



Audit of substance abuse treatment services in Gauteng and KwaZulu-Natal (2006-2007)

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INTRODUCTION

Little is known about the structure and functioning of the substance abuse treatment system in South Africa. This study attempts to address this gap by examining substance abuse treatment services in two of the most densely populated provinces in the country: Gauteng and KwaZulu-Natal (KZN).

METHOD

Design: A cross-sectional audit of substance abuse treatment facilities in Gauteng and KZN was conducted from September 2006 to February 2007.

Sample: The sample consisted of the total population of substance abuse treatment facilities in Gauteng and KZN. The response rate was 84% and the final sample ($N = 45$) included 25 facilities in Gauteng and 20 in KZN.

Instruments: The Treatment Services Audit Questionnaire (revised version) was used to collect information from several domains including: treatment facility characteristics, availability of services, types of treatment services provided, profile of clients served, provision of services to improve access to treatment for historically underserved groups, staffing characteristics and organisational

environment, and monitoring and programme evaluation activities.

Procedure: Data collection packets were sent via mail, fax, or e-mail to key informants at participating facilities in September 2006. Questionnaire packs were mailed with self-addressed, stamped return envelopes. Facilities that did not return questionnaires were followed up on at least 3 occasions.

KEY FINDINGS

Treatment service availability & capacity to treat

- ❑ Facilities in KZN treat a greater number of clients and have more treatment capacity than facilities in Gauteng.
- ❑ Outpatient facilities treat higher numbers of clients and have more treatment capacity than inpatient facilities.
- ❑ Inpatient facilities are more likely to have waiting lists than outpatient facilities.
- ❑ Only $\frac{3}{4}$ of treatment slots are occupied on an annual basis – despite the high demand for services indicated by the presence and length of waiting lists.
- ❑ Compared to other types of facilities, state facilities have the lowest treatment occupancy rates and longest waiting lists (24 people at any point in time).

Are available services effective?

- ❑ Client retention is a proximal indicator of treatment outcomes.

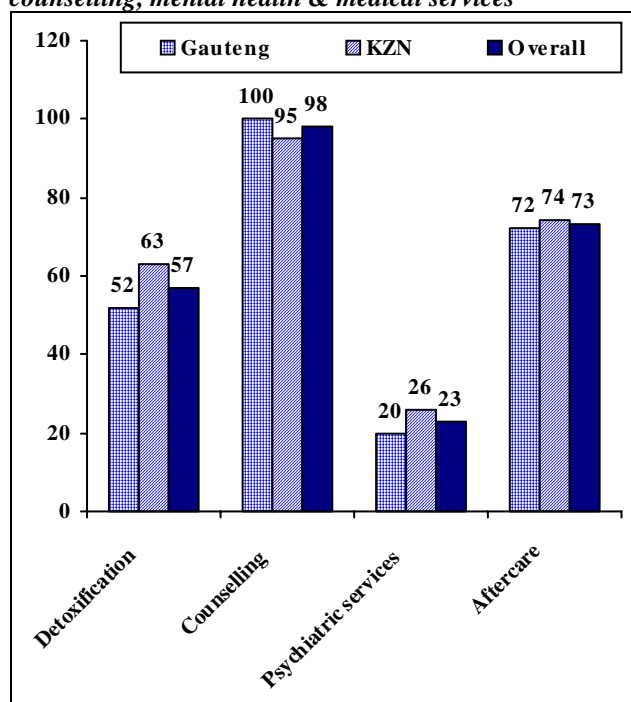
- ❑ On average, services retain 75% of their clients. This is an improvement on findings from previous audits.
- ❑ Client retention is poorest in outpatient settings.

Examining the range of services provided

Provision of comprehensive services

- ❑ The provision of comprehensive services is a key principle of effective treatment (NIDA, 1999).
- ❑ Medical and mental health services are less likely to be provided than other services (Figure 1).
- ❑ This is a concern as many facilities do not provide comprehensive services that meet the multiple needs of substance abusers.

Figure 1. Proportion (%) of facilities offering counselling, mental health & medical services



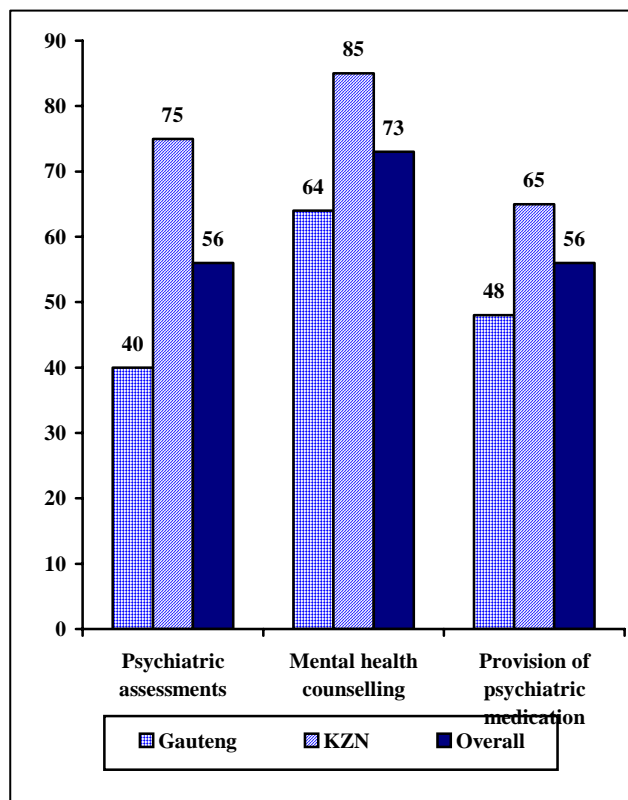
Provision of ancillary mental health services

- ❑ Although more than 60% of substance abusers have co-occurring psychiatric disorders, less than 60% of facilities assess clients for these

disorders and provide clients with psychiatric medication (Figure 2).

- ❑ This is cause for concern as untreated psychiatric disorders may impact negatively on treatment outcomes.

Figure 2. Proportion (%) of facilities providing ancillary mental health services

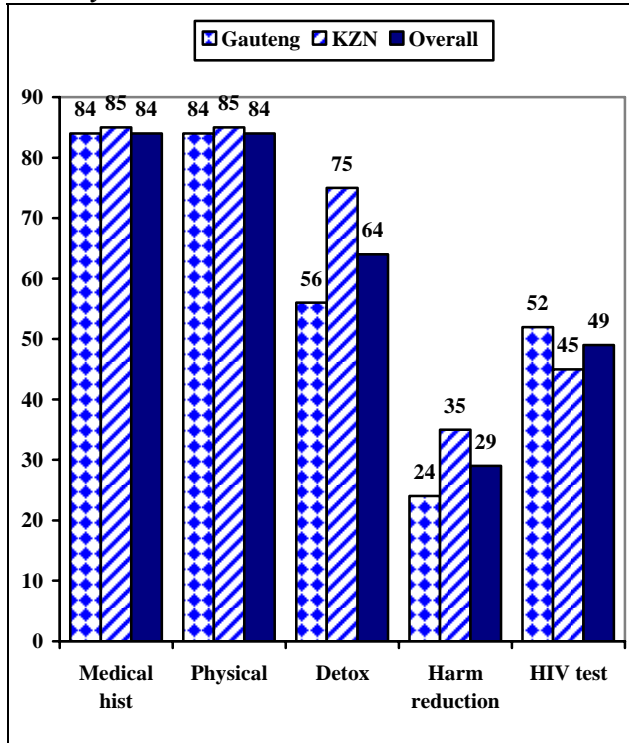


Provision of ancillary health services

- ❑ Only 64% of facilities provide detoxification services (Figure 3). Due to the difficulty of accessing detoxification in the public health services, this may act as a barrier to treatment entry.
- ❑ Despite South Africa’s high HIV prevalence rate, less than half the facilities offer HIV testing and counselling services (Figure 3).
- ❑ Less than a third of facilities provide harm reduction interventions for injection drug users (Figure 3).

- The provision of these health services are core components of effective treatment (NIDA, 1999).

Figure 3. Proportion (%) of facilities providing ancillary health services



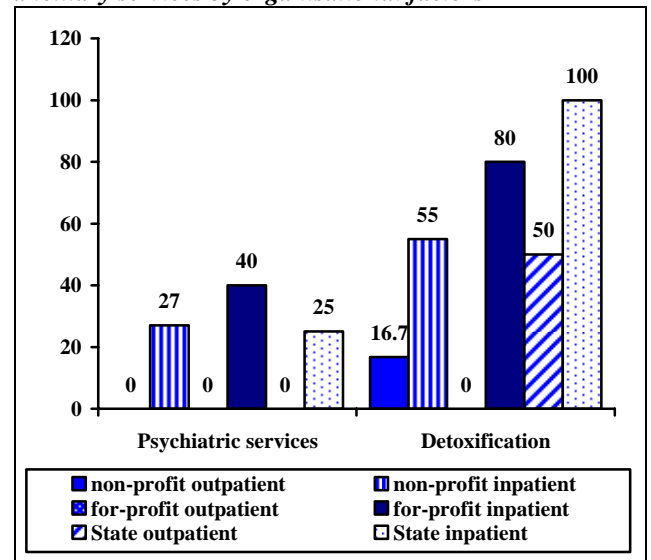
Variations in service provision by facility characteristics

- Outpatient facilities are the least likely to provide mental health and medical services (Figure 4).
- Psychiatric assessment services are most likely to be provided by for-profit inpatient, followed by non-profit inpatient and state inpatient facilities.
- Detoxification services and the provision of HIV harm reduction services are most likely to be provided by state inpatient, followed by private for-profit and private non-profit inpatient facilities.
- While the relative scarcity of these services in substance abuse outpatient facilities could be a reasonable

response to a client population with fewer health needs, as many individuals for whom inpatient treatment is indicated can only afford outpatient care, outpatient facilities may still have clients who require these ancillary services.

- For clients with unmet health needs, the limited availability of ancillary services may negatively impact on treatment outcomes.

Figure 4. Proportion (%) of facilities offering ancillary services by organisational factors



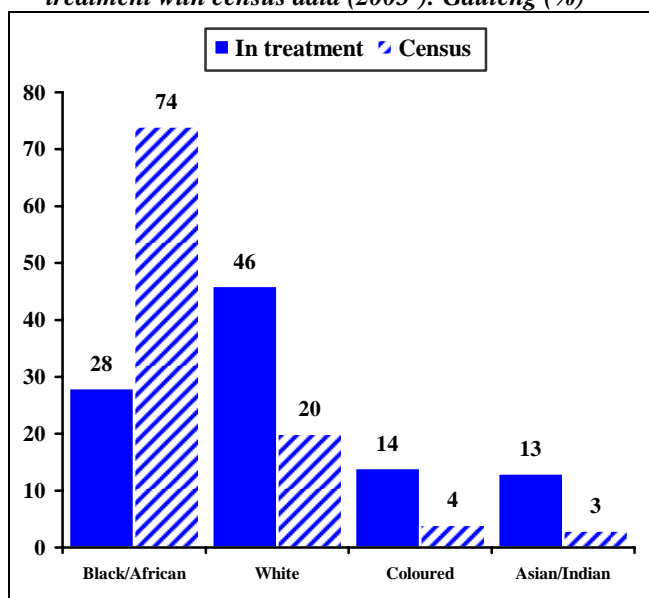
Addressing barriers to treatment entry for historically underserved communities

Who are the underserved?

- Compared to the demographic profile of the general population in Gauteng (Figure 5) and KwaZulu-Natal (Figure 6); Black/African clients are underrepresented and White clients overrepresented in substance abuse treatment facilities.
- Non-profit and state facilities are more likely to serve higher proportions of Black/African clients than for-profit facilities

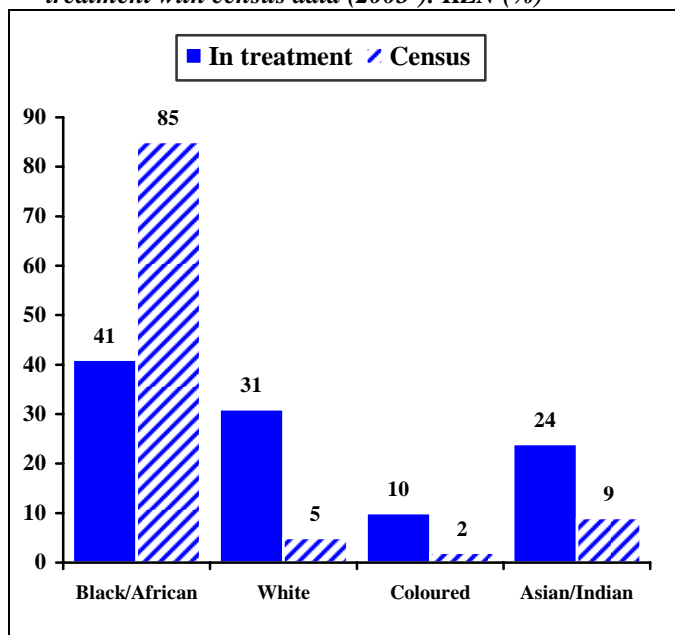
- Although a high proportion of women need treatment, less than 30% of the treatment population consists of women.
- Few women in treatment are Black/African
- A quarter of all treatment service recipients are adolescents.

Figure 5. Comparison of race profile of clients in treatment with census data (2003¹): Gauteng (%)



Note. ¹ Statistics South Africa (2003)

Figure 6. Comparison of race profile of clients in treatment with census data (2003¹): KZN (%)

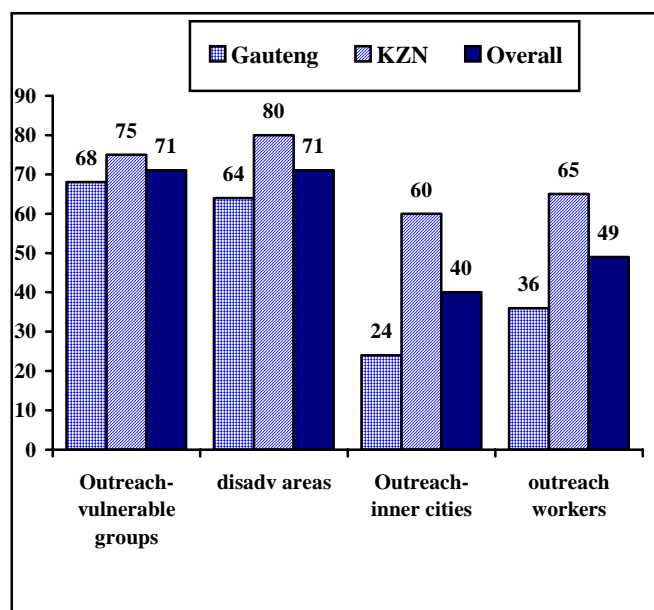


Note. ¹ Statistics South Africa (2003)

Awareness-related barriers to treatment entry

- Overall, almost 90% of facilities report conducting campaigns to raise awareness of substance abuse; however, only 69% report distributing information relating to substance abuse treatment.
- Although just over 70% conduct substance abuse-related outreach among vulnerable groups and within disadvantaged areas, less than 50% have dedicated outreach workers.
- The inner city areas are relatively neglected, with only 40% of facilities performing outreach in these areas.

Figure 8. Proportion (%) of facilities addressing awareness barriers



- Compared to for-profit facilities, a significantly higher proportion of private non-profit and state facilities conduct any form of outreach and employ dedicated outreach workers.

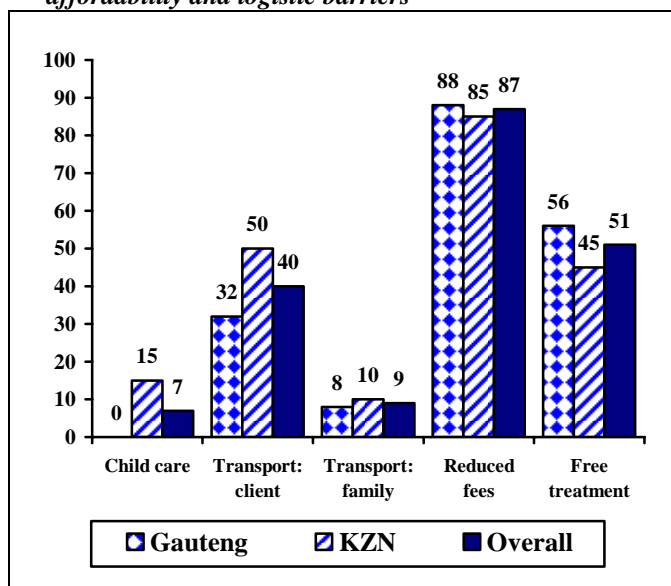
Affordability & logistic barriers

- While almost 90% of facilities offer reduced fees to poorer clients, only

50% of facilities have free treatment slots available (Figure 9).

- ❑ Only 40% of facilities provide clients with transport to the facility, and less than 10% provide transport to clients' family members (Figure 9). This hampers the extent to which families participate in treatment.
- ❑ Less than 10% of facilities provide clients with access to child care services (Figure 9).
- ❑ There are thus few treatment options available for clients without access to private transport and child care.

Figure 9. Proportion (%) of facilities addressing affordability and logistic barriers



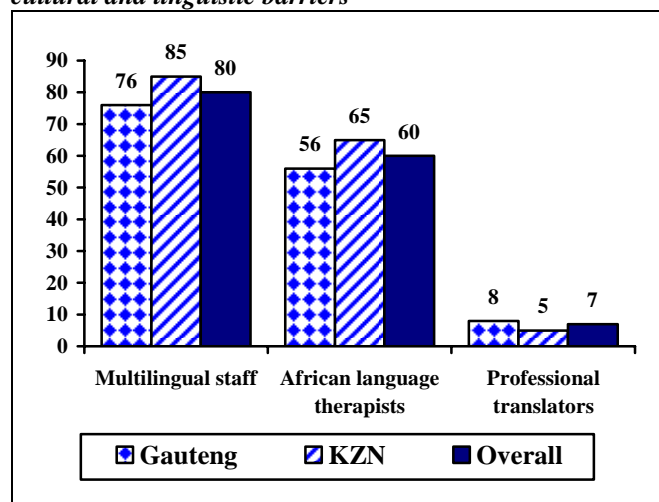
- ❑ Compared to other facilities, a higher proportion of private non-profit inpatient facilities provide transport for clients. Less than 10% of private non-profit outpatient and state outpatient facilities provide this service.
- ❑ None of the private for-profit outpatient facilities offer clients reduced fees.

- ❑ Private for-profit outpatient facilities are least likely to offer free treatment slots to poor clients, with a greater proportion of state and private non-profit inpatient facilities offering this service.

Cultural & linguistic barriers

- ❑ While 80% of facilities report employing multi-lingual staff, only 60% of facilities employ African language-speaking counsellors (Figure 10).
- ❑ This is cause for concern as it limits the extent to which Black/African persons are able to understand and ultimately benefit from treatment.
- ❑ For-profit facilities are the least likely to employ African language-speaking counselors, multilingual staff and professional translators.

Figure 10. Proportion (%) of facilities addressing cultural and linguistic barriers

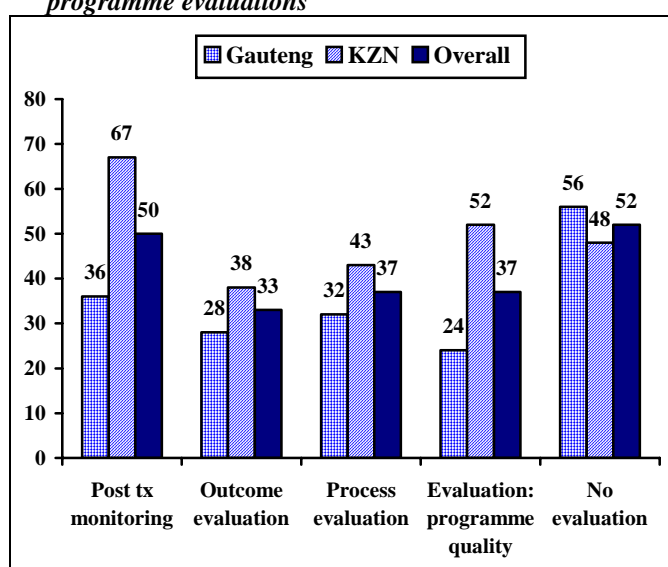


Monitoring & evaluation activities

- ❑ Only 50% of facilities monitor clients post-discharge. Facilities in KZN are more likely to monitor clients post-discharge than facilities in Gauteng (Figure 11).

- ❑ Less than a third of facilities had conducted an outcomes evaluation and only 37% had conducted a process evaluation of their treatment programme (Figure 11).
- ❑ More than half the facilities had not conducted any form of programme evaluation. This has implications for the extent to which facilities can talk about treatment “success” rates.

Figure 11. Proportion (%) of facilities conducting programme evaluations



SELECTED RECOMMENDATIONS

Research activities

- ❑ To ensure that facilities deliver adequate and appropriate services, a national treatment audit should be conducted on a regular basis (at least once every 2 years).
- ❑ To prevent duplication of services and enable maximisation of scarce resources, a national survey examining the prevalence of substance use disorders and unmet need for substance abuse treatment should be conducted.

- ❑ The post-discharge monitoring of clients and regular programme evaluation activities should be encouraged

Availability of services

- ❑ Treatment capacity needs to be increased at existing facilities, especially among those in Gauteng.
- ❑ Treatment occupancy rates at existing facilities should be maximised.
- ❑ Lengthy waiting lists (especially at state inpatient facilities) must be reduced.
- ❑ The availability of services for (and use of services by) Black/African and female substance abusers needs to be addressed as a matter of urgency.

Barriers to treatment entry

- ❑ Increase the availability of affordable treatment services.
- ❑ Address indirect costs of accessing treatment (such as transport) by shifting from the provision of facility-based services only to include mobile clinics located within impoverished areas.
- ❑ Increase the number of African language-speaking counsellors by training and recruiting more African language-speaking persons into the substance abuse treatment field.

Comprehensiveness of services

- ❑ Work towards integrating mental health and substance abuse services into a comprehensive service package which includes assessment for co-occurring mental health problems.

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