation, and guides progress, with defined goals serving as beacons of hope, redirecting individuals away from harmful patterns and toward sustained sobriety for successful recovery [45;47-48]. Kelly et al. [45] highlight the importance of goal-setting in creating a sense of direction and accomplishment in recovery, while Zilli et al., [47] emphasize how clear, measurable goals increase motivation and foster a sense of achievement, which is essential for long-term recovery. Magill et al., [48] also discuss how goal-setting can strengthen commitment to the recovery process, aiding the development of new habits that replace addictive behaviours.

The study showed that service users felt empowered to imagine and work towards a more positive and fulfilling future, including pursuing education and personal growth. This concurs with the findings of Magill et al. [49], who argue that empowerment in recovery is not only about overcoming substance use but also about supporting broader life changes and personal growth. Personal empowerment in this study was associated with living a life rooted in core desired feelings, such as authenticity, self-trust, and self-appreciation, which served to weaken the control of addiction. The concept of empowerment reflects Best and Hamer's [50] work, which stresses the significance of nurturing emotional well-being and personal strength as key components of sustained recovery. The findings showed that LH program is perceived to have assisted participants develop important life skills, including self-trust, gratitude expression, and awareness of their energy levels, all of which contributed to greater contentment and well-being. These skills enhanced participants' ability to manage cravings, build resilience, and maintain a positive outlook on life, which positively influenced various life domains, including interpersonal relationships and overall quality of life.

FAMILY AND COMMUNITY INVOLVEMENT

This research highlighted the significance of family and community involvement in the recovery process from SUD. The findings emphasized the role of family support in rebuilding trust and fostering positive change. Both participant groups emphasized the pivotal role played by the rehabilitation program, in impacting service users' relationships, particularly the family. Literature suggest that positive family involvement can significantly enhance treatment outcomes [51-52]. Furthermore, the NIDA emphasizes the importance of rebuilding family relationships as part of a comprehensive recovery plan [53]. The findings indicated the dual perspective presented by service providers that resonates the complexity of family involvement. Studies [52,54] emphasize that while family support can be an esteemed resource, some family members may struggle with their own perceptive of addiction, leading to mixed motivations for involvement. The need for personalized interventions that address the diverse needs of families is a recurring theme in the literature. The findings further suggest that a supportive community can contribute to a sense of belonging and reduce feelings of isolation.

The emphasis on accountability mentioned by participants in this study aligns with the idea that a community can act as a source of motivation and encouragement. The positive impact of

community involvement on addiction recovery is supported by various studies [52,55-58]. While there was an indication in supporting the positive impact of community resources on the recovery process from substance use, there is a lack of systematic approaches in effectively mapping these resources and establishing connections for individuals in recovery. If implemented successfully, such engagement with pro-social resources that offer meaningful activities can serve as a facilitator for personal development. Moreover, it has the potential to create a social toxicity of positive behavior, fostering a sense of connectedness within communities [58-59]. Additionally service providers' perspective on community involvement echoed with the literature on the therapeutic value of positive social support. Research indicates that community encouragement plays a crucial role in maintaining recovery attempts [60].

Nevertheless, akin to the significance of recognizing diverse family involvement, it is crucial to acknowledge the variability in community dynamics and the motivations for providing support [60-61]. The combination of perspectives from both users and providers in this paper highlights the fundamental role of family and community in substance use recovery. The literature give emphasis to the need for customized and flexible interventions that identify the different nature of family dynamics and community influences. While the majority of findings align with existing literature, the caution expressed by a certain participant regarding family reintegration necessitates a subtle approach in recovery programs, recognizing that people may advance through the stages of recovery at different rates [45-46].

ENABLERS/FACILITATORS OF THE PROGRAM

The results demonstrated a thorough conception of the factors that support and hinder the treatment program. Findings shared the importance to the ease of accessing the treatment program, attributing it to factors such as proximity, flexibility, and straightforward entry procedures. This finding is coherent with literature that suggest enhanced treatment accessibility with a positive impact on the initiation and continuity of treatment [62]. The findings emphasized the role of aftercare in preventing relapse and promoting positive outcomes. Participants stressed the significance of aftercare services, continued counseling, support groups, and therapeutic interventions as contributing factors to sustained recovery. A carefully designed aftercare plan supports sustained recovery by integrating evidence-based methods and various choices of support services. This assist clients remain motivated and adhere to their recovery journey [63-64].

Aftercare is instrumental in helping substance users to maintain focus on short and long-term recovery objectives. Research indicates that active engagement with a post-treatment aftercare plan during the initial six months significantly enhances the likelihood of long-term abstinence from substance use Berghuis et al., [64]. This time frame is critical to establish the habits and social connections necessary for sustained recovery, which is consistent with findings that emphasize the importance of early recovery engagement NIDA, [54]. In particular, the role of social support; both from family and within recovery programs, emerges as a key component in this process. Participants in the study consistently reported that the involvement of family members in their recovery journey was crucial, Inanlou et al., [52], support the idea that social support, when strategically integrated into treatment plans, can significantly enhance recovery outcomes. The positive impact of family support is supported by a body of literature that stresses its role in reinforcing motivation and providing a stable support network for individuals in recovery [52; 54].

Moreover, the integration of spirituality and religious components into recovery programs also showed substantial benefits, further validating the role of spiritual interventions in substance use recovery. Participants often cited the sense of purpose and encouragement for self-reflection provided by spiritual practices as pivotal to their healing process. According to Croff [44]; Best and Hamer [50], the positive impact of spirituality on recovery, as spiritual practices are believed to encourage self-awareness and build a sense of personal meaning in the recovery journey. These spiritual interventions often help individuals connect to something greater than themselves, which can be a powerful motivator for maintaining abstinence. Additionally, positive participant experiences with the 12-step model of recovery suggest that mutual support and accountability, central tenets of the approach, are effective in reinforcing long-term abstinence. Magill et al., [48] impart that the 12-step model, particularly when it aligns with a participant's own faith, facilitates a deeper sense of community and shared responsibility. These findings emphasize the value of integrating faith-based frameworks into recovery programs, which has been shown to enhance participants' commitment and engagement in the process [48]. Another critical factor in treatment success emphasized by the participants in this study is the quality of the staff-client relationship. A welcoming, supportive environment, along with practical assistance such as transportation, were noted as crucial for improving treatment outcomes. According to Magill et al., [48-49], these elements of client-centered care resonate with research advocating for personalized treatment approaches that cater to the unique needs of each individual.

Creating an environment where participants feel supported both emotionally and practically [65], treatment programs can better facilitate engagement and promote long-term recovery [52]. The findings of this study point to several consistent factors that contribute to recovery from substance use. These elements are not only supported by the participants' experiences but are also consistent with existing research, which suggests that holistic, individualized approaches that integrate social, spiritual, and practical support are crucial to long-term recovery success [44, 48, 50, 65].

BARRIERS TO THE PROGRAM TREATMENT

The findings highlighted the struggles experienced by users, related to insufficient family support, acknowledging the importance of family involvement in treatment success. The feelings of pressured by family and external expectations accord with studies highlighting the difficult relationship between family dynamics and engagement in the treatment process [65-66]. Furthermore, the findings revealed the impact of mental health issues during treatment. Participants' perceptions indicated a requirement for integrated mental health care into substance use treatment programs. Providers identified that clients at risk of homelessness often face practical and logistical barriers that hinder their commitment in treatment. Users in the study shared personal narratives of homelessness both before and during their treatment journeys. Participants disclosed that users had been accommodated in shelters after transitioning from life on the streets, highlighting the critical role of shelter services. The findings emphasized that homelessness often stems from the difficulties related to unemployment. The study shed light on the substantial influence of economic factors on the process of recovering from substance use among this population.

The findings are consistent with existing research, pointing out the difficulties in engaging people at risk of homelessness in treatment due to different practical and logistical struggles. The imperative struggle to fulfill basic survival needs often surpasses concerns of treatment engagement. The prevalent stigma linked to homelessness contributes to feelings of shame and embarrassment, acting as a barrier against seeking help or participating in treatment [47]. Homelessness and mental health challenges further complicates the initiation of treatment, with individuals struggling with these issues finding it difficult to take the necessary steps to seek help [54,67-71].

CHALLENGES AND NEEDS OF THE PROGRAM

The findings of this research shed light on significant challenges and needs within the LH addiction treatment program, specifically focusing on relapse, service providers' fatigue and burnout, and the lack of resources. These themes emerged from both service providers and former users of the treatment, providing a broad understanding of the multidimensional issues faced by users and professionals involved in the addiction treatment process. Participants identified relapse as a prominent and persistent challenge in addiction treatment. The recurrence of relapses during and after the treatment program indicates the complex nature of addiction recovery. The narratives from both groups highlight the challenges of maintaining sobriety, the need for continuous support and effective relapse prevention strategies. Both service providers and users noted that relapse often leads to repeated admissions and dropouts, placing strain on available resources.

This outcome suggests that a more comprehensive approach to relapse prevention is necessary, potentially involving extended support systems and customized interventions to address individual triggers and challenges leading to relapse. Relapses are often regarded as an essential aspect of the recovery journey for individuals overcoming different forms of addiction. Many people, facing relapses, suffer severe consequences, including the loss of employment, family, freedom, and, tragically, even their lives [70]. Notwithstanding, the challenges posed by relapse, participants expressed a collective belief in the possibility of recovery with dedication, support, and appropriate treatment. This insight emphasizes the importance of resilience and the need for a holistic approach to addiction treatment that considers the long-term nature of recovery. Shroff and Gallagher [72] argue that collaboration within the multidisciplinary teams (MDT), allows for a coordinated approach, where each professional brings their expertise to address the complex needs of individuals in recovery. For example, Kamp and Kaminskiy et al. [73-74] , suggest that while a clinical psychologist may help address psychological barriers to recovery, a psychiatrist might manage medication to ease anxiety, while an occupational therapist supports patients in rebuilding their everyday routines. This integrated care model ensures that individuals receive comprehensive treatment that considers not just the addiction itself, but also any underlying mental health issues, life skills deficits and physical health needs [72-73]. Through collaboration, MDT establish a more holistic and personalized treatment plan, which can lead to better outcomes for patients. As substance use disorders are often complex and multifactorial, the MDT's collective

input helps identify and address all factors contributing to the individual's addiction, improving the chances of long-term recovery and preventing relapse [73,75].

Service providers revealed the emotional toll and challenges related to offering addiction services. The demands of dealing with clients facing substantial socioeconomic, substance use, and mental health issues were acknowledged as emotionally draining. The discussion around providers needing a strong emotional commitment and compassion features the importance of supporting the mental well-being of professionals in the addiction treatment field [70,71]. The results indicated the demanding nature of addiction services leading to burnout raising concerns about the sustainability of effective treatment programs. Providers in addiction treatment often operate within challenging conditions characterized by factors such as low salaries, frequent staff turnover, heavy workloads, and limited prospects for career advancement. These conditions collectively contribute to an increased risk of burnout among these professionals [71,76]. Participants highlighted the significant challenges faced by addiction treatment facilities, extending beyond emotional aspects to encompass financial difficulties, personnel shortages, and infrastructure limitations. The lack of resources poses a considerable barrier to providing comprehensive support for individuals dealing with substance use [77]. Service providers who were predominantly social workers, emphasized the critical need for increased funding, personnel, and infrastructure to enhance the impact of addiction treatment programs. The participants' recognition of the financial challenges faced by clients, with meals provided by facilities often being their only source of food, give emphasis to the connection of economic factors and successful recovery [77].

The recognition of financial challenges faced by clients; where meals provided by facilities often represent their only source of food; indicates the relationship between economic factors and successful recovery. This situation calls for immediate action from policymakers, funders, and stakeholders to prioritize and invest in addiction treatment programs. Moreover, access to treatment for SUDs remains a pressing challenge, particularly for individuals from lower socioeconomic backgrounds. Financial barriers significantly limit access to essential care, with many individuals unable to afford treatment options such as therapy, rehabilitation programs, and medications [78- 79]. Research indicates that inadequate insurance coverage or financial resources often leads individuals to forgo necessary care altogether. This lack of access exacerbates existing

conditions and hinders recovery efforts [80]. Transportation costs further complicate the issue. Limited financial resources restrict individuals' ability to travel to treatment facilities or support group meetings, vital components of effective recovery. The inability to attend these appointments can result in missed opportunities for essential support and guidance, complicating the recovery process [80]. Geographic disparities also play a critical role in the availability of services. Treatment facilities tend to be concentrated in more affluent areas, creating a scarcity of options for those in underserved communities [81]. The geographic inequality makes it particularly challenging for individuals in low-income areas to access quality treatment. Studies have shown that individuals in these regions are less likely to receive timely and appropriate care due to a lack of available resources [81]. Additionally, many community-based treatment programs are underfunded, limiting their capacity to adequately address the needs of those seeking help. This underfunding creates significant barriers to effective treatment, leaving individuals in economically disadvantaged situations with few viable options for addressing their substance use disorders [82]. As a result, individuals in economically disadvantaged situations may find themselves with few viable options for addressing their substance use disorders [79].

In addition to the insights provided by participants about the importance of social support, spiritual interventions and client-centered care in substance use recovery, South African national legislative and strategic frameworks also play a critical role in shaping the treatment framework [83-84]. South African approach to managing substance use is underpinned by a various policies and laws designed to guide the prevention, treatment, rehabilitation, and harm reduction of substance abuse [83-86]. The legislative and policy frameworks in South Africa, including the National Drug Master Plan 2019–2024, the Prevention of and Treatment for Substance Abuse Act 70 of 2008, and the National Health Insurance [NHI] policy, all play an important role in shaping and supporting the treatment, rehabilitation, and recovery efforts for individuals with substance use disorders [83,85,87]. These frameworks support with the findings of this study, encouraging the importance of holistic care, integrated services, and multi-sectoral collaboration in substance abuse recovery [85-86]. As South Africa continues to grow its approach to substance use management, further strengthening these policies will be essential to meeting the growing demand for accessible, effective and compassionate care [83].

STRENGTHS AND LIMITATIONS

The study effectively describes the holistic approach of Living Hope, highlighting personal growth and resilience in users' recovery journeys. The research sheds light on the positive impact of the program on personal empowerment, family, and community involvement, supported by the existing research. Dual perspectives from users and providers enrich the perception of the complexity surrounding support systems. However, the findings are based on a qualitative study conducted mainly in the Living Hope Program and relies on subjective participant experiences, potentially introducing bias and limiting generalizability. The predominantly positive focus may overlook negative aspects. While the research covers positive aspects, there's limited exploration of negative experiences or program failures. A more balanced report would provide a complete view of the program.

RECOMMENDATIONS

In light of the findings from this research, the following recommendations have been put forth:

1. To enhance the generalizability of findings, future research could consider including different treatment programs beyond Living Hope. This would provide a broader understanding of addiction recovery and ensure that recommendations are applicable to a wider range of contexts.
2. Conducting further research to explore negative experiences or program failures within the Living Hope Program. Understanding challenges and limitations will contribute to a more balanced evaluation and inform improvements in areas that may not be functioning optimally.
3. Extend research efforts to evaluate the long-term outcomes of participants post-treatment. This could involve follow-up interviews or surveys to assess the sustainability of positive changes and identify potential challenges that may arise after completing the program.
4. Given the significance of relapse as a challenge, the Living Hope Program could consider implementing more comprehensive relapse prevention strategies. This might involve personalized interventions, ongoing support systems, and directed strategies that address individual triggers for relapse.

5. Recognizing the impact of mental health on addiction, consider integrating mental health care into the substance use treatment programs. This could involve collaboration with mental health professionals to address co-occurring disorders effectively.
6. Acknowledge the emotional toll on service providers and implement strategies to support their well-being. This might include additional debriefing sessions, mental health resources, and professional development opportunities to mitigate burnout risks.
7. Advocate for increased funding, personnel, and infrastructure for addiction treatment programs. This could involve collaboration with policymakers, funders, and stakeholders to ensure the sustainability and effectiveness of these programs.
8. Future research is encouraged to explore deeper into negative aspects of addiction recovery, acknowledging that failures and challenges are inherent to any program. The perception of these aspects will assist in improving the program components.

CONCLUSION

The study provides valuable insights to Living Hope's holistic approach and its positive impact on personal growth, resilience, and community engagement throughout the recovery process. The study analysis of factors affecting the program is insightful, however a more detailed exploration of both successes and setbacks is essential for a holistic understanding. Although the study recognizes the positive role of community involvement, a more thorough examination of effective strategies to connect individuals with resources would provide practical insights. The recommendations provided collectively contribute to advancing the perception and effectiveness of addiction treatment initiatives, ultimately benefiting individuals on their path to recovery.

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APPENDIX A: INTERVIEW GUIDE FOR FORMER SERVICE USERS

RESEARCH TITLE: "Evaluating service providers' and former service users' perceptions of the effect and impact of community-based substance abuse rehabilitation in South Peninsula, Cape Town".

Qualitative Interview Guide:

Version 1.0, 01 October 2022

Introduction

Thank you for agreeing to talk to me today. This interview will take roughly 30 minutes. We are talking with people who have used the Living Hope community-based substance rehabilitation program, to hear your thoughts about the program. Your insights will provide valuable information that can assist the organization to understand how best they can meet the needs of the individuals who come for the services offered. I will be generally asking you questions about your perceptions of the effect and impact of the program. All the information that you share with me today is confidential and will only be used to assist me with my research. The information provided will be linked only to your unique ID and not your name. Should you mention anything that can be linked to your name, it will be removed during transcription and will be excluded from the final report.

History of program user participant:

1. **How did you hear about Living Hope community-based substance abuse program at first?**
    a. What do you know about it?
    b. Where did you hear about or who told you about it?
2. **How did you decide if attending the program was good for you?**
    a. What encouraged or motivated you to attend?
    b. How has people in your life influenced your decision to attend the program? (e.g. partner, family or friends)
    c. What benefits and disadvantages you considered when making your decision?
3. **When did you complete your treatment programme?**

a. How long is the program?

b. What do you think about its duration?

Experiences of the program:

4. **How has attending this program been to you?**
    a. What have you gained from the program?
    b. What do you think you are doing differently after completing the program?
5. **Who do you think should attend this program?**
    a. Why?
6. **Have you attended any other substance abuse rehabilitation programs other than this one?** [If yes]
    a. When?
    b. Tell me about it.
    c. How is it different from this one?
7. **Do you feel that the program has helped you cope with challenges you have experienced in community/family?**
    a. How?
8. **Do you feel that the program assisted you sustain the things you learnt in it?**
    a. How?
9. **Do you feel that the program helped you to abstain from drugs?** [If yes]
    a. Please tell me more.
10. **Is there anything you like(d) or dislike(d) about the program?**
    a. Please tell me more about it.
11. **Have you ever relapsed while being in the program?** [If yes]
    a. Please tell me about it.
    b. How have you dealt with this challenge?
12. **Has the program help you reduce your intake again or help you stop using?**
    [If yes] a. How
13. **If you could make any changes or add anything to this programme, what would it be?**
    a. How would you do it?
    b. Who else would you involve?
14. **How has being in the program made you feel about yourself?**
    a. How have you felt physically?

b. How have you felt emotionally?

15. Have you told anyone that you were attending the program?

a. [If yes] Who have you told?

b. [If no] Why not?

16. What kind of support have you received while attending the program?

17. Has attending the program affected any of your relationships?

a. [If Yes] How?

18. Can you tell me about anything you have heard in your community/home about the program you have attended?

a. How do you feel about what you have heard?

19. Have you ever advised others about the substance abuse program you have attended?

a. [If Yes] Who have you talked to?

b. [If no] Why not?

20. What kind of advice have you shared with others about the program?

As we finish, are there any thoughts you have about the program? Are there any other questions I should have asked about the program?

Thank You!!

APPENDIX B: INTERVIEW GUIDE FOR SERVICE PROVIDERS

RESEARCH TITLE: "Evaluating service providers' and service users' perceptions of the effect and impact of community-based substance abuse rehabilitation in South Peninsula, Cape Town".

Qualitative Interview Guide:

Version 1.0, 01 October 2022

Introduction

Thank you for agreeing to talk to me today. This interview will take roughly 30 minutes. As a staff member who provides services for the Living Hope community-based substance rehabilitation program, I am going to ask you questions on perceptions and thoughts about the program in general.

All the information that you share with me today is confidential and will only be used to assist me with my research. The information provided will be linked only to your unique ID and not your name. Should you mention anything that can be linked to your name, it will be removed during transcription and will be excluded from the final report.

Work Background:

1. How long have you been working in the program?
2. What is your role in the program?

Experiences of the program:

21. How has working in this program been to you?
   a. What have you learned from the participants?
   b. Have you heard from the participants who have completed the program?

22. Have you worked in any other substance abuse programs similar to this one?
   a. [If yes] How was it different from this one?

23. Do you feel that this program helps clients cope with challenges they have faced before attending? a) How?

24. How do you feel about this program in helping clients sustain the things they have learnt/ learning in it?

25. **Do you feel that the program helps (helped) the clients to abstain from drugs?**
    a. (If yes) Please tell me more.
26. **What have you heard from the clients or their families about the program?**
27. **Have you heard or witnessed any relapses on clients while in the program?**
    a. [If yes] Please tell me about it.
    b. How can this challenge be dealt with challenge?
28. **Do you feel that the program assists the clients in reducing their intake again or help them stop using?**
    a. (If yes) Please share an example on this.
29. **If you could make any changes to this program, what would it be?**
    a. How would you do it?
    b. Who else would you involve?
30. **What do you feel about working in this program?**
    a. How have you felt physically?
    b. How have you felt emotionally?
31. **What kind of support do you think clients need while attending the program?**
32. **What kind of support is available to the clients while in the program?**
33. **What have you heard from the clients or their families about the program?**
    a. How do you feel about what you have heard?

As we finish, are there any thoughts you have about the program? Are there any other questions I should have asked about the program?

Thank You!!

APPENDIX C: INFORMED CONSENT FOR SERVICE PROVIDERS

Informed Consent Form

Version 1.0, 01 October 2022

RESEARCH TITLE: "Evaluating service providers' and service users' perceptions of the effect and impact of community-based substance abuse rehabilitation in South Peninsula, Cape Town".

What is the purpose of this study?

I am a Master's student at the University of Cape Town. I am conducting this research as a requirement for my studies in Masters of Public Health. The purpose of this study is to gain understanding of the service providers' perceptions of the effect and impact of community-based substance abuse rehabilitation program offered at Living Hope in South Peninsula.

This form will offer you information to help you in deciding whether to participant in this study or not.

What do you have to do if you decide to participate?

If you agree to participate in this study, the following procedures will occur:

You will be asked to participate in an interview. An interview will be set-up in a private room, and will take approximately 30 minutes. The interview will be audio-recorded using a digital recorder and notes will be taken during the interview to ensure that all the information you are sharing is captured. I will ask you about your insights of the substance abuse program. The interview will be conducted in either isiXhosa or English, whichever is easier for you. If at any time you feel anxious about the question I am asking, you may choose not to answer or to stop the interview at any time without giving a reason.

What are the potential risks of being in the study?

There are no direct risks for being in the study. As an interviewer, I am trained in confidentiality however, some of the questions in the interview are personal and may make you uncomfortable. You may stop the interview at any time if you feel uncomfortable and do not wish to continue.

What are the potential benefits?

While there are no direct benefits from participating in the in-depth interviews, I hope to learn information about how you perceive the effects of substance abuse rehabilitation services so that

the organisation may continue and or improve the services offered to community members.

Withdrawal from the study

You may choose to stop at any time in this study. If you decide not to participate in this study, it will not affect you personally and the services you offer or provide to the community members.

Reimbursement

You will not be compensated for your participation in this study.

Confidentiality and Privacy

All information about your involvement in this study is private. The data collected during the study will be kept confidential and your name will not be listed on the study. You will only be identified by an anonymous number or pseudo name. The interview will be conducted in a private room. Any information I gather during the interview will remain in locked cabinets and only provided to study personnel. Research records will be kept confidential to the level allowed by law. Only I, the student researcher and the study supervisors will have access to your interview. The student and the study supervisors are trained on procedures for maintaining privacy and confidentiality. However, if I learn that you are in danger of harming others or yourself, I will have to report that to the suitable authorities.

The study results will not include your name, and all audio-recordings and notes will be kept to a password protected computer within 24 hours of the interview.

Are there any costs to you?

There are no costs to you for participating in this study.

Problems or Question

If you have any questions about this study or have any concerns about your participation in the study, please feel free to ask me questions.

Additional Information

Portia Klaas – MPH Student

School of Public Health and Family Medicine

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Adj. Assoc. Prof. Christopher J. Colvin

Division of Social and Behavioural Sciences
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Cj.colvin@uct.ac.za

Prof Marc Blockman

Chair, Human Research Ethics Committee

Faculty of Health Sciences, University of
Cape Town Tel: 021 406 6338

CONSENT STATEMENT:

I have read this form or someone has read to me. I have been given a copy of this consent form. The study has been described to me in a language that I understand and I willingly and voluntarily agree to participate. My questions about the study have been answered. I understand that I may withdraw from the study at any time without giving a reason and that my identity will not be disclosed, and all these will not have a negative effect in me in any way.

Please indicate your consent with your signature:

Participant's name : _____

Participant signature : _____

Date : _____

If the participant is unable to read and write the entire informed consent process must be observed by an independent witness, who will confirm the procedure once he or she has given consent.

Fingerprint of participant:

Witness:

I confirm that I have witnessed the counselling process of the consent form and that I am an independent witness of the study.

Witness' Name : _____

Witness' Signature : _____

Date : _____

Thank You

APPENDIX D: INFORMED CONSENT FOR FORMER PROGRAM SERVICE USERS

Informed Consent Form

Version 1.0, 01 October 2022

RESEARCH TITLE: "Evaluating service providers' and former service users' perceptions of the effect and impact of community-based substance abuse rehabilitation in South Peninsula, Cape Town".

What is the purpose of this study?

I am a Master's student at the University of Cape Town. I am conducting this research as a requirement for my studies in Master in Public Health. The purpose of this study is to gain understanding of your perceptions of the effect and impact of community-based substance abuse rehabilitation program offered in Living Hope, South Peninsula.

This form will offer you with information to help you in deciding whether to participate in this study or not.

What do you have to do if you decide to participate?

If you agree to participate in this study, the following procedures will occur:
You will be asked to participate in an interview. An interview will be set-up in a private room, and will take approximately 45 minutes. The interview will be audio-recorded using a digital recorder and notes will be taken during the interview to ensure that all the information you will be sharing is captured. I will ask you about your perceptions of the substance abuse program. The interview will be conducted in either isiXhosa or English, whichever is easier for you. If at any time you feel anxious about the question I am asking, you may choose not to answer or to stop the interview at any time without giving a reason.

What are the potential risks of being in the study?

There are no direct risks for being in the study. As an interviewer, I am trained in confidentiality however, some of the questions in the interview are personal and may make you feel uncomfortable. You may stop the interview at any time if you feel upset and do not wish to continue.

What are the potential benefits?

While there are no direct benefits from participating in the in-depth interviews, I hope to learn information about how you perceive the effect and impact of substance abuse rehabilitation services, so that the organization may continue and or improve the services offered to users.

Withdrawal from the study

You may choose to stop at any time in this study. If you choose not to participate in this study, it will not affect any of the services offered or provided directly to you by Living Hope.

Reimbursement

You will not be compensated for your participation in this study.

Confidentiality and Privacy

All information about your involvement in this study is private and confidential. The data collected during the interview will be kept confidential and your name will not be listed on the study. You will only be identified by an anonymous number or pseudo name. The interview will be conducted in a private room. Any information I gather during the interview will remain in locked cabinets and only provided to study personnel. Research records will be kept confidential to the level allowed by law. Only I, the student researcher and the study supervisors will have access to your interview. The student and the study supervisors are trained on procedures for maintaining privacy and confidentiality. However, if I learn that you are in danger of harming others or yourself, I will have to report that to the suitable authorities.

The study results will not include your name, and all audio-recordings and notes will be kept to a password protected computer within 24 hours of the interview.

Are there any costs to you?

There are no costs to you for participating in this study.

Problems or Question

If you have any questions about this study or have any concerns about your participation in the study, please feel free to ask me questions.

Additional Information

Portia Klaas

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Chair, Human Research Ethics Committee

Faculty of Health Sciences, University of Cape Town

Tel: 021 406 6338

CONSENT STATEMENT:

I have read this form or someone has read to me. A copy of this consent form has been given to me. The study has been described to me in a language that I understand and I willingly and voluntarily agree to participate. My questions about the study have been answered. I understand that I may withdraw from the study at any time without giving a reason and that my identity will not be disclosed, and all these will not have a negative effect in me in any way.

Please indicate your consent with your signature:

Participant's name : _____

Participant signature : _____

Date : _____

If the participant cannot read and write the entire informed consent process must be observed by an independent witness, who will confirm the procedure once he or she has given consent.

Fingerprint of participant:

Witness:

I confirm that I have witnessed the counselling process of the consent form and that I am an independent witness of the study.

Witness' Name : _____

Witness' Signature : _____

Date : _____

Thank You

APPENDIX E: RESEARCH STUDY ETHICS APPROVAL- HREC

UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Human Research Ethics Committee

Room 45 E-52-E-Floor- Old Main Building
Groote Schuur Hospital
Observatory 7925
Telephone [021] 406 6492
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Website: www.health.uct.ac.za/home/human-research-ethics

11 April 2023

HREC REF: 126/2023

A/Prof C Colvin
Division of Public Health & Family Medicine
FHS
Email: Cj.colvin@uct.ac.za
Student: Klspor002@myuct.ac.za

Dear A/Prof Colvin

PROJECT TITLE: EVALUATING SERVICE PROVIDERS' AND FORMER SERVICE USERS' PERCEPTIONS OF THE EFFECT AND IMPACT OF COMMUNITY-BASED SUBSTANCE ABUSE REHABILITATION PROGRAM IN SOUTH PENINSULA, CAPE TOWN- (MASTER'S DEGREE-MISS PORTIA KLAAS)

Thank you for submitting your study to the Faculty of Health Sciences Human Research Ethics Committee (HREC) for review.

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

Approval is granted for one year until the 30 April 2024.

Please submit a progress form, using the standardised Annual Report Form (FHS016) if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.
(Forms can be found on our website: www.health.uct.ac.za/fhs/research/humanethics/forms)

The HREC acknowledge that the student: Miss Portia Klaas will also be involved in this study.

Please quote the HREC REF 126/2023 in all your correspondence.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please note that for all studies approved by the HREC, the principal investigator **must** obtain appropriate institutional approval, where necessary, before the research may occur.

Yours sincerely

PROFESSOR M BLOCKMAN
CHAIRPERSON, FACULTY OF HEALTH SCIENCES HUMAN RESEARCH ETHICS COMMITTEE

Federal Wide Assurance Number: FWA00001637. Institutional Review Board (IRB) number: IRB00001938 NHREC-registration number: REC-210208-007
This serves to confirm that the University of Cape Town Human Research Ethics Committee complies to the Ethics Standards for Clinical Research with a new drug in patients, based on the Medical Research Council (MRC-SA), Food and Drug Administration (FDA-USA), International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use: Good Clinical Practice (ICH GCP), South African Good Clinical Practice Guidelines (DoH 2020), based on the Association of the British Pharmaceutical Industry Guidelines (ABPI), and Declaration of Helsinki (2013) guidelines. The Human Research Ethics Committee granting this approval is in compliance with the ICH Harmonised Tripartite Guidelines E6: Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95) and FDA Code Federal Regulation Part 50, 56 and 312.

APPENDIX F: International Journal Of Environmental Research And Public Health (IJERPH)

International Journal of
Environmental Research and Public Health

Instructions for Authors

Manuscript Preparation

General Considerations

- **Research manuscripts** should comprise:
    - **Front matter**: Title, Author list, Affiliations, Abstract, Keywords.
    - **Research manuscript sections**: Introduction, Materials and Methods, Results, Discussion, Conclusions.
    - **Back matter**: Supplementary Materials, Acknowledgments, Author Contributions, Conflicts of Interest, **References**.

Front Matter

These sections should appear in all manuscript types

- **Title:** The title of your manuscript should be concise, specific and relevant. It should identify if the study reports (human or animal) trial data, or is a systematic review, meta-analysis or replication study. When gene or protein names are included, the abbreviated name rather than full name should be used. Please do not include abbreviated or short forms of the title, such as a running title or head. These will be removed by our Editorial Office.

- **Author List and Affiliations:** Authors' full first and last names must be provided. The initials of any middle names can be added. The PubMed/MEDLINE standard format is used for affiliations: complete address information including city, zip code, state/province, and country. At least one author should be designated as the corresponding author. The email addresses of all authors will be displayed on published papers, and hidden by Captcha on the website as standard. It is the responsibility of the corresponding author to ensure that consent for the display of email addresses is obtained from all authors. If an author (other than the corresponding author) does not wish to have their email addresses displayed in this way, the corresponding author must indicate as such during proofreading. After acceptance, updates to author names or affiliations may not be permitted. Equal Contributions: authors who have contributed equally should be marked with a superscript symbol (†). The symbol must be included below the affiliations, and the following statement added: “These authors contributed equally to this work”. The equal roles of authors should also be adequately disclosed in the author contributions statement. Please read the criteria to qualify for authorship.

- **Abstract:** The abstract should be a total of about 200 words maximum. The abstract should be a single paragraph and should follow the style of structured abstracts, but without headings: 1) Background: Place the question addressed in a broad context and highlight the purpose of the study; 2) Methods: Describe briefly the main methods or treatments applied. Include any relevant preregistration numbers, and species and strains of any animals used; 3) Results: Summarize the article's main findings; and 4) Conclusion: Indicate the main conclusions or interpretations. The abstract should be an objective representation of the

article: it must not contain results which are not presented and substantiated in the main text and should not exaggerate the main conclusions.

- **Keywords:** Three to ten pertinent keywords need to be added after the abstract. We recommend that the keywords are specific to the article, yet reasonably common within the subject discipline.

Research Manuscript Sections

- **Introduction:** The introduction should briefly place the study in a broad context and highlight why it is important. It should define the purpose of the work and its significance, including specific hypotheses being tested. The current state of the research field should be reviewed carefully and key publications cited. Please highlight controversial and diverging hypotheses when necessary. Finally, briefly mention the main aim of the work and highlight the main conclusions. Keep the introduction comprehensible to scientists working outside the topic of the paper.

- **Materials and Methods:** They should be described with sufficient detail to allow others to replicate and build on published results. New methods and protocols should be described in detail while well-established methods can be briefly described and appropriately cited. Give the name and version of any software used and make clear whether computer code used is available. Include any pre-registration codes.

- **Results:** Provide a concise and precise description of the experimental results, their interpretation as well as the experimental conclusions that can be drawn.

- **Discussion:** Authors should discuss the results and how they can be interpreted in perspective of previous studies and of the working hypotheses. The findings and their implications should be discussed in the broadest context possible and limitations of the work highlighted. Future research directions may also be mentioned. This section may be combined with Results.

- **Conclusions:** This section is mandatory.

- **Patents:** This section is not mandatory but may be added if there are patents resulting from the work reported in this manuscript.

Back Matter

- **Supplementary Materials:** Describe any supplementary material published online alongside the manuscript (figure, tables, video, spreadsheets, etc.). Please indicate the name and title of each element as follows Figure S1: title, Table S1: title, etc.

- **Author Contributions:** Each author is expected to have made substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data; or the creation of new software used in the work; or have drafted the work or substantively revised it; AND has approved the submitted version (and version substantially edited by journal staff that involves the author's contribution to the study); AND agrees to be personally accountable for the author's own contributions and for ensuring that questions related to the accuracy or integrity of any part of the work, even ones in which the author was not personally involved, are appropriately investigated, resolved, and documented in the literature.
  For research articles with several authors, a short paragraph specifying their individual contributions must be provided. The following statements should be used "Conceptualization, X.X. and Y.Y.; Methodology, X.X.; Software, X.X.; Validation, X.X., Y.Y. and Z.Z.; Formal Analysis, X.X.; Investigation, X.X.; Resources, X.X.; Data Curation, X.X.; Writing – Original Draft Preparation, X.X.; Writing – Review & Editing, X.X.; Visualization, X.X.; Supervision, X.X.; Project Administration, X.X.; Funding Acquisition, Y.Y.", please turn to the **CRediT taxonomy** for the term explanation. For more background on CRediT, see **here**. "**Authorship must include and be limited to those who have contributed substantially to the work. Please read the section concerning the criteria to qualify for authorship carefully**".

- **Funding:** All sources of funding of the study should be disclosed. Clearly indicate grants that you have received in support of your research work and if you received funds to cover publication costs. Note that some funders will not refund article processing charges (APC) if the funder and grant number are not clearly and correctly identified in the paper. Funding information can be entered separately into the submission

system by the authors during submission of their manuscript. Such funding information, if available, will be deposited to FundRef if the manuscript is finally published. Please add: “This research received no external funding” or “This research was funded by [name of funder] grant number [xxx]” and “The APC was funded by [XXX]” in this section. Check carefully that the details given are accurate and use the standard spelling of funding agency names at https://search.crossref.org/funding, any errors may affect your future funding.

- **Institutional Review Board Statement:** In this section, please add the Institutional Review Board Statement and approval number for studies involving humans or animals. Please note that the Editorial Office might ask you for further information. Please add “The study was conducted according to the guidelines of the Declaration of Helsinki, and approved by the Institutional Review Board (or Ethics Committee) of NAME OF INSTITUTE (protocol code XXX and date of approval).” OR “Ethical review and approval were waived for this study, due to REASON (please provide a detailed justification).” OR “Not applicable” for studies not involving humans or animals. You might also choose to exclude this statement if the study did not involve humans or animals.

- **Informed Consent Statement:** Any research article describing a study involving humans should contain this statement. Please add “Informed consent was obtained from all subjects involved in the study.” OR “Patient consent was waived due to REASON (please provide a detailed justification).” OR “Not applicable.” for studies not involving humans. You might also choose to exclude this statement if the study did not involve humans.

- Written informed consent for publication must be obtained from participating patients who can be identified (including by the patients themselves). Please state “Written informed consent has been obtained from the patient(s) to publish this paper” if applicable.

- **Data Availability Statement:** In this section, please provide details regarding where data supporting reported results can be found, including links to publicly archived datasets analyzed or generated during the study. Please refer to suggested Data Availability Statements in section “**MDPI Research Data Policies**”. You might choose to exclude this statement if the study did not report any data.

- **Acknowledgments:** In this section you can acknowledge any support given which is not covered by the author contribution or funding sections. This may include administrative and technical support, or donations in kind (e.g., materials used for experiments).

- **Conflicts of Interest:** Authors must identify and declare any personal circumstances or interest that may be perceived as influencing the representation or interpretation of reported research results. If there is no conflict of interest, please state "The authors declare no conflict of interest." Any role of the funding sponsors in the choice of research project; design of the study; in the collection, analyses or interpretation of data; in the writing of the manuscript; or in the decision to publish the results must be declared in this section. Any projects funded by industry must pay special attention to the full declaration of funder involvement. If there is no role, please state “The sponsors had no role in the design, execution, interpretation, or writing of the study”. For more details please see **Conflict of Interest**.

- **References:** References must be numbered in order of appearance in the text (including table captions and figure legends) and listed individually at the end of the manuscript. We recommend preparing the references with a bibliography software package, such as **EndNote**, **Reference Manager** or **Zotero** to avoid typing mistakes and duplicated references. We encourage citations to data, computer code and other citable research material. If available online, you may use reference style 9. below.

- Citations and References in Supplementary files are permitted provided that they also appear in the main text and in the reference list.

In the text, reference numbers should be placed in square brackets [ ], and placed before the punctuation; for example [1], [1–3] or [1,3]. For embedded citations in the text with pagination, use both parentheses and brackets to indicate the reference number and page numbers; for example [5] (p. 10). or [6] (pp. 101–105).

The reference list should include the full title, as recommended by the ACS style guide. Style files for **Endnote** and **Zotero** are available.

References should be described as follows, depending on the type of work:

- Journal Articles:
  1. Author 1, A.B.; Author 2, C.D. Title of the article. *Abbreviated Journal Name* **Year**, *Volume*, page range.

- Books and Book Chapters:
  2. Author 1, A.; Author 2, B. *Book Title*, 3rd ed.; Publisher: Publisher Location, Country, Year; pp. 154–196.
  3. Author 1, A.; Author 2, B. Title of the chapter. In *Book Title*, 2nd ed.; Editor 1, A., Editor 2, B., Eds.; Publisher: Publisher Location, Country, Year; Volume 3, pp. 154–196.

- Unpublished materials intended for publication:
  4. Author 1, A.B.; Author 2, C. Title of Unpublished Work (optional). Correspondence Affiliation, City, State, Country. year, *status* (*manuscript in preparation*; *to be submitted*).
  5. Author 1, A.B.; Author 2, C. Title of Unpublished Work. *Abbreviated Journal Name* year, *phrase indicating stage of publication* (*submitted*; *accepted*; *in press*).

- Unpublished materials not intended for publication:
  6. Author 1, A.B. (Affiliation, City, State, Country); Author 2, C. (Affiliation, City, State, Country). Phase describing the material, year. (phase: Personal communication; Private communication; Unpublished work; etc.)

- Conference Proceedings:
  7. Author 1, A.B.; Author 2, C.D.; Author 3, E.F. Title of Presentation. In *Title of the Collected Work* (if available), Proceedings of the Name of the Conference, Location of Conference, Country, Date of Conference; Editor 1, Editor 2, Eds. (if available); Publisher: City, Country, Year (if available); Abstract Number (optional), Pagination (optional).

- Thesis:
  8. Author 1, A.B. Title of Thesis. Level of Thesis, Degree-Granting University, Location of University, Date of Completion.

- Websites:
  9. Title of Site. Available online: URL (accessed on Day Month Year).
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