EXPERIENCES AND SUPPORT NEEDS OF ADULTS LIVING WITH SUBSTANCE USE DISORDERS DURING THE COVID-19 LOCKDOWN IN MAMELODI

A report on a study project presented to

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Abstract

In the global spectrum substance use has substantially increased during the COVID-19 pandemic and substance use was reported as a way to cope with anxiety concerning the COVID-19 lockdown. In South Africa, the prolonged effects of lockdowns on psychosocial support services resulted in decreased availability of services aimed at assisting persons living with substance use disorders and these changes in service provision seemed to precipitate relapse. Prior to the COVID-19 pandemic, people living with substance use disorders in South Africa, had limited access to harm reduction services, the COVID-19 pandemic and consequent lockdown, created new challenges in providing treatment, care and support to people living with substance use disorder. The negative effects of COVID-19 on services aimed at assisting persons living with substance use disorders, needed to be investigated hence patient disengagement and attrition from treatment increased during this period. Evidence-based knowledge is needed to locally and internationally reporting on how substance use disorders were affected by COVID-19 lockdown, and to highlight more effective ways to prepare for future emergencies. This study intended to contribute to an emerging body of literature reporting on adults living with substance use disorders within the South African context during the COVID-19 lockdown particularly in Mamelodi Township. A qualitative research approach was adopted to explore and contextualise the experiences and support needs of adults living with substance use disorders during the COVID-19 lockdown in Mamelodi Township. This was achieved by conducting face to face semi-structured interviews with ten (10) participants (9 males and 1 female) residing in Mamelodi township, between the ages of (19-35) years living with substance use disorders, who were selected through the usage of purposive sampling technique. An interview guide with open-ended questions was utilized as an instrument to collect data from research participants. The thematic analysis method was utilized in the study to assist in reaching a holistic understanding of the phenomenon being studied. In carrying out this study ethical requirements such as informed consent, debriefing, beneficence, confidentiality, and proper record keeping were adhered to as well as the avoidance of harm. The study also employed the contextual research design to extensively explore the experiences and support needs of adults living with substance use disorders during the COVID-19 lockdown in Mamelodi township. The findings of the study confirmed that there was limited support for adults living with substance use disorder during COVID-19 lockdown in Mamelodi. Access to community-based support services was quite limited due to lockdown regulations and participants

had to rely mainly on the support that they got form their families and other local organisation such as churches, NGOs etc for support during the difficult period of COVID-19 lockdown. Contingency measures need to be put in place to ensure the continuity of uninterrupted services community-based support services in times of a pandemic in future.

DECLARATION

I Portia Masemola declare that this research report on the experiences and support needs of adults living with substance use disorder in Mamelodi during COVID-19 lockdown, is my own work. The type of assistance received during the development of the research report has been in the form of supervision and professional guidance. The information compiled in this research report was gathered by me while working under the guidance of the department of social work at the university of Witwatersrand. The research report has never been submitted before for any degree or examination at any other university.

P. Masemola *24 November 2023*

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Signature Date

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LIST OF ACRONYMS AND ABBREVIATIONS

AA	Alcoholics Anonymous
CDA	Central Drug Authority
COVID-19	Coronavirus Disease
CSO	Civil Society Organizations
DSD	Department of Social Development
DSM-V	Diagnostic and Statistical Manual of Mental Disorders
FBO	Faith Based Organisations
HSRC	Human Science Research Council
LDAC	Local Drug Action Committees
NA	Narcotics Anonymous
NGO	Non-governmental Organisations
NIDA	National Institute on Drug Abuse
NPO	Non-profit Organisations
NDMP	National Drug Master Plan
PPE	Personal Protective Equipment
PSAF	Provincial Drug Forums
SACENDU	South African Community Epidemiology Network on Drug Use
SAPS	South African Police Services
SUD	Substance Use Disorders
UN	United Nations
UNODC	United nations Office on Drugs and Crime
WHO	World Health Organisation

Chapter 1: Introduction

1.1 Background of the study

Globally, the prevalence of substance use disorders has long been accepted as an intractable public health conundrum. World Health Organisation has also emphasised that substance use disorders need to be investigated through health lenses, especially in less resourced settings (World Health Organisation,2020). In addition, the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) recognises substance use disorders as a health problem which needs to be prioritised equally with other health problems as it has negative consequences on an individual's cognitive, behavioural, and physiological life dimensions (Schultz & Alpaslan, 2020). Researchers such as Friedman and Hansen have observed an increase in substance use and drug overdose in the United States since the COVID-19 pandemic was declared a national emergency in March 2020 (National Institute of drug abuse, 2020). Substance use disorders are chronic mental health conditions because they affect the brain's normal function and, about 20% of Americans who have depression or anxiety disorder also have a substance use disorder (Addiction centre, 2022). In the African continent at least 15,3 million people have drug use disorders, less than half of the population (38,3%) actually drinks alcohol, meaning they consume on average 17 litres of pure alcohol annually and the harmful use of alcohol results in 3,3 million deaths each year (World Health Organization, 2020). Data from nationally representative community sample in South Africa indicates a high lifetime prevalence of 13.3% of substance use disorders amongst the population, alcohol is the primary substance of use, however an increase in the use of methamphetamine has also been reported (Sorsdahl et al, 2021). Available data also indicates a rising prevalence of illicit opioid use in the past two (2) decades, around 400 000 people in South Africa use heroin daily while there's an estimated of 82 500 people injecting themselves with the drug (Bhoora et al, 2022).

In response to the above, different governments and relevant organisations have responded to the call. The World Health Organization and the United Nations have been in the forefront with many efforts in synthesizing evidence and developing guidelines and frameworks to combat this public health crisis (Tran et al., 2019). However, the outbreak of coronavirus which caught the world off guard has destructed the progress and exacerbated substance abuse problems (World Health Organisation, 2020). The changes associated with COVID-19 lockdowns affected different traditional and known methods of interventions to health problems which include substance use disorders.

In South Africa, Narcotics Anonymous and Alcoholic Anonymous meetings were halted, and admission numbers of service users living with substance use disorders into treatment centres were also halved (Harrison, 2020). On the same note, people living with substance use disorders were not prioritized because most measures were put in place to address COVID-19 related cases only (Stowe et al., 2020). As a middle-income country, South Africa has limited opportunities for adults to receive comprehensive treatment for substance use disorders, and the COVID-19 pandemic has contributed as a stress factor, it worsened the vulnerable position of persons living with substance use disorders (Dehanov et al., 2020). Accurate numbers of people who use drugs in Mamelodi do not exist, heroine is the widely injected drug in the area (Bhoora et al., 2022). A study conducted by COSUP (Community Oriented Substance Use Programme) on managing acute opioid withdrawal with tramadol during COVID-19 lockdown, indicated a 78% increase when compared previous studies of a total number of clients seeking management for acute withdrawal across their sites in Mamelodi (Bhoora et al., 2022). This increase speaks to a notable dependence on opioids in the community which was negatively affected by COVID-19. Notably there is also a shortage of resources for adequate and effective treatment of persons living with substance use disorders within the community (Avena et al.,2021). Due to the socioeconomic status of many families within the area, depend on public funded facilities for primary health care, mental-health support services, social welfare services etc. as they cannot afford private facilities (Mokwena & Madiga, 2023). The combination of situations surrounding persons living with substance use disorders makes it obligatory to explore the experiences and support needs of this population during a challenging period of COVID-19 lockdown specifically in Mamelodi.

1.2 Statement of the problem and rationale of the study

Globally, eclectic literature highlights that the outbreak of coronavirus affected normal leaving conditions and service delivery. In cognisant of the above, 35 million vulnerable individuals struggling with substance use disorders (SUD) worldwide have not received sufficient attention for their special health and medical needs (World Health Organisation, 2020). In addition, during the COVID-19 pandemic substance use disorders have not featured significantly in policy and program planning in most settings (Dannatt et al, 2021). Problems associated with substance use disorders should be addressed through a comprehensive framework for treatment, such treatment delivery systems require additional training and infrastructure for providers (Cioffi & Leve,2020). African countries struggled to embed support for people living substance use disorders with COVID-19 regulations. For example, in Morocco before the

COVID-19 pandemic, the ministry of health had launched the national strategic plan of prevention and care of addictive disorders, but during the pandemic there was no official plan to manage the support and treatment of substance use disorders (Dannatt et al, 2021).

In South Africa prior the lockdown, the National drug master plan policy (NDMP 2019-2024), and the Anti-substance abuse Gauteng City Region strategy by the Department of social development were revised and approved for implementation in 2020 (Department of Social Development, 2021). Community monitoring systems have also been introduced to record and monitor drug trends namely, the South African Community Epidemiology Network on Drug Use (SACENDU) which monitors admissions into rehabilitation centres for alcohol and drug dependence. However, the implementation of the above policy programmes have been affected by the covid-19 lockdown since all the attention and resource have been directed towards the pandemic. Dannatt et al. (2021) added that there was inadequate planning for people living with substance use disorders hence they suffered uncomfortable and unsupported withdrawal symptoms in shelters. Beyond the lack of access to care, patients living with substance use disorder have faced unique challenges, the mortality rate for patients with substance use disorder might be significantly higher than the general population (Khatri & Perrone, 2020).

The COVID-19 pandemic disproportionately affected people with substance use disorders; through diminishing resources needed for their recovery (Jemberie et al., 2020). The role of political, civil, and societal organisations is to protect the dignity of all human beings equally, however people with substance use disorder suffer from stigma and discrimination (Bala & Kang'ethe, 2021). A suite of multi-sectorial actions and strategies is needed to strengthen, modernize, and complement addiction care systems which will become resilient and responsive in future to systemic shocks similar to the COVID-19 pandemic (Jemberie et al.,2020). The COVID-19 lockdown has resulted in prolonged exposure to stress, social isolation, and inadequate access to treatment. The efficacy of several interventions for alcohol and substance use disorders, including Alcoholics Anonymous and Narcotics Anonymous were greatly affected due to limited education and training on alcohol and substance use disorders and the lack of appropriate access to resources to combat addiction (Blanco et al, 2021). Mounting fear and unpredictability coupled with widespread unemployment and social isolation, escalated anxiety and impacted the mental health of many persons living with substance use disorders across the globe (Smith et al., 2021). Very little is known about the experiences and support needs of persons living with substance use disorders, yet people were faced with experiences of food insecurity, lack of access to treatment services and health care systems (Jemberie et

al.,2020). Pandemic-related stress, anxiety, isolation and disrupted treatment and recovery programs increase the likelihood of substance misuse, addiction, and relapse (Avena et al., 2021). This makes it important to conduct research on the experiences and support needs of persons living with substance use disorders to strengthen future treatment services which will become more resilient and responsive to systemic shocks similar to COVID-19 lockdown. The researcher hoped to obtain data that will contribute to the contextualised understanding of experiences and support needs of persons living with substance use disorders, and the information gathered in this research study will identify areas of special needs related to substance use disorders within Mamelodi.

1.3 Research questions

1.3.1 What are the experiences and support needs of adults living with substance use disorders?

1.3.2 What are the impacts of COVID-19 lockdown on the delivery of services directed towards assisting people living with substance use disorders in Mamelodi?

1.4 Aim(s) and objectives of the study

1.4.1 Aim of the study

To explore the experiences and support needs of adults living with substance use disorder during the COVID-19 lockdown in Mamelodi.

1.4.2 Objectives of the study

- To explore personal experiences of adults living with substance use disorders in Mamelodi Township during the COVID-19 lockdown.
- To investigate the support needs of adults living with substance use disorders in Mamelodi Township during the COVID-19 lockdown.
- To examine the impacts of COVID19 on the delivery of services intended to assist people living with substance use disorders in Mamelodi.

1.4 Definition of concepts

1.5.1 substance use disorders

The term substance use disorder is mostly used interchangeably with the term's addiction/ substance dependence, and they are characterized by patterns of maladaptive use of psychoactive substances, these disorders include substance abuse and substance dependence (Bush & Lipari, 2016). For this study substance use disorders referred to the negative consequences of the use of one or more substances on the individual's behavioural and social life dimensions despite detrimental related problems.

1.5.2 Experiences

Experiences indicate knowledge of the event through participation or exposure, which includes emotions, attitudes, behaviours, perceptions and needs (Grobler et al.,2013). The term experiences intended to explore how individuals living with substance use disorders perceive COVID-19 lockdown and share their knowledge as they went through the ordeal.

1.5.3 Support needs

According to Thompson et al., (2009) support needs can be seen as psychological constructs referring to the pattern and intensity of support a person requires to participate in activities associated with normative human functioning. This study intended to look into how adults living with substance use disorders in Mamelodi Township are functioning in an environment that gives them no choice but to live with a life-threatening virus of COVID-19 in their own individual capacity.

1.5.4 Adults

The World health Organisation, (2013) describes an adult as a person older than 19 years of age unless national laws define a person as being an adult at an earlier age. For the purpose of this study an adult was referred to persons between the age of 19-35years of age.

1.5.5 Township

A township in South Africa is a dense urban settlement usually built a distance from the centres of commercial and industrial activity and they were designed in the apartheid era as dormitory towns for black workers, with no internal economic logic and limited social services (Phillip, 2018). This study focused on Mamelodi township as it is a dense urban settlement, with limited social services and is identified as one of many drug hotspots in Gauteng province by the department of social development within the country.

1.5.6 COVID-19

The coronavirus 2019 (COVID-19) is an infectious disease caused by a newly discovered novel coronavirus, it spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes (World Health Organisation, 2021). COVID-19 was viewed as the life changing infectious disease that changed traditional treatment services for persons living with substance use disorder in Mamelodi township.

1.5.7 Lockdown

A set of measures aimed at reducing the spread of COVID-19 of which are mandatory, applied indiscriminately to a general population and involve some restrictions on the established

pattern of social and economic life (Haider et al., 2020). Lockdown measures dictated the manner in which this study was conducted as were mandatory and aimed at reducing the spread of COVID-19 countrywide.

1.6 Chapter Outline of the Research Report

This research report contains five (5) chapters, Chapter one (1) presents the background of the study, the problem statement and the rational of the study as well as the definition of concepts used in the study. Chapter two (2) provides the review of literature available in the field of substance abuse as well as the theoretical framework that was used to guide the study. Chapter three (3) discusses the research approach, research design, population, sampling size, sampling procedures, research instruments, methods of data collection, methods of data analysis, and the trust worthiness of the study. Chapter four (4) gives a presentation and discussion of research findings and Chapter five (5) provides the main findings, conclusions, and recommendations.

1.7 Chapter summary

This chapter reported on the background of the study, statement of the problem and rationale of the study. It also reported on the research questions, aims and objectives of the study. It also defined key concepts within the study.

Chapter 2: Literature Review

2.1 Introduction

A literature review is a review of the existing scholarship or available body of knowledge that helps researchers to see how other scholars have investigated the research problem that they are interested in, name how they theorised and conceptualised issues, what they have discovered empirically, the methodology they have used, and to what effect Snyder (2019, as cited in Fouche et al., 2021). The literature review is not only an overview and discussion of what others have done, and what was aimed at developing conceptual links, but an exploration of the state of theory for the topic under investigation (Fouche et al, 2021). In this study the literature review will place focus on substance use disorders.

2.2 A general overview on substance use disorders in South Africa

In South Africa today, about 12% of the nation uses drugs and a third of adults consume alcohol at harmful rates, with a significant increase in binge drinking amongst women and youth (Ambruoso et al., 2022). As a developing economy, South Africa is vulnerable to the problem of alcohol, tobacco, and drugs (Department of Social Development, 2021). The demand for alcohol and cannabis use in the country is alarmingly high, and South Africa ranked as the fifth-highest alcohol consumption population compared to other countries around the globe (World Health Organisation, 2020). In the sub-Saharan region, South Africa is the largest market for illicit drugs, it has the fourth highest rates of drug offences and one of the world's highest opioid addiction rates (Nyashanu & Visser, 2022). Despite the rampant use of drugs in the country, data on substance use disorders is limited, nationally 10.3 % of the adult population are estimated to consume alcohol at harmful levels, 9,6 % are estimated to use licit and illicit drugs mainly driven by cannabis, followed by Mandrax (methaqualone), methamphetamine, and opiates (Harker, 2022).

Over the past decade South Africa has experienced a rise in the usage of illicit opioid drugs particularly a cheaper low grade cocktail heroin product that is smoked together with cannabis 'Nyaope' (Harker et al, 2020). Nyaope exclusively available in South Africa, emerged in Tshwane townships around the year 2000 and 2006, particularly in Soshanguve, Mamelodi and Atteridgeville (Madiga & Mokwena,2022). Nyaope is a mixture of heroin, dagga and other compounds, users administer the drug by sniffing, injecting, or smoking (Department of Social Development, 2020). Nyaope addictions amongst the population has worsened the already prevalent crisis for mental health services in South Africa (Mokwena, 2015).

Reportedly, cannabis and heroin (Nyaope) are the most prevalent drugs of use in Tshwane region, approximately 4514 persons are living with substance use disorders (Madiga & Mokwena,2022). The use of Nyaope has intensified in local townships like a lethal weapon destroying young people predominantly residing in black residential areas at an alarming rate (Masombuka & Qalinge, 2020). Furthermore in 2020, the South African Community Epidemiology Network on Drug Use (SACENDU) reported an increase in the demand for substance abuse treatment services in Gauteng (Mokwena, 2021). The Gauteng city region Anti-substance abuse social movement campaign 'keep it 100'was launched in 2016 to strengthen interventions to curb the scourge of substance abuse by government in the province (Department of Social Development,2020).

Despite the prevalence of substance use disorders in the country, treatment availability is limited with less than 5% of individuals struggling with substance use disorders ever accessing treatment due to structural and systematic factors that include treatment infrastructure constrains (Myers et al., 2022). According to the Human Research Council (HSRC), (2021) 3,9% of the south African population abuses substances, 0,6% are currently dependent on substances, yet a shortage of finances prevents the possibly to scale up interventions and make them routinely available in all parts of the country. Majority of the population live below the poverty line in crowded homes and most organisations providing services for the treatment of substance use disorders have limited financial resources to invest in comprehensive community level treatment services (Mbunge, 2020). Substance use disorders are also highly stigmatised within the South African population, which exacerbates structural barriers to accessing treatment and contributes to substance use disorders being perceived as having a low need for treatment (World Health Organisation, 2020).

2.2.1 Overview of the South African Policy frameworks for substance abuse

In South Africa today, the treatment of substance use disorders is regulated by national legislations and policies guided by the prevention of and treatment for substance abuse Act (No 70 of 2008). This policy regulates the operations of the Central Drug Authority, a multi-sectoral committee that comprises of executive ministers from various government departments (Department of Social Development, 2020). The National Drug Master Plan (NDMP) is a strategic document derived from the substance abuse Act, it guides operational plans of all government entities in reducing the demand, supply and related harm caused by drugs and alcohol within the South African population (DSD, 2020). The National Drug Master Plan 2019-2024 is the fourth edition, it applies a more rights-based approach when dealing with

persons living with substance use disorders as opposed to previous plans (DSD, 2020). Each province within the country then develops its own provincial integrated Anti-Substance Abuse Prevention and Treatment strategy also known as a mini-drug master plan, that is aligned to Act No. 70 of 2008 to coordinate and maximise stakeholder interventions within local communities across the country (Whiting,2014).

A health-oriented approach is applied which relies more on abstinence based out-patient treatment or residential treatment services as an intervention measure to treat substance related disorders (Marchand et al., 2019). The treatment and care of persons living with substance use disorders is spear headed by Department of Social Development together with the Department of Health to help reduce the demand and harm caused by substance abuse within local communities (Mokwena, 2015). Their implementation treatment strategy is guided by the community-based approach and promotes the inclusion of non-governmental organizations (NGOs), Non-profit organizations (NOPs) civil society organizations (CSOs), community-based organizations and faith-based organizations (FBOs) supported by Provincial Drug Forums (PSAFs), Local Drug Action Committees (LDACs) (DSD,2020). A multi-disciplinary professional approach for rehabilitation services in the country is applied which consists of medical doctors, nurses, social workers, occupational workers, clinical psychologists etc (Fernandes & Mokwena, 2016). The medicine and related substances Act No 101 of 1965 regulates the registration of medicine and other medicinal products and also makes provision for the establishment of a medicines control council for the scheduling and control of substances and medical devices (whiting, 2014).

The current South African criminal law remedy against substance abuse is normal prosecution and punishment through direct imprisonment (Monyakane, 2018). The Department of Justice, Correctional Services, and the South African Police Services (SAPS) are responsible for the regulation of licit substances and curbing of illicit substances, their functions are liquor licencing, border entry searches, drug distribution arrests etc. in efforts to reduce the supply of drugs and alcohol in local communities (Whiting, 2014). The drug and drug trafficking Act No.140 of 1992 regulates the use, dealing in, possession or manufacturing of drugs through the criminal justice system within the country (Monyakane, 2018). The tobacco products control Act No 83 of 1993 regulates the production, advertisement of tobacco products, the prohibition of smoking in public spaces, and the sponsoring of events by the tobacco industry (DSD,2020). The South African Schools Act No 84 of 1996 governs the national guidelines for the

prevention and management of Drug Use in schools (Department of Social Development, 2020).

2.2.2 The effects of Covid-19 on interventions for substance use disorders

The global pandemic of COVID-19 has significantly impacted daily living and has forced changes on societies to adopt atypical ways of living (Haleem et al., 2020). Essentially, efforts had been made to ensure continued access to services, however due to travel restrictions and limited telemedicine services, lower-resourced countries experienced challenges with providing care to their patients during periods of COVID-19 lockdowns (Stowe et al., 2020). Based on evidence substance use disorder treatment services in South Africa have been significantly affected during the COVID-19 lockdown and more severely during the onset of the pandemic (Pagano et al.,2021). Addiction care programs were postponed instead of being prioritized or even reinforced during the periods of COVID-19 lockdowns (Ornell, 2020).

Consequently, in South Africa a national lockdown was implemented on the 26th of March 2020 to slow down the spread of the virus, people's mobility was limited to leaving home for the acquisition of essential items such as food and medical supplies with all non-essential services being halted. Lockdown measures also restricted the type of services that could be provided to persons living with substance use disorders (Harker et al.,2022). Restrictive lockdown measures put in place during the height of COVID-19 had significantly affected access to prevention and treatment services among people living with substance use disorders (Matteo, 2021). Health services specifically harm reduction services were not expanded, there was no improved access to MAT and Naloxone (opioid overdose reversal drugs) or the home delivery of key medications for persons living with substance use disorder such as methadone and benzodiazepines (Munro et al., 2021). A study conducted by Harker et al (2022) consisting of sixty-three (63) substance use disorder treatment providers reported a decreased availability of services during COVID-19 lockdown. Service providers also noted that rates of patient disengagement and attrition from treatment increased during the period of hard lockdown as many patients did not utilize treatment options available due to lack of mobile technology to support the use of virtual platforms, mobile data issues and privacy concerns (Matteo, 2020).

The COVID-19 pandemic exacerbated poor access to drug harm reduction services which existed for a long time (National Institute on Drug Abuse, 2020). A study conducted by Galarneau et al., (2021) indicated that persons living with substance use disorders experienced

fear, depression and anxiety which decreased their social connections, and they also experienced reduced access to housing, harm reduction services and medical care services. As a vulnerable population people living with substance use disorders more likely used substances as a coping mechanism in the context of COVID-19 lockdown and showed risk for increased anxiety and depression (Wang et al., 2021). The hard lockdown response to the COVID-19 pandemic exacerbated pre-existing structural barriers as well as gender and racial disparities in access to treatment, due to worsening socio-economic conditions (Dunlop et al.,2020).

Overdose prevention and management programmes as well as critical harm reduction services were disrupted in more than 50% of the world countries that were already limited in availability (WorldHealthOrganisation,2020). The impacts of COVID-19 lockdowns on services addressing substance abuse were detrimental, harm reduction and treatment programs struggled to adopt flexible strategies and protocols for ensuring uninterrupted service delivery during hard lockdown stages (Arya et al.,2022). Health care systems were strained due to mounting COVID-19 cases, suffered economic losses from high costs of personal protective equipment (PPE) and reductions in elective procedures (Avena et al., 2021). The previously planned hospital-based services for substance use disorders were repurposed into COVID-19 wards. There was also a reduction on the provision of needle and syringe exchange programs aimed at assisting persons injecting themselves with performance enhancing drugs and illicit drugs (Munro et al., 2021).

Family structures within local communities had to offer financial, emotional, social, and psychological support to family members living with substance use disorders during COVID-19 lockdown (Stowe et al.,2020). Social support seems to have been one protective measure for this population against adverse outcomes of stress, loneliness, and anxiety caused by COVID-19 lockdowns. Emerging evidence suggested that access to treatment for persons living with substance use disorders became severely curtailed across the world, partly because substance use disorders services were considered non-essential during the pandemic as health resources were directed away from treating and managing substance use disorders (Harker et al., 2022).

Domestically, little is known about how residential treatment programs had been impacted by COVID-19 lockdown; however, program level impacts had decreased and there were insufficient resources to implement infection control measures which resulted the receipt of fewer services while in treatment (Pagano et al., 2021). Limited studies have examined the

impact that changes in the treatment of substance use disorders, especially the expansion of telehealth and the suspension of group therapies have affected persons living with substance use disorders (Galarneau et al.,2021). Social and economic changes caused by COVID-19 lockdown, along with the inconvenience regarding access to treatment and adherence to social distancing aggravated substance use disorders, it also made it difficult for healthcare providers to avail medications, harm reduction programs and mutual support groups (Dannatt et al., 2020). Its prolonged effects on psychosocial support services resulted in outbursts of social unrests, increased gender-based violence cases stigmatization, depression, obsessive behaviours etc (Mbunge et al., 2020).

2.2.3 The influence of COVID-19 lockdowns on the increase of substance use disorders

COVID-19 lockdowns have been associated with mental health challenges, such as, depressive disorders, substance use disorders and anxiety disorders increased in the United States during April-June 2020 compared to the same period in 2019 (Czeisler, 2020). COVID-19 lockdown had major implications for psychiatric distress and substance use as persons living with substance use disorders struggled to maintain sobriety and increased their consumption patterns during this period (Grau-Lopez et al., 2022). Due to border closures persons living with substance use disorders switched to alternative substances multiple times a week, bulk-stocked drugs, increased the frequency and amount of substance intake to overcome shortage of drug supply (Arya et al., 2022). The population of persons living with substance use disorders engaged in risky behaviour during strict lockdown as they shared instruments for the injection of drugs and obtained drugs in pre-filled syringes from drug dealers etc (Otiashvili et al., 2022).

The consumption of cannabis, alcohol and prescription benzodiazepines substantially increased as an attempt to maladaptively cope with anxiety, isolation, depression, and loneliness (Bendau et al., 2022). Lockdown prevention measures were jeopardized by withdrawal symptoms experienced by individuals using drugs, they intensified drug consumption and triggered relapse, even in those long-term abstainers (Ornell et al.,2020). Reportedly, there were 19 365 suicides, 21 778 fatal drug overdoses and 8 790 deaths from alcohol related liver failure during COVID-19 lockdowns (Pagano et al., 2021). In the United States compared to 2019, in 2020 overdose mortality declined by 22,5%, suicides declined by 17,5 %, while alcohol deaths increased by 12,4% indicating that the onset of the covid-19 pandemic was associated with mixed patterns of mortality between drug overdose, suicide and alcohol deaths (Larson & Bergmans, 2022).

A study conducted by Mulaudzi et al (2021), consisting of young people residing in Soweto, South Africa, assessing risky behaviour during COVID-19 lockdown indicated that alcohol consumption on a daily basis was used as a coping strategy. Family structures also had to take on additional support responsibilities with or without the knowledge and skills on how to best support persons living with substance use disorders (Harker et al, 2022). Tobacco and alcohol ban also encouraged the illegal purchase of alcohol which led to home brewing of alcohol which may have resulted in distress and anxiety among the population living with substance use disorders (Harker et al., 2022).

COVID-19 associated economic and social restrictions led to decreased opportunities for the management of anxiety, stress, domestic violence, child maltreatment, and existing mental health conditions (Otiashvili et al., 2022). The COVID-19 pandemic has been a stressor for vulnerable populations and has exacerbated mental health symptoms and substance use disorders that were aggravated by lockdown and social isolation (Stowe et al., 2020). About 20% of young adults living with substance use disorders reported increased substance use, serious thoughts of suicide and uncontrollable purchasing habits due to border closure (Panchal et al., 2020). The health and social consequences of the COVID-19 lockdown also exacerbated fear, substance misuse, and poor management of HIV amongst the population of persons living with substance use disorder (Hochstatter et al., 2020).

2.3 Theoretical Framework: Ecological Systems theory

The theoretical framework applied in the study was used as a guiding factor to ensure that the study is able to describe and discuss the experiences and support needs of adults living with substance use disorders during COVID-19 lockdown. It provided direction as to which perspective could the research study be conducted. This research study employed Urie Bronfenbrenner's (1979) ecological systems theory of human development and socialization. This theory places an individual at the centre of their environment, it asserts that their development is influenced by everything within their surrounding environment and puts emphasis on the quality and context of their surrounding environment (Maxwell, 2013). The ecological systems theory views human development as a complex system of relationships influenced by numerous layers of the surrounding environment, from immediate family settings, schooling environment to broad cultural values, customs, and laws (Evans, 2020).

This theory in relation to this research study explains that when an individual is brought up in a society that normalizes the usage of licit and illicit substances, they themselves are probable to use these substances. The ecological systems theory further asserts that to study human development then we need to not only look at the individual and their environment, but also look at their interaction within the larger environment (Evans,2020). The ecological systems theory's underlying principles explain human interactions at different levels, namely the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Friedman & Allen, 2014). According to Maxwell (2012), the ecological systems theory looks at how people adjust to the demands brought about by the environment, their needs, growth as individuals, groups, and community at large in a helping relationship.

Applicably, this research study investigated how adults living with substance use disorders interact with their environmental systems within Mamelodi Township. This study further explored how these systems affected their lives as individuals, in relationships with significant others, within the community and in relation to social support programs aimed at addressing the social impact of COVID-19 lockdown on individuals living with substance use disorders in Mamelodi Township. The ecological systems theory is a flexible theory which does not present specific ways to resolve a problem, but rather a way to determine what might be causing a problem and ensure all variables in a problem are accounted for (Salem Press Encyclopaedia of Science, 2020).

This theory has been deemed as a suitable guide for the study as research has shown that the COVID-19 pandemic and consequent lockdown, created new dynamics within environments, new dynamics of restricted movements, social isolation, and limited access to substance abuse support services. Which attributed to increased pandemic-related stress, anxiety, increased substance misuse, unemployment, disrupted treatment programs and financial uncertainty (Dannant et al.,2020). This theory contextualizes how a person's behaviour is influenced by different circumstances or environments at different levels of their lives and helps us understand how the dependency between people and the environment exists. The ecological environment evokes a hypothesis that a person's development is profoundly affected by events in settings in which the person is not even present (Bronfenbrenner, 1979).

The COVID-19 lockdown was adopted as a measure to stop the spread of the deadly virus worldwide by governments, in the receiving end were people in communities around the globe including those in local communities such as Mamelodi township. Among the population are

people living with substance use disorder, who had to find ways to cope and adjust to the new normal during the COVID-19 lockdown. The ecological systems theoretical model permitted the researcher to apply a methodologically rigorous model that produced findings which have important implications for both science and public policy as far as future planning for systematic shocks such as COVID-19 lockdown is concerned.

The microsystem is the initial innermost structure charactized by interpersonal relations, activities and roles experienced by the individual in their immediate setting (Evans et al., 2010). This system emphasises that the first point of influence within the environment are people closest to an individual with whom he/she interacts face to face such as significant others (parents, friends, close relatives etc) (Paquette & Ryan, 2001). Adults living with substance use disorders interact with their closest families together with the environment on a daily basis, as Bronfenbrenner argues that individuals learn their habits, temperaments, and capabilities at this level (Salem Press Encyclopaedia of Science, 2020).

Relations formed within the microsystem are very personal, as a result strong nurturing relationships are said to have a positive effect on an individual, whereas distant and unaffectionate relationships have a negative effect on the individual (Guy-Evans,2020). For instance, children whose parents are abusing substances inherit intergenerational transmission of drug abuse and maltreatment (Walsh et al.,2003). The COVID-19 lockdown introduced atypical ways of living in communities particularly for families as they had to create stronger bonds, rely on each other for emotional, social, financial, and psychological support during a time of need. Family relationships took an important role as a butter against stress when perceived as adequate, or they were a risk factor for depression, substance misuse when perceived as deficient and inadequate.

The mesosystem on the other hand, emphasises that relationships from multiple microsystems connect in efforts to improve an individual's interaction with the environment (Paquette & Ryan, 2001). The mesosystem if formed when microsystems such as family and sobriety sponsors interact to ultimately influence the behaviour of the individual to maintain sobriety for long term (Evans, 2010). For example, the adult's counsellors may meet with the adult's significant others and stayed in frequent communication to make sure that some of the adult's support needs are addressed as they are living with substance use disorders even during the COVID-19 lockdown. The counsellor might have also developed a care plan together with the adult concerned in the presents of their significant others to prioritize and promote their

psychological and physical wellbeing without the involvement of legal or illegal substances their lives. During COVID-19 lockdown counsellors had to come up with creative ways such as conducting counselling sessions on zoom, video calling etc to stay in contact with families of individuals living with substance use disorders which had a huge positive impact on relationships already established on this level of human interaction.

The exosystem which is the third level of the ecological system, encompasses the linkage and processes taking place between two (2) or more settings at least one of which does not ordinarily contain the individual, but in which events occur that influence processes within the immediate settings that contain the individual such as the local community, health, business, and social services (Härkönen, 2007). These interacting factors might be occurrences or events that take place in settings the individual is directly exposed to or indirectly influences their behaviour (Jack,2012). The South African government under the guidance of the World Health Organisation ordered a national lockdown policy to curb the spread of COVID-19, local communities, health services, social services together with businesses had to comply irrespective of the negative effects the hard lockdown had on them collectively or individually. People had to social distance, wear masks, stop going to work, school, sanitize their hands, adjust their cleaning habits, and only go out to purchase essential goods during the hard lockdown as ordered by the government.

The macrosystem takes cognisance of culture, subculture, social class, ethnic group, and religious tradition in which the adult lives and acknowledges that these change overtime (Härkönen, 2007). It also highlights that the individual's values and opportunities in life might be affected by these changes of their culture, subculture, social class etc. Atypical ways of living were practically introduced to come up with better ways to curb the spread of the deadly virus of COVID-19, people were expected to live in isolation which made it difficult for people living with substance use disorder to get access to substance abuse services all together. Different coping strategies were utilized to cope with the stress caused by COVID-19 lockdown such as substance misuse, ignorance, drug substitution and so forth. The macrosystem also highlights that the prevalence and normalization of substance abuse in communities is a contributing factor towards high rates of persons living with substance use disorders in Mamelodi (Masombuka & Qalinge, 2020).

Lastly is the chronosystem, which is time-based, and consists of continuity in the pattern of an individual's social interactions (Paquette & Ryan, 2001). The adult's experiences might be

different as the world lived with the COVID-19 virus under lockdown as compared to pre-covid-19 times, which made it imperative to explore how the adult's experiences were affected by the global covid-19 pandemic. The COVID-19 pandemic and consequent lockdown had considerable impact on ways of living and over the cause of time they exacerbated the prevalence of traumatic stressors on different levels of society not excluding persons with substance use disorders (World Health Organisation, 2021).

2.4 Chapter summary

This chapter's literature review included on the general overview of substance use disorder within the South African context and, it looked at the policy frameworks for substance abuse within the country. It discussed the effects of COVID-19 on interventions for substance use disorders as well as the influence COVID-19 lockdown had on the increase of substance use disorders. The theoretical framework that was adopted in the study was ecological systems theory and it was discussed in detail in relation to the research study. The next chapter discusses the methodology adopted in the study.

CHAPTER 3: Research Methodology

3.1 Introduction

This chapter outlines an in-depth discussion of how the qualitative research methodology was contextualized in the study. It discusses the rationale behind the employed methodology, how research was conducted, the process used for data collection, the steps followed in data analysis, methods employed to ensure validity and reliability of the study and it addresses the ethical considerations followed during the implementation of the research study.

3.2 Research methodology

Fouche et al., (2021) defines methodology as a scientifical and philosophically informed way to solve the research problem systematically. Research methodology is a rational framework that informs all designs, methods and techniques that will be used in conducting research from the start to finish. This chapter reports on how the application process of the research methodology unfolded.

3.3 Research Approach

A research approach entails the design and procedures to be followed in the study to explain data collection methods, data analysis and interpretation in a detailed manner (Creswell, 2014). In conducting this research study qualitative research approach was adopted to assist in obtaining, analysing, and interpreting information from adults living with substance use disorder in Mamelodi Township. Through qualitative research approach, the researcher explored and described the situations that adults living with substance use disorders in Mamelodi township faced during the COVID-19 lockdown. The utilization of qualitative research approach was quite beneficial in this study hence it assisted in producing thick yet detailed descriptions of research participant's opinions, feelings, and experiences (Maxwell, 2013). This researcher interacted with research participants and explored their experiences and support needs during COVID-19 lockdown and used her observations to contribute towards a developing body of knowledge in the field of substance abuse. The research study began with no pre-conceived ideas, it allowed themes to emerge from experiences, careful observations, and semi-structured interviews of research participants.

The advantage of using the qualitative research approach is that it answers questions about the complex nature of phenomena with the purpose of describing and understanding the phenomena from the participant's point of view (Fouche et al, 2021). Another advantage of using the approach is that it also allows for research to be conducted in the participants natural

setting and places focus on the meaning that participants hold about a particular issue or problem (Kumar, 2011). This research approach allowed the research processes of this study to be less structured, more holistic, and emergent with specific focus on, design, data collection methods and interpretations developing and gradually changing along the way (Creswell,2014). A disadvantage of using the qualitative research approach is that data collecting techniques of the researcher together with their own unique observations may alter some information in subtle ways, personal experience and knowledge may influence observations and conclusions (Fouche et al, 2021). Silverman (2010) argues that the approach sometimes leaves out contextual sensitivities and puts more focus on meaning and experiences. Smaller sample sizes may also raise the issue of generalizability to the whole population of research (Shultz & Alpaslan 2020). On the contrary, the goal of qualitative research approach is to provide contextualized, rich understanding of some parts of human experiences through intense study and not to make generalizations (Silverman, 2010).

3.4 Research Design

A research design can be described as a strategy or plan specifying how and where research participants will be selected, how data will be collected and which data gathering techniques will be utilized (Creswell, 2014). This research study utilized the case study design which Simon (2009) describes as an in-depth exploration from multiple perspectives of the uniqueness and complexity of a particular program, project, or system in real life. The case study research design was used to collect and analyse data that made it possible to explore the experiences of research participants who participated in the study. An exploratory case study design was employed as it afforded the researcher an opportunity for in-depth individual exploration of the experiences and support needs of adults living with substance use disorders (Shultz & Alpaslan, 2020). An advantage of using exploratory case study design is that each case was studied as if it was singular and then compared to other cases as a singular study (Thomas, 2011). The exploratory case study design assisted with the exploration of cases of a sub-group of adults informing on substance use disorders in Mamelodi township, as the researcher wanted to have a holistic understanding of phenomena (Fouche et al.,2021).

The exploratory case study design offered the researcher an opportunity to develop an understanding of the way people experience, think, act, and feel within their own environment. It gave the researcher an opportunity to locate, observe and interact with research participants who mostly share the same experiences within their own natural setting, and placed focus on social aspects influencing these individuals such as COVID-19 lockdown and how they

managed such aspects (Creswell, 2014). The case study design was of great relevance to the research study, as the study aimed to extensively explore the experiences and support needs of adults living with substance use disorder in Mamelodi township during the COVID-19 lockdown, it provided an overview and in-depth understanding without making generalisations (Kumar, 2011). On the contrary Thomas (2011) argues that a disadvantage of case study design is that it contains a bias towards verification hence it tends to confirm the researcher's preconceived notions / views on a subject matter. The principle of verifiability in a case study design particularly in qualitative research is realized by describing the entire process in detail, especially the analysis process in which concepts and patterns of behaviour as well as experiences are determined (Fouche et al., 2021).

3.5 Population, Sampling and Sampling procedures

Thyer (2010) defines a population as a very large set of people, phenomena, or objects that researchers intend to learn about. It is a collective term utilized to describe the total quantity of phenomena under investigation (Walliman, 2011). In this research study the targeted population consisted of adults between the ages of 19-35 years of age, who are service users at the Department of social development (service points) in Mamelodi Township. Service users at Second Chance Recovery Centre which is a halfway house in Mamelodi and Thandanani Drop Inn Centre which accommodates persons living with substance use disorder in their yellow house of refuge in Mamelodi Township. The targeted population had extensive knowledge and first-hand experiences about living with substance use disorder in Mamelodi township during the COVID-19 lockdown. Sampling is a technique researchers utilize to select groups of people, phenomena, or objects that they observe to obtain reliable, relevant, and accurate data (Thyer, 2010). A small sample of research participants living with substance use disorder in Mamelodi township was utilized to represent a particular population without generalising. The size comprised of ten (10) adult participants, nine (9) males and one (1) female, between the ages of 19-35 years, who are service users at Department of social development's local service points (Mamelodi East), Thandanani Drop inn centre and Second chance recovery centre.

This study utilised purposive sampling technique to select adults living with substance use disorders who reside in Mamelodi township. Purposive sampling is a non-probability sampling technique in which units are selected for observation on the basis of the researcher's own judgement about which one will be the most representative (Kumar, 2011). It involves the

selection of participants who have information and knowledge related to the purpose of the study (Fouche et al, 2021). The research participants were approached as they are knowledgeable and experienced about the phenomenon of interest. Inter alia, following are some of elements in the population that are identifiable and known, name: adults living with substance use disorder in Mamelodi township during the COVID-19 lockdown, who are service users at Thandanani drop inn centre, Second chance recovery centre and Department of Social Development's local service points in Mamelodi township. An advantage of using purposive sampling technique is that it is convenient, not time consuming, and low cost and more ideal for collective research design (Thyer, 2010). The disadvantage of using this sampling technique is that it contains selection bias, it is subjective and does not allow generalization (Thomas, 2011).

3.6 Research instrument(s) and pre-testing of research instruments(s)

The researcher used an interview guide with open ended questions to collect information from research participants. To ensure the validity of the research instrument, each question stemmed from the objectives of the research study. Research questions probed about the accessibility of social welfare services that were available in Mamelodi Township during COVID-19 lockdown, the type of support research participants received during COVID-19 lockdown etc. there was more flexibility around the sequence in which the questions were asked to allow research participants to speak freely and openly about the subject being discussed. An advantage of using interviews as research instruments is that questions are set to ensure that research questions are answered, and research objectives are met (Fouche et al, 2021). Interviews provide the researcher an opportunity to enter the world of research participants, develop trust and rapport to collect extensive and detailed data from them (Thyer, 2010).

A pre-testing interview session was organized by the researcher with one (01) research participant to ensure the accuracy of questions and the appropriateness of the research questions prior the conduct of the actual interview sessions for the research study. The pre-test interview session was aimed at collecting data from the research participant to identify if research participants might have problems in understanding or interpreting the research questions. According to Thyer (2010) there are identifiable disadvantages when it comes to interviews such as managing the sequence of interviews, securing access, managing power relationships, and managing communication.

3.7 Method(s) of data collection

In the current study, the researcher conducted ten (10) individual face to face semi-structured interviews as a method of data collection as it is authentic, descriptive, rich, and it produces thick qualitative data (Creswell, 2014). The semi-structured interviews were conducted with research participants using a research guide, and with the consent of participants, the interviews were recorded and later transcribed. All research interviews were conducted in empty rooms at the organisations where research participants had previously accessed services, namely: Thandanani Drop Inn Centre, Second Chance Recovery Centre, and Department of Social Development local service points. The semi-structured interviews gave research participants ample time to freely express their experiences and minimized the influence of the researcher's attitudes or previous findings. The researcher used advanced communication skills of empathy, congruence, advanced listening, identifying themes etc to ensure that they views of the research participants were communicated fully without any external influence of the researcher. For research participants were assured that there was no right or wrong answer and to ensure that they answer questions freely, the researcher used specific interviewing techniques namely: paraphrasing, clarification, tracking, and probing to encourage participants to explore the questions fully (Kumar, 2011).

Semi-structured individual interviews were conducted face to face with research participants as lockdown regulations were lifted by the government nation-wide and each participant was given enough time to express themselves as these interview sessions run for over a period 50 minutes – 60 minutes respectively. For participants who experienced emotional distress because of taking part in the study, counselling arrangements were made with Mr Solly Ndlovu (social worker) from the Department of Social Development which offers counselling to the general public at no additional costs.

3.8 Method(s) of data analysis

The raw data collected was broken into meaningful parts for the purpose of examining them through thematic analysis (Creswell, 2009). This process ensured order, structure, and meaning to the data collected as it assisted researcher to choose the best and most relevant pieces of information to be used in this research study systematically and logically (Walliman, 2011). The data collected from research participants was audio-recorded, transcribed, and interpreted where necessary to assist in understanding the data, representing the data, and making an interpretation of the large meaning of data (Creswell, 2009).

Braun and Clarke's six (6) phase of thematic analysis guided the data analysis of this study in the following manner: The first phase is data transcription, the researcher individually replayed the audio recordings back and forth, converted the files into appropriate verbatim transcripts manually as data preparation for analysis (Clark & Braun, 2013). The researcher organized the data collected by grouping them according to each question and writing down responses from research participants on a research journal.

The second phase is data immersion and familiarisation, the researcher had to familiarize herself with the data collected by reading and re-reading the text, playing, and replaying audio recordings many times through a process called data immersion. The researcher made notes, brainstormed around the information shared by participants. The third phase is coding, the researcher had to systematically code data by generating labels for important features of data relevant to the research question guiding the analysis process (Fouche et al., 2021). The coding of data allowed transcribed data to be labelled with short phrases and given meaning through evaluations made by the researcher in sorting out the data shared.

The fourth phase is theme development, the researcher identified patterns in the data collected and formed codes into themes. The researcher identified salient themes, and recurring ideas, checked that the themes worked in relation to the coded extracts and the full set of data. Codes that go together in one theme were grouped and the researcher used her theoretical assumptions to generate themes. The fifth phase is data interpretation, the researcher defined and named the themes by writing a detailed analysis of each theme and identified the essence of each theme (Clarke & Braun, 2013). The researcher made a summary of the research findings and themes, controlled them against literature from previous publications in the field of substance abuse to make sure that they meet expectations according to literature. The sixth phase is data presentation, the researcher weaved together the analytic narrative and extracts of data through writing to report a clear and convincing story about the data and contextualised it in relation to the existing literature. The researcher extracted participants actual words to report the essence of each point being raised.

3.9 Trustworthiness of the study

The trustworthiness of this research study was determined by the following indicators: its credibility, transferability, dependability, and confirmability as outlined by (Guba & Lincoln in Kumar :2011). Credibility focuses on ensuring that the research findings are credible or believable from the perspective of the research participants (Trochim & Donnelly, 2007). The

goal is to demonstrate that the research was conducted in such a manner that the research participants were accurately identified and described (Fouche et al., 2021). The credibility of this study was ensured by using methodological triangulation in an effort to help explore and explain complex human behaviour using interviews to collect rich data from participants aiming to explore the experiences and support needs of adults living with substance use disorders in Mamelodi township during the COVID-19 lockdown.

The transferability of research findings refers to the extent to which a study's findings can be applied in other contexts and studies. It refers to the importance of building discipline, reflexibility, rigour and reliability into the process of inquiry itself so that it enables the use of the study in other settings (Fouche et al., 2021). The extent to which the reader, who is not part of the study can identify with the content, indicates transferability. The contextual familiarity of this study was ensured by using direct quotations of participants and contextual descriptions in the analysis that link the findings to the context of participants.

Dependability refers to the stability of findings over time, it is an alternative to reliability, where the researcher attempts to account for changing conditions in the phenomenon under study as well as changes in design created by an increasingly refined understanding of the setting (Fouche et al, 2021). This research study ensured dependability by clearly documenting evidence of the research processes and the applied methodology.

The criterion of conformability refers to the neutrality of the research findings, it captures the traditional concept of reliability and objectivity (De Vos et al., 2011). Confirmability refers to the importance of a self-critical attitude towards the researcher's own preconceptions and the need for continuous reflexivity (Fouche et al., 2021). The researcher ensured confirmability by keeping detailed notes that contain all interviews that assisted in data analysis. She made use of correspondence checking whereby the categorisation of themes was checked by her supervisor. According to Kumar (2011) as qualitative research studies explore perceptions, experiences, feelings, and beliefs of people, it is believed that the participants are the best judge to determine whether or not the research findings have been able to reflect their opinions and feelings accurately.

3.10 Ethical Considerations

The social science discipline relies on people to provide information to a research phenomenon which makes it important for researchers in qualitative research to consider the ethical aspects

of research. According to Bryman, (2012) ethics are principles in social science, divided into areas guiding the study concerning harm to participants, invasion of privacy and deception. Approval was obtained from the Research Ethics Review Committee to conduct the research. Permission was also requested in writing to the Department of Social Development, Second Chance Recovery Centre, and Thandanani Drop Inn Centre, to approach service users within the community of Mamelodi to participate in the research study. This research study focused on the following ethical aspects to ensure respect and the maintenance of human dignity and followed generic guidelines for ethical conduct: Obtaining informed consent, address the concern of confidentiality, anonymity, maintain beneficence, provide debriefing, and manage information properly.

Informed consent

Informed consent means that the person involved should be able to exercise free power of choice, it implies the autonomy to choose for oneself what will happen and what will not happen (Kumar, 2011). In this research study information such as the goal of the study, expected behaviour, duration of involvement, procedures followed, possible advantages and disadvantages that participants may have been exposed to were shared for their consideration. Active consent, where research participants sign consent forms for their participation in the study was also circulated.

Privacy, anonymity, and confidentiality

Privacy, anonymity, the right to self-determination and confidentiality are somewhat synonymous concepts, though with slight nuanced differences (Fouche et al., 2021). Privacy refers to the physical setting in which data is collected, anonymity refers to not being asked to give personal information and confidentiality can be viewed as a continuation of privacy, agreements between that limit others' access to private information (Fouche et al., 2021). The issue of privacy, anonymity and confidentiality was negotiated with research participants, their cooperation was respectfully requested, no actual names were used, interviews took place in empty rooms to ensure confidentiality and the third-party rule for analysing data was explained to research participants before data was collected.

Beneficence

Beneficence refers to the benefits that the study findings may have for the population, it is understood as an obligation to maximise possible long-term benefits and minimise harm,

referred to as risk-benefit analysis (Fouche et al., 2021). The potential benefits of the findings of the study were be communicated with research participants such as their ability to influence policies that deal social issues such as substance abuse, how these findings can also improve the provision of substance related services in local communities such as Mamelodi township.

Debriefing

Through debriefing, problems generated by the research experience can be corrected or the damage done minimised (Fouche et al., 2021). Debriefing research participants immediately after the study will be completed, to work through their experiences and its aftermath, answer their questions, address misconceptions, and manage any potential harmful aftermath. Research participants will be informed about this option during the invitation phase and reminded again at the end of interviews hence it won't be forced on participants. Voluntary individual counselling sessions with a social worker will be scheduled for each research participants, this will be communicated during the consent process and after the data collection stage.

3.11 Limitations and delimitations

According to De Vos et al. (2011) limitations are matters and occurrences that arise in a study which are out of the researcher's control. The following might be viewed by the researcher as limitations during the course of the research process:

- The threat of getting infected by the COVID-19 virus while conducting face to face interviews with research participants is a reality when planning to conduct a research study during a time where living with a life-threatening virus is a reality.
- Only a limited number of Ten (10) participants to be exact were interviewed, nine (9) black male adults who often seek treatment for their substance use disorders dominated the research study, as opposed to only one (1) black female adult participant who took part in the study, reason being females do not often seek help for their substance use disorders. The research findings may be viewed as gender bias and racially bias as services are greatly utilized by male service users and the community is dominantly occupied by black people.

According to Fouche et al., (2021) delimitations refer to the boundaries/ limits that the study puts in place before implementation and the potential short-comings and weaknesses associated therewith.

- Wearing face cloth mask, keeping physical distance, sanitization of hands and disinfecting the interview space regularly during the face-to-face interviews could prevent the potential spread of the COVID-19 virus.
- Adult female service users were intentionally targeted as research participants by accessing files of female service users within the Department of Social Development and other stakeholder organisations within the community of Mamelodi.

3.12 Chapter summary

This chapter discussed the research approach (qualitative research) utilized in the study, the research design, population sampling procedures and the simple size. It also highlights the research instruments that were used, data collection, method of data analysis (Thematic analysis) and the limitation and delimitations of the study. It also discussed the trustworthiness of the study in detail as well as the ethical considerations adhered to within the study. The next chapter reported on the findings of the study and the method of data analysis employed in the study.

Chapter 4: Presentation and discussion of findings

4.1 Introduction

This chapter presents research findings of the study that are in line with its research objectives. Semi-structured interview transcripts of research participants were thematically analysed, and themes were identified as guided by Clarke and Braun's six (6) phases of thematic analysis. Demographic information was analysed using descriptive statistics and the identified themes present the findings of the study, they are supported by the participants direct quotations from their transcribed semi-structured interviews. Literature control was also done in comparison to research findings as a measure to validate the views shared by research participants.

4.2 Biographical details of research participants

The following tables below present biographical profiling information of research participants who participated in the semi-structured interviews. The sample of participants comprised of nine (09) male participants and one (1) female participant between the ages of 19-35 years, who live in Mamelodi with substance use disorders. Table 4.1 presents the age, race, gender, and highest level of education of research participants. While table 4.2 presents the type of substance participants are engaging with, and the number of years they have been using that particular substance of abuse.

Table 4.1: Demographics (N=10)

Category	Sub-category	Number of research participants
Age	19-25	3
	26-30	3
	30-35	4
Race	Black	9
	Coloured	1
Gender	Male	9
	Female	1

Highest level of education	Grade 8-10	6
	Grade 11-12	4

Table 4.2 Types of substance used (N=10)

Category	Sub-category	Number of participants
Type of substance used	Alcohol	8
	Dagga	7
	Nyaope	4
	CAT (Monopi)	2
	Crystal Meth	4
	Other	1
Number of years using	1-5 years	1
	5-10 years	7
	10-15 years	2
	15 years above	1

Table 4.3: Thematic Findings

Identified themes from data collected	Quotations supporting themes
Loss of livelihood encountered during COVID-19 lockdown	*'I was jobless, and it was very difficult to find a job during COVID-19 lockdown as job openings were scarce, airtime and internet access were also scarce'.* *'I lost my job during COVID-19 lockdown which caused a lot of financial problems that resulted in me experiencing hunger and not having any income'.*
Patterns of substance abuse during COVID-19 lockdown	*' I was constantly using drugs to cope with the threat of contracting COVID-19'.*
Support received from the micro and meso system during COVID-19 lockdown	*' I got support from local churches as they had soup kitchens running, I also got support from Thandanani with shelter, clothes, food and emotional support'.* *I got support from church and I also got support from my family'.*
Telemedicine services received by adults with substance use disorders	*'I think it was good to have those remote services because they helped to slow down the spread of COVID-19. I also used the medical home delivery service by our local clinic to get my medication'.*

4.3 Loss of livelihood encountered during COVID-19 lockdown

In south Africa a national lockdown was implemented on the 26th of March 2020 to slow down the spread of the SARS COV-19 virus, during "level 5, of the lockdown people's mobility was limited to leaving home for the acquisition of essential items such as food and medical essentials with all non-essential services being halted. As a result, the escalation of food prices alongside the loss of livelihood, employment and wages were experienced across income clusters (Dehelean et al., 2021). When participants were asked about any experience of social disparity during COVID-19 lockdown, they shared how the situation at the time cost them their sources of income, their homes and negatively affected close relationships. Three participants reported on how they had to stop working abruptly and try to find other ways of putting food on the table to instead of going to bed hungry.

> *Participant 04- ' I had to stop working at the carwash during lockdown to follow rules and that made me to struggle with earning money a lot'.*

Another participant had this to say:

Participant 06- 'I lost my job during COVID-19 lockdown, and it also became very difficult to get casual jobs during this period. I had to choose between smoking drugs and buying food with the little money I had on me'.

And another participant said:

Participant 10- I lost my source of income during COVID-19 lockdown, because S.A lottery pulled their sponsorship from Thandanani drop inn centre where I volunteered, because the lotto was not making a lot of money. I had to live off food parcels that we received from our other sponsor Big-save supermarket'.

Undeniably, the outbreak of COVID-19 has brought unforeseen disruptions to global economies and had resulted in high unemployment rates and income loss (Dang et al.,2021). Studies estimated that between 2,2 million and 2,8 million adults in South Africa lost their jobs from February 2020 to April 2020 following the lockdown and the wide scale suspension of economic activities. The loss of employment had major consequences for people's access to economic resources and elevated depressive symptoms among adults during the first months of lockdown (Posel et al., 2021). The COVID-19 lockdown has in actual fact uncovered inequalities, highlighted barriers in our society's system of care for families and has made financial difficulties and other challenges evident in communities (McKnight et al., 2021). The findings of this study indicated that COVID-19 lockdowns caused job losses and loss of sponsorships for non-governmental organisations providing services to persons living with substance use disorder. Six (6) of the research participants indicated that they lost their jobs during lockdown, and they had to rely on non-governmental organisations within their communities for food, clothes, and shelter.

4.4 Patterns of substance abuse during covid-19 lockdown

For people around the world, the COVID-19 pandemic occurred in living memory, its magnitude and the spreading speed of the virus increased worry and anxiety in the general population. Many have lost family members before their time, and have a persistent, genuine fear losing more considering the additional mental health issues related to isolation and loneliness (Kar et al., 2021). When the environment suffers enormous changes, people are more likely to see it as a stressful danger, they then adjust to it using different coping strategies, they can either apply the emotion-focused, problem-focused strategy or the avoidance coping method (Dehelean et al., 2021).

The findings of this study clearly indicate that participants relied on their drug of use which heightened relapse, they used the avoidance coping method to cope with the stress associated with COVID-19 lockdown, they decided to disengage with information shared about the virus and denied the prevalence of the virus altogether. These results indicate that participants found it to be difficult to cope with perceived stress related to COVID-19 on top of the burden of managing their existing battles with substance use disorder.

> *Participant 08- 'I just told myself that there was no virus and I continued doing the things that I used to do. I also increased how I used the drug of CAT (Monopi).*

Participant 05 said that:

> *'I smoked crystal meth a lot and I isolated myself from people during COVID-19 lockdown'*

And participant 07 shared that:

> *Participant 07-'I had to risk my life to survive the challenges created by COVID-19 lockdown. I went about my day to earn an income and I also used the drug of CAT (Monopi) to overcome some of life challenges and problems I went through during COVID-19 lockdown'.*

A study conducted by Galarneau et al., (2021) which examined the impact of COVID-19 on individuals living with substance use disorder found that 74 % of the research participants noticed changes in their emotions, 21% reported increased substance use and 4.5 % reported overdose and 1 % reported being impacted by a fatal overdose since the begin of the pandemic. 'Remaining busy', using the drug of choice more than before, and choosing to ignore the existence of the virus were used more frequently during COVID-19 lockdown as ways of coping as expressed by research participants. Participants in another study conducted by (Dehelean et al, 2021) investigating whether restrictions on alcohol sales reduced alcohol consumption, revealed that majority of male participants purchased alcohol illegally during alcohol sales restrictions and also reported that restrictions made it difficult to cut-down on alcohol during COVID-19 lockdown.

4.5 Support received from the micro and meso system during covid-19 lockdown

The beginning of the COVID-19 pandemic was a time of disruption, isolation and confusion, people adapted atypical methods of engagement to provide each other with emotional and physical support (Kimmel et al., 2021). There was widespread disruption to family life due to social distancing, school closures, economic recession sudden death of loved ones etc, irrespective of disruptions perpetuated by COVID-19 lockdown, family support played a crucial role for persons living with substance use disorder during this period. Families facilitated care and provided physical, social, and emotional support to members within their units (Tambling et al., 2021). Provision of services also commenced post hard lockdown in a staggered manner and participants shared information on some of the related treatment services that they themselves have utilized and are available within their community. Participants in the study shared how their immediate families and communities offered support during covid-19 lockdown when they needed it the most. They shared how the relationships they formed with others both in the micro and meso level of their human interactions played a critical role during their time of need.

Participant 03 shared that:

> *Participant 03- ' I got support from my family and I also got a lot of support from the rehab centre because they are a Christian rehab and they uplifted my spirit a lot and they encouraged me to stop using drugs'.*

Participant 04 shared that:

> *Participant 04- 'I used to come to Thandanani to get food, clothes and to take a shower. I also went to our local clinic to collect my medication. However, it was very difficult to get my medication during lockdown because at the clinic they serviced a limited number of people, and they didn't allow people to make appointments in advance'.*

While another participant shared that:

> *Participant 09- 'I applied to be admitted into a rehabilitation centre to stop smoking drugs during COVID-19 lockdown. I got admitted into SANCA Horizon. However, it*

was very difficult to get admitted as COVID-19 rules only allowed them to admit a limited number of service users'.

Participant 05 shared that:

Participant 05-' I received support from our local church, they gave me donated clothes and they delivered food parcels to our doorsteps. I also received moral support from my family as well'.

Family support can influence the maintenance of substance use disorders, it can also play a role in successful interventions assisting a person living with substance use disorder to achieve abstinence (Madiga and Mokwena, 2022). Community support is also crucial because it assists with the planning of health services that address the needs of the community. The combination of both family and community support in place can yield good results in times of need, considering that there is evidence established between isolation, morbidity, and mortality amongst the population of persons living with substance use disorders (Best et al., 2021).

4.6 Telemedicine services received by adults with substance use disorders

Traditional face to face mutual aid meetings such as narcotics anonymous and alcoholic anonymous meetings were halted on the onset of COVID-19 lockdown (Krentzman, 2021). Social distancing regulations made in-person mutual help groups inaccessible to many people struggling with substance use disorders. The pandemic forced treatment providers to rapidly adopt the use of digital health intervention such as telehealth, mobile applications, wearables, and other remote monitoring devices to address some of the challenges brought upon by the pandemic (Komaromy, 2021). Research participants in the study shared information on the remote services that they personally utilized during COVID-19 lockdown in their community. While some of the research participants reported not being able to use any of the remote services that were implemented during COVID-19 lockdown due to lack of knowledge and resources.

This participant shared that:

Participant 05- 'It was a great solution to avoid close contact that may lead to getting covid-19. I used the direct-call services from Vodacom to give me tips on how to stay safe and not get the virus.

Another one shared that:

> *Participant 06- 'It was a good initiative because it helped to stop the spread of COVID-19. It was also a learning opportunity for me because I discovered that you can hold a meeting on platforms such as zoom'.*

While participant 09 shared that:

> *Participant 09- 'According to me they are good to avoid spreading the COVID-19 virus. However, I personally did not use any of these remote services'.*

Participant 10 shared this:

> *Participant 10- 'I used to attend NA meetings on zoom during COVID-19 lockdown and this platform gave me an opportunity to get support from sponsors remotely to maintain my sobriety. They medicine deliveries were a great improvement to make access to services easier without having to wait in long queues to collect medication'.*

Even though telemedicine was already being practiced before the COVID-19 lockdown, smartphones, the internet, video conferencing and computing tools have made medical assistance easily accessible and readily available to almost everyone (Wahezi et al., 2021). Remote services were easily accessible to participants who had the technologies and information at their disposal while other participants didn't interact with any of the remote services as reported on their transcripts.

4.7 Chapter summary

This chapter reported on the experiences and support needs of adults living with substance use disorder during COVID-19 lockdown in Mamelodi. The research participants described how COVID-19 lockdown directly affected their lives, they shared their information on the type of services that were made available to them within their community, services that they personally had access to irrespective of challenges presented by COVID-19 lockdown. They highlighted on the type of support that they received from their immediate families, and from the organizations within their community who dedicated their time and resources towards assisting in a time of need. The research participants further shared information on telemedicine services that were meant to assist person living with substance use disorder in Mamelodi, the ones that they personally utilized during COVID-19 lockdown.

Chapter 5: Main findings, conclusions, and recommendations

5.1 Introduction

This chapter discusses conclusion drawn from main findings within that developed from analyzing the objectives of the study, it draws conclusions in relation to the aim of the study. It also offers recommendations for future research, policies, research participants and service providers within the field of substance abuse in the community of Mamelodi.

5.2 Conclusions related to the aim of the study

The aim of this research study was to explore the experiences and support needs of adults living with substance use disorders during the COVID-19 lockdown in Mamelodi. The aim of the study was sufficiently met, as maintained by the discussions within the study. The data analysis within the study has also shown that persons living with substance use disorders had limited access to services rendered by local organisations within their community during COVID-19 lockdown. The investigations of this study clearly indicate that there are existing gaps that still need to be filled by government and private entities to help address societal challenges that are experienced by persons living with substance use disorders on a daily basis. These gaps include the high costs of treatment services offered by rehabilitation centres which cannot be afforded by marginalized groups within the community of Mamelodi. Existing local organisations within the community of Mamelodi need to be capacitated with sufficient resources to allow more access to treatment and to treat substance use disorders more efficiently and effectively at a local level both medically and holistically.

5.3 Conclusions related to the objectives of the study

5.3.1 To explore personal experiences of adults living with substance use disorders in Mamelodi Township during the COVID-19 lockdown.

The COVID-19 outbreak that resulted in lockdown which posed serious challenges on society as it forced people adopt atypical ways of living. It affected the participants finances, homelife and social connectedness. People had to wear masks in public, sanitize their hands, keep social distancing, and try to maintain a social connection using modern technology. A ban on the sale of alcohol and tobacco products was also implemented to lower tobacco related risk of severe disease and alcohol related emergency accidents. People living with substance use disorders were adversely affected by the COVID-19 lockdown, as they had to change their behaviour to

reduce the risk of COVID-19 infection. Others relied on their substance of choice to cope with stress, they chose to ignore the existence of COVID-19 and continued to live their lives as though nothing out of the ordinary had occurred. Some participants shared that they changed the type of substance they initially used to deal with cravings, and their purchasing habits during COVID-19 lockdown.

5.3.2 To investigate the support needs of adults living with substance use disorders in Mamelodi Township during the covid-19 lockdown.

COVID-19 lockdown highlighted the importance of social connectedness, as it disrupted in-person social interactions. A number of participants reported that COVID-19 lockdown created an atmosphere of uncertainty, feelings of loneliness, financial difficulty, and job losses. Majority of people living with substance use disorder generate their income through informal street-based markets such as car-washing, car-guarding, begging, and fixing cars.

They reported a need for social, financial, and psychological support as their movements were limited and being homeless was not an option due to lockdown regulations. Research participants also reported that they had to rely more on the support they received from their immediate families to maintain positive attitudes about lockdown regulations and to maintain positive mental health during COVID-19 crisis. Families had to take on additional support responsibilities to best support family members living with substance use disorders irrespective of economic hardships sustained during this period.

5.3.3 To examine the impacts of covid-19 on the delivery of services intended to assist people living with substance use disorders in Mamelodi.

A number of participants indicated that they had difficulty accessing social support and medical services due to limitations resultant from COVID-19 lockdown. Negative impacts were exacerbated for participants seen as lack of concern for their wellbeing, inadequate communication, and the nature of support from services that switched to remote services due to COVID-19 regulations. Regulatory measures such as social distancing reduced accessibility to treatment services as queuing systems had to be kept shorter to comply with COVID-19 regulations in public health spaces. This had an impact on face-to-face counselling sessions, mutual support meetings which resulted in the adoption of telephone counselling services. Participants who had access to the internet or had airtime to talk with counsellors on the phone were able to access some of the virtual services that were offered during COVID-19 lockdown,

while those with limited resources had no access to virtual services. Due to a lack of mobile technologies a number of people living with substance use disorders disengaged from treatment services during COVID-19 lock down.

5.4 General conclusions

This research study has undeniably established that there are adults who are living with substance use disorders in Mamelodi township and they are serviced by under resourced local organisations within the community. To fight the plague of substance abuse in South Africa, communities need to be sensitized on substance related mental conditions such as substance use disorders. Health care need to be openly available to everyone including persons living with substance use disorders without any restrictions even in times of a global pandemic such as COVID-19. All government organisations given a mandate to fight the scourge of substance abuse within the country as guided by the policy (Act No 70 of 2008: prevention of and treatment for substance abuse act) need to devote necessary resources, work collaboratively and not in silos to also expand the accessibility of services. The South African police services need to aggressively fight the supply of illicit drugs in local communities to reduce statistics of persons living with substance use disorders in local communities as well.

5.5 Recommendations

5.5.1 Recommendations for policy makers

- Appropriate contingency measures need to be put in place to allow the for access to treatment services, irrespective of stringent regulatory measures. A change in policy to ensure that substance use disorders are considered a priority during health emergencies such as COVID-19 lockdown are necessary.
- Policies need to make provision for the harmonisation of health and social welfare services in relation to substance use disorders as they remain fragmented and work separately without any integration.
- The national drug master plan needs to be revised to address its current limitation; it needs to translate its policy statements into clear recommendations for action of intervention within the field of substance abuse.

5.5.2 Recommendations for substance abuse service providers in the community

- Due to financial hardships experienced within the population of persons living with substance use disorder, service providers need to expand their telehealth services through the provision of self-help kiosks on site for service users who have limited access to computers, data, and smart mobile phones.

- Service providers within the field of substance abuse in the community need to distribute their services evenly within the community to meet demand as they are currently poorly geographically distributed within the community.
- Creating more awareness campaigns on the dangers of using drugs, substance use disorders treatment services within the community more especially amongst people who use drugs, would reduce stereotypes and stigma associated with these services and give more access to treatment.

5.5.3 Recommendation for government

- Both provincial & Local Government need to direct more of their structural and financial resources towards the treatment and rehabilitation of persons living with substance use disorders who are located in disadvantaged communities. Community based treatment services such as Second chance recovery centre in Mamelodi West, need to be prioritized as they are currently under-staffed and under resourced and can only render services to a selected few members of their community.
- Provincial Government needs to develop its own exemplary state of the art prototype rehabilitation centre treating substance use disorders, that offers comprehensive treatment & aftercare services, and it is entirely owned by the state to create more accessibility as these services are currently limited and accessible to a selected few individuals. Dr Fabian & Florence Ribeiro treatment centre situated in Cullinan not far from Mamelodi could be utilized as a prototype treatment centre that offers comprehensive treatment services of substance use disorders to local communities.
- The National Drug Master Plan is in the appropriate hands of local government in local municipalities. These government entities need to be in the fore fronting fighting the scourge of drug & alcohol abuse in local communities. The City of Tshwane municipality needs to expand their substance abuse program locally, currently its more focused on Opioid Substitution Therapy, harm reduction services offered solely by the University of Pretoria across the metro of Tshwane. Collaboration with local drug action committees operating community-based organisations within the field of substance abuse is also essential to create more accessible treatment and support services for families negatively affected by alcohol & drug abuse.

5.5.4 Recommendations for further research

- This research study was conducted with a sample of only ten (10) adults living with substance use disorder, a sample that consisted of one (1) female and nine (9) male

participants who are situated in Mamelodi. A study could be carried out with more research participants being female and residing outside Mamelodi to get a better understanding of phenomena under research.

- Extensive research should be conducted to explore the experiences and support needs of children or youth living with substance use disorders in Mamelodi duringCOVID-19 lockdown to get a broader information on the subject matter.
- More research needs to be conducted to gather more information on the efficiency and effectiveness of substance abuse services rendered within the community of Mamelodi.

5.6 Chapter summary

The research findings in the study have revealed a variety of experiences that adults living with substance use disorders went through during COVID-19 lockdown in Mamelodi. They have also highlighted support needs that these adults had during a difficult time of COVID-19 lockdown in their resource limited community. Contingency plans need to be in place to ensure that substance abuse services become easily accessible and for the continuation of services in future health emergencies. Barriers to telehealth treatment services need to be broken down, addressed effectively, and these services need to be made available in under resourced communities to enhance accessibility to substance abuse services.

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APPENDICES

APPENDIX A: Participant information sheet[1]

Title of the study: The experiences and support needs of adults living with substance use disorders in Mamelodi township during the covid-19 lockdown

Good day,

My name is **Portia Masemola,** and I am a postgraduate student registered for the degree MA in Social Development at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting research regarding the experiences and support needs of adults living with substance use disorders in Mamelodi township during covid-19 lockdown. It is hoped that the information gathered could assist in identifying gaps in the delivery of services aimed at assisting persons living with substance use disorders particularly in Mamelodi township and enhance collaboration between service users and professionals in the respective field of substance abuse, resulting in holistic service delivery to service users and their families. The outcome of this study could inform both debates and the practice of Social Work in the field of substance abuse.

I therefore wish to invite you to participate in my study. If you accept my invitation, your participation would be entirely voluntary, and you are free to withdraw at any time without penalty. There are no consequences or personal benefits of participating in this study. If you agree to take part, I would arrange to interview you at a time and place that is suitable for you. The interview will last approximately one hour. If you choose to participate, you may withdraw from the study at any time and you may also refuse to answer any questions that you feel uncomfortable with answering. If you decide to participate, I will ask your permission to tape-record the interview. No one other than the researcher and the supervisor will have access to the tapes. The tapes will be kept in a locked cabinet for two years following any publications or for six years if no publications emanate from the study. A copy of your interview transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research.

Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report. The results of the research may also be used for

academic purposes (including books, journals and conference proceedings) and a summary of findings will be made to available to study participants on request.

Please contact me on (0662918445) or (2477109@students.wits.ac.za), or my supervisor, (Dr Samkelo Bala) on (Samkelo.bala@wits.ac.za) if you have any questions regarding my study. We shall answer them to the best of our ability. If you have any concerns and complaints about the study, please contact ***Human Research Ethics Committee (Non-Medical) Contact Details:*** Chairperson: Jasper.Knight@wits.ac.za or the administrator: Ms Shaun Schoeman, Tel: 011 717 1408 Shaun.Schoeman@wits.ac.za **OR** If you have any concerns and complaints about the study, please contact ***Human Research Ethics Committee (Medical) Contact Details:*** Chairperson: Clement.Penny@wits.ac.za or the administrators: Ms Zanele Ndlovu/Mr Rhulani Mkansi, Tel: 011 717 2700/2656/1234/1252, HREC-Medical.ResearchOffice@wits.ac.za.

Thank you for taking the time to consider participating in the study.

Yours Sincerely,

Portia Masemola

APPENDIX B: CONSENT FORM FOR PARTICIPATION IN THE STUDY

Title of the study: The experiences and support needs of adults living with substance use disorders during covid-19 lockdown in Mamelodi

I ……. hereby consent to participate in the research study. The purpose and procedures of the study have been explained to me.

I understand that:

- My participation in this study is voluntary and I may withdraw from the study without being disadvantaged in any way.
- I may choose not to answer any specific questions asked if I do not wish to do so.
- There are no foreseeable benefits or particular risks associated with participation in this study.
- My identity will be kept strictly confidential, and any information that may identify me, will be removed from the interview transcript.
- A copy of my interview transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research.
- I understand that my responses will be used in the write up of a master's research report and may also be presented in conferences, book chapters, journal articles or books.

Name of Participant: _____

Date: _____

Signature: _____

APPENDIX C: CONSENT FORM FOR AUDIO-RECORDING OF THE INTERVIEW

Title of the study: The experiences and support needs of adults living with substance use disorders during covid-19 lockdown in Mamelodi

I …… hereby consent to audio-recording of the interview.

I understand that:

- The recording will be stored in a secure location (a locked cupboard or password-protected computer) with restricted access to the researcher and the research supervisor.
- The recording will be transcribed and any information that could identify me will be removed.
- When the data analysis and write-up of the research study is complete, the audio-recording of the interview will be kept for two years following any publications or for six years if no publications emanate from the study.
- The transcript with all identifying information directly linked to me removed, will be stored permanently, and may be used for future research.
- Direct quotes from my interview, without any information that could identify me may be cited in the research report or other write-ups or presentations of the research.

Name of participant _____

Date: _____

Signature: _____

APPENDIX D: Research guide/ questionnaire

1. Biographical Profiling questions for adults living with substance use disorders

- Gender?
- Race?
- What is your age?
- What is your highest level of education?
- What is it that you do to earn some form of income to maintain yourself financially?
- How long have you been living with substance use disorder?
- Does your family know that you are living with substance use disorder?
- If yes, how do they feel about you living with this form of disorder?

2. Questions related to the research topic

1. Kindly share some information on health/ social services you know of, that assist persons living with substance use disorders within your community?

2. Which of these health/ social services within your community did you utilize during the covid-19 lockdown?

3. How would you describe your experience, as far as your satisfaction is concerned with the health/ social services that you accessed during the covid-19 lockdown?

4. What is your perception of the health/ social services that are provided within your community for persons living with substance use disorder? What do you think is working well and what needs to be improved as far as these services are concerned?

5. Certain health/social services were conducted remotely (online, telephonically) during the level 05 of covid-19 lockdown nationally, what is your opinion on such measures that were put in place to curb the spread of covid-19?

6. what adjustments did you make to your day to day living routine to continue living with the potential threat of contracting covid-19?

7. What coping strategies/methods did you use to deal with the potential threat of contracting covid-19?

8. What form of disparity (homelessness, job loss, hunger etc) did you experience during the covid-19 lockdown?

9. What form of social (financial, family, faith-based etc) support was available within your community for you to utilize as a person living with substance use disorder during the covid-19 lockdown?

10. what is your perception of the type of support that you received during covid-19 lockdown as a person living with substance use disorder? What do you think is working well and what needs to be improved as far as such support is concerned?

APPENDIX E : Approval Letter: Department of social development

Enquiries: Dr. Sello Mokoena
Tel: 082 331 0786
File no.: 05/10/22

Dear P Masemola

RE: APPLICATION TO CONDUCT RESEARCH IN THE GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT

Thank you for your application to conduct research within the Gauteng Department of Social Development.

Your application on the research on ***"Experiences and support needs of adults living with substance use disorder during Covid-19 lockdown in Mamelodi Township"*** as approved by *University of Witwatersrand* has been considered and approved for support by the Department as it was found to be beneficial to the Department's vision and mission. The approval is subject to the Department's terms and conditions as endorsed on the 13th November 2019.

You have permission to interview departmental officials and beneficiaries, conduct observations and access relevant documents where necessary.

May I take this opportunity to wish you well on the journey you are about to embark on.

We look forward to a value adding research and a fruitful co-operation.

With thanks

Dr Sello Mokoena
Director: Research and Policy Coordination
Date: 31 - 10 - 2022

APPENDIX F: Approval letter: Thandanani Drop Inn centre

EXTERNAL MEMO

To : **Dr. Samkelo Bala**
University of the WITWATERSRAND Johannesburg

From : **Ms. Zandile Skhosana**
Center Manager: Thandanani Drop-In-Center

Date : **20/05/2022.**

RE: **PERMISSION LETTER FOR Ms. PORTIA MASEMOLA STUDENT NO: 477109 TO CONDUCT HER STUDIES AT THANDANANI DROP-IN-CENTER**

I hereby duly inform you that your application showing interest to conduct a formal research study at Thandanani Drop-In-Center in Mamelodi has been approved by the executive board of the organization, pending strict adherence to the conditions stipulated in the application and she will conduct the in an ethical manner.

As a non-government organization, we highly appreciate your interest in using Thandanani Drop-In-Center as your research from your study; and we anticipate that the outcome of the research will contribute immensely in improving the services we render in the center and in the country.

We are looking forward to hosting you for the duration of your research study. We pledge our continuous support and assistance during your stay in the organization.
Your continuous support for the learner will be highly regarded during this period.
Should you have any enquiries, you are welcomed to contact the center manager

Kind regards.

Z. J Sha.

Ms. Zandile Skhosana (0679910919)
Center Manager Thandanani Drop-In-Center.

Date: 20 MAY 2022.

THANDANANI DROP INN CENTRE
NPO Reg No: 120-195 • SARS-9265454182
PBO-930043606
2022 -05- 20
1902. . treet, Mamelodi East
P.O. Rethabile, 0122
Tel: 078 1572 417 / 067 1622 824
E-mail: thehdanandropincentre@yahoo.com

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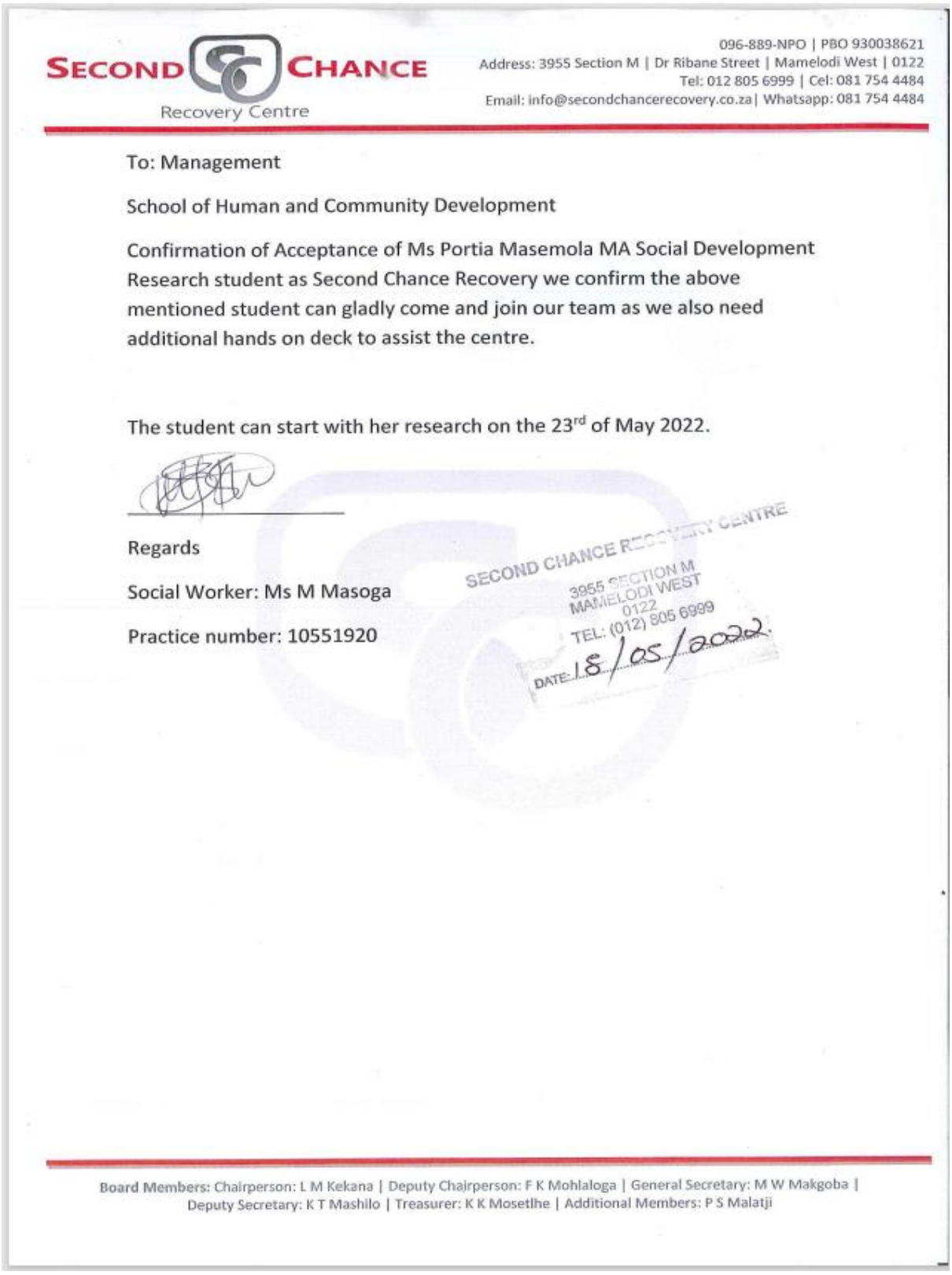
APPENDIX G: Approval Letter- Second Chance Recovery Centre



SECOND CHANCE
Recovery Centre

096-889-NPO | PBO 930038621
Address: 3955 Section M | Dr Ribane Street | Mamelodi West | 0122
Tel: 012 805 6999 | Cel: 081 754 4484
Email: info@secondchancerecovery.co.za | Whatsapp: 081 754 4484

To: Management

School of Human and Community Development

Confirmation of Acceptance of Ms Portia Masemola MA Social Development Research student as Second Chance Recovery we confirm the above mentioned student can gladly come and join our team as we also need additional hands on deck to assist the centre.

The student can start with her research on the 23rd of May 2022.

Regards

Social Worker: Ms M Masoga

Practice number: 10551920

SECOND CHANCE RECOVERY CENTRE
3955 SECTION M
MAMELODI WEST
0122
TEL: (012) 805 6999
DATE: 18/05/2022

Board Members: Chairperson: L M Kekana | Deputy Chairperson: F K Mohlaloga | General Secretary: M W Makgoba | Deputy Secretary: K T Mashilo | Treasurer: K K Mosetlhe | Additional Members: P S Malatji

APPENDIX H: Ethics clearance certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE
CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE **PROTOCOL NUMBER: SW 22/06/03**

PROJECT TITLE	Experiences and support needs of adults living with substance use disorders during the covid-19 lockdown in Mamelodi.
INVESTIGATOR	**Portia Masemola**
SCHOOL/DEPARTMENT OF INVESTIGATOR	SOCIAL WORK
DATE CONSIDERED	19 August 2022
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	LOW RISK
EXPIRY DATE	31 August 2025

ISSUE DATE OF CERTIFICATE 22 August 2022 **CHAIRPERSON**
(DR S Bala)

cc: Supervisor:

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

I fully understand the conditions under which I am are authorized to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/~~we~~ undertake to resubmit the protocol to the Committee.

Signature **Date** 23/08/2022

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES