Social Work Services by Non-Profit Organisations for Adults with Substance Use Disorders

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Abstract

Social work services globally started as a result of society's response to basic human needs, and thus facilitated alleviating, based on doing good, the plight of those in need. Since its inception as a professional discipline, social work has always been associated with poverty relief and services to persons with substance use disorders (SUDs). The high prevalence of SUDs in South Africa makes it one of the top 10 substance abusing countries globally. As such, the demand for social work services, aimed at substance abuse intervention, has increased rapidly over the past 20 years, resulting in the emergence of many non-profit organisations (NPOs). However, there are gaps in evidence-based research on social work services provided by NPOs to persons with SUDs. The focus of the article is on the nature and scope of social work services provided by NPOs to adults with SUDs. The population for the study was supplied by NPOs across the Cape Metropole, offering services to persons with SUDs. Semi-structured interviews were conducted with 10 social workers, purposively selected from 10 NPOs across the Cape Metropole. Thematic data analysis was done and yielded three main themes, namely theoretical approaches, levels of intervention, and methods in social work practice when delivering services to adults with SUDs.

Keywords: non-profit organisations; social work services; substance use disorders; levels of intervention

Introduction

Since its inception as a profession, social work has been concerned with intervention services relating to casework, group work and community work for families where substance use disorders (SUDs) occur (Bezuidenhout 2008; Dykes 2010). SUDs are patterns of symptoms resulting from the use of a substance which the individual continues to take, despite experiencing problems as a result (American Psychiatric Association 2019). This article emanated from a research study on services offered by

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NPOs to adults who are using methamphetamine (MA), however, SUDs in the broad sense are presented, because most MA users are polydrug users (UNODC 2014).

The research question dealt with by the study was: What is the nature and scope of social work services provided by NPOs to adults with SUDs? The aim of the study was to gain an understanding of social work services provided by NPOs to adults with SUDs, of which MA was the primary substance used. The study objective that is presented in this article is to explore and describe the perspectives of social workers regarding the nature, scope and utilisation of social work services provided by NPOs in the Cape Metropole to adults with SUDs, of which MA was the primary substance used.

Literature Review

SUDs often occur together with other health and mental health challenges. Common health conditions associated with SUDs are kidney and liver failure, diabetes, cardiac and lung complications, notwithstanding accidental injuries and homicide. In addition, overdose is a primary reason for substance-related deaths (Burnhams et al. 2016; UNODC 2014). There are numerous vulnerabilities associated with MA use, such as polydrug use. Polydrug use is the use of two or more substances at the same time, or the consequential use of two or more substances. This trend is on the increase globally and in South Africa too (Burnhams et al. 2016; UNODC 2014). For example, a person may use MA and experience sleeplessness, increased energy levels and anxiety. The person may then choose to use cannabis together with Mandrax to reduce the anxiety and to create a calming effect, which may result in a deep sleep (Wang et al. 2017). As a consequence of the many side effects of MA use, it is rare that a person will only use MA. It makes sense therefore that social work services cannot deal with the use of MA in isolation, focusing on the primary substance only, but will have to take into account polydrug use.

As a result of the complexity of SUDs and the high cost of treatment services, there is a gap in service provision globally – so much so that in Western and Central Europe, only one in five people gain successful access to treatment, while in the United States (US), one in six people gain access to treatment services. The situation for Africa is far worse, in that one in 18 people gain access to services (UNODC 2014).

Nature and Scope of Social Work Services for Substance Use Disorders

Generally, substance abuse services provided by NPOs, whether inpatient, outpatient or in combination, may range from 8–18 months, followed by aftercare services (SANCA 2017). The scope of treatment is wide, as such this study focussed on the most commonly used models, which are the Matrix Model, Motivational Interviewing

(MI) (Matrix Institute on Addictions 2008), and Motivational Enhancement Therapy (MET) (Wagner and Ingersoll 2012; Winters et al. 2018).

The Matrix Model, an intensive outpatient alcohol and drug treatment model, is a commonly used programme in South Africa. It entails a 12-month programme guided and supported by a trained therapist, who could be a social worker. In addition to the training of therapists in the Matrix Model, organisations offering the programme must be registered with the Matrix Institute in the US (Matrix Institute on Addictions 2008). Educational sessions for family and friends affected by SUDs are included in the programme. The methods include self-help programmes for the substance user, who is monitored weekly and sporadically drug-tested. The user is required to attend weekly support groups for six months. The methods used are based on empirical knowledge from substance abuse research (Obert et al. 2011).

MI and MET are other commonly used approaches in South Africa. These approaches are client-centred and aimed at changing the problem situation (Wagner and Ingersoll 2012). Both methods focus on resolving clients' ambivalence (Miller and Rollnick 2013; Wagner and Ingersoll 2012). Interventions are based on clients' motivation to work towards achieving specific goals. Intervention strategies are used by therapists (including social workers) over four individual sessions, but can be used beyond four sessions depending on the client's level of motivation. Intervention is thus time-limited because it is goal-directed; the goal being that the clients reach a level of motivation to the extent that they take responsibility for their own recovery (Miller and Rollnick 2013).

Twelve-step programmes provide support networks, which are required after the person has been through programmes such as the Matrix, MI and MET. Twelve-step programmes acknowledge belief in a higher power as key in recovery from substance abuse (AA 2015; NA n.d.). Methods in 12-step programmes involve people in different stages of recovery, gathering in community halls or church halls in the areas where they live. Group members who have maintained sobriety for sustained periods act as mentors to those in the early stages of recovery. The approach is based on self-change and therefore it would be difficult for those who are in denial of their SUD to make progress, because one of the main principles requires addicts to admit that they have an SUD (AA 2015). In addition, 12-step programmes provide support, encouragement from and for individuals who want to maintain sobriety, and a network of friends and methods to restore and build confidence in the quest for sobriety. Members are supported to deal with cravings and with unsupportive family or friends. This approach also provides help in maintaining sobriety and in how to handle encounters with those who are still addicted, as well as giving guidance to regain and restore their reputation as productive members of society (Addiction Recovery 2016).

Theoretical Framework

The ecological systems theory (EST) was selected to frame the study, as it is generally used in social work, because it focuses on a person in his/her environment. It is environmentally fit since there is a reciprocal relationship between people and their environments (Germain 1973; 1979; Hepworth et al. 2013). Environmentally fit refers to the individual, group and community needs, rights, capabilities, aspirations and resources within their physical environment, based on the unique socio-historical and cultural context (Bronfenbrenner 1979; McWhirter et al. 2013; Swanson et al. 2003). In the context of this study, the reciprocal relationship between the adult with an SUD and his/her environment is acknowledged. The use of the EST as proposed by Germain (1973) was appropriate for the study because it can assist social workers in NPOs when providing services to adults with SUDs by promoting a responsive environment in which clients are supported and empowered to improve their social functioning.

Methodology

A qualitative research approach (Creswell 2009) was used, utilising purposive sampling (Babbie and Mouton 2007) to select 10 social workers from a population of 10 NPOs across the Cape Metropole. The criterion for the purposive sampling was that social workers offer services to adults with SUDs of which MA was the primary substance used. The focus on MA as primary substance in this study was owing to the high prevalence of this form of SUD in the Cape Metropole. The participants were assured of anonymity and the right to withdraw from the study at any time.

Data were collected by means of individual semi-structured interviews (Babbie and Mouton 2007) utilising a "combined exploratory and descriptive design" (Delport and Greef 2002, 171–291). The data analysis followed the eight steps proposed by Tesch (2000). The process was not chronological; it necessitated retracing movement between the steps, as themes, sub-themes and categories kept changing, in order to be aligned with the EST and the literature reviewed. The procedures for qualitative data verification as proposed by Schurink, Fouché, and De Vos (2011) were used to verify the findings and ensured trustworthiness. As such trustworthiness complied with the following criteria: credibility, transferability, dependability and confirmability. The use of these procedures also allowed for objectivity and eliminated possible bias that could have influenced the findings. These procedures ensured neutral, reliable and valid results.

Discussion of Findings

Three main themes emerged, namely theoretical approaches, levels of intervention, and methods of intervention.

Theoretical approaches

Most participants said that they followed an integrated or eclectic approach, while some said that they used theory selectively. The participants who reported use of an integrated or eclectic approach, pointed out that they employed a range of knowledge and skills. One participant said:

> I'd rather say that we use an integrated approach because we take from the Matrix and the social model, and the cognitive behavioural … And then there's also a very Christian programme, the American programme … So we use motivational interviewing … we've come up with this integrated approach.

The participants' accounts of an eclectic approach confirmed that it involves the social worker having a wide range of knowledge, professional values, and a variety of skills in pursuance of meeting service users' needs (Kirst-Ashman and Hull 2012). As generalist practitioners, the participants in this study revealed an eclectic knowledge base, professional values, and a wide range of skills to deal with adult MA use holistically, which include drawing on all systems involved in the service user's life, notably those of family, peers, work and the community at large.

Some participants reported that they use a selective approach suited to the organisation and the service user, and which is evidence-based. This is common practice in fields of specialisation (Payne 2014) as was the case with most NPOs in this study. Most participants said that they use the Matrix Model as a selective approach:

> We apply the Matrix model with regard to substance abuse. And it's usually task-centred because we have to do something that is quick. … So, it should be something that is measured easily and task-centred; is what we apply in most cases.

The Matrix Model was the model of choice. The Matrix programmes offered by the participants are guided and supported by trained therapists, who in this study were social workers. Educational sessions for family members affected by the SUD are part of the 12-month programme (Matrix Institute on Addictions 2008). The Matrix Model is similar to self-help programmes that involve educational group sessions on substance abuse treatment for the family and friends of the substance user.

Levels of Intervention Services

In relation to the provisions of the Integrated Service Delivery Model (ISDM) (South Africa 2006) and the Framework for Social Welfare Services (FSWS) (South Africa 2013), the participants reported that they provide prevention, early intervention, intervention and aftercare or reintegration services. However, during the interviews most participants mostly focused on intervention methods on the micro and meso level.

Almost all participants confirmed that their respective NPOs provide prevention services in schools that are in the community where the NPO is situated. According to the participants, these services were not facilitated by the social workers alone, but also by auxiliary social workers, laypersons (priests, pastors) and co-facilitated by recovering addicts. They observed:

> Facilitators [laypersons] and the auxiliary [social] worker have gone out into schools to speak in those schools, and to provide information on substance abuse, and what this facility does and offers to the community.

> We normally go to schools and choose one of the guys [recovering addicts] who graduated here [at the NPO] and has stayed here [at the NPO inpatient programme] just to motivate [schoolgoing children]. We also do relapse prevention at schools and in the community.

The findings show that prevention services are characterised by strategies aimed at preventing the use and delaying the onset of substance abuse. Examples of such services mentioned by participants are programmes that are school-based and part of the community. These findings concur with Le Noue and Riggs (2016) that prevention efforts should be aimed at schoolgoing learners, as most substance users start during adolescence.

Regarding early intervention services, some participants said that they provide referral services for in- and outpatient services.

> We provide early intervention, as well as prevention, in treatment. Where a client would be at a phase where either they need to be referred for inpatient treatment, and we would be able to facilitate that [inpatient services]. So, I think in terms of the Act [Prevention of and Treatment for Substance Abuse Act No. 70 of 2008] and certainly the treatment elements, we are logged in the centre point of that.

It is worth noting that the purpose, criteria and conditions for early intervention services are stated explicitly in the ISDM (South Africa 2006), the FSWS (South Africa 2013), and in the Prevention of and Treatment for Substance Abuse Act (South Africa 2008). Through early intervention services provided by the 10 participating NPOs to adult MA users, the purpose of the said Act (South Africa 2008) is achieved.

In response to the questions about intervention services provided in terms of the ISDM (South Africa 2006), the FSWS (South Africa 2013) and the said Act (South Africa 2008), a participant explained that an extensive rehabilitation programme is offered with the aim of educating and supporting clients to live a healthy lifestyle.

> So, the idea is really aiming towards rehabilitating. We do our intake referrals and then we go through a whole process of addressing substance abuse issues working towards

> coming off drugs, in rehabilitation. The aim is to be living healthier lives in the community without having to succumb to drug abuse.

The level of intervention services described in the excerpt may include inpatient programmes such as those offered at a rehabilitation facility. It could also include outpatient treatment, where the client attends counselling sessions weekly or daily. Because of this level of intervention, which encompasses treatment, most intervention services are geared towards the clients and their families, owing to the complex nature of substance abuse (Matrix Institute on Additions 2008; Myers et al. 2008).

All the participants confirmed the importance of aftercare services which are provided in the form of support groups, and from time to time, entail testing for drug-taking:

> Aftercare takes place in different ways, depending on the clients. When the client is back in the labour market, sessions are planned according to work times for the client to still come individually, or for groups, or both.
>
> When they come to the aftercare programme they would be tested every Tuesday to actually see that the client is clean [testing negatively for substances].

The goal of aftercare is to prevent relapse; this is why service users are tested for substance abuse when they attend sessions with the social workers (Lessa and Scanlon 2006). The participants confirmed assertions by Marlatt and Donavon (2005) that it is important for social workers to assess high-risk situations in the service user's environment, and thus structure aftercare services accordingly to prevent relapse.

Methods of Intervention

In relation to methods of intervention, the participants said that they use three methods, namely casework (micro level), group work (meso level) and community work (macro level). This finding corresponds with literature by Hepworth et al. (2010) on the nature and scope of social work intervention.

All participants reported that they provide casework at micro level to adult MA users:

> So, we do individual counselling, one-on-one, which entails working through a kind of standard assessment, identifying areas of need, and then setting intervention plans and goal setting for their lives as well.

Casework refers to the counselling sessions that a service provider facilitates with service users, which may be a session involving the social worker and the adult with an SUD, and/or couples, family members and significant individuals in the service user's life who play a role in goal-setting and goal attainment. In terms of micro-level intervention, involving counselling sessions with the adult MA user, the spouse or partner and their family members, one participant stated:

> I also do one-on-one counselling. I also do family re-integration sessions where we do family meetings [sessions at micro level] with clients just to resolve the conflicts with them, to build the relationship again with families, so that when the client goes home, they are ready to be [part of] a family again.

The role of significant people, such as family members in the adult MA users' lives, cannot be overstressed, as they offer support and have an impact on the environment of the person. The social worker needs to offer counselling and conduct family sessions or meetings at this level. This is crucial in developing trust and reducing the service users' level of anxiety as they enter the new, and as yet unknown, helping relationship. Through effective communication during counselling and meetings, social workers can establish rapport with service users by showing genuine interest in the client's well-being (Black-Hughes and Strunk 2010; Kirst-Ashman and Hull 2012).

All participants stated that their NPOs provide group work at meso-level intervention. Some participants acknowledged using group work as their primary method. Most participants reported the use of therapeutic groups, the purpose being to enhance the socio-emotional well-being of the client system. Meso-level intervention is offered by the participants in this study in the form of therapeutic, educational and support groups as described by Kirst-Ashman and Hull (2012) and Toseland and Rivas (2012). The following excerpts are cited in this regard:

> The social worker does therapeutic and educational groups for clients.

> We use some of the interns [BSW students] to do the behavioural programmes for us and the more experienced ones, the ones that we've trained, and we've selected, they will now assist with some of the substance programmes.

It seems that meso-level intervention involves focussed therapy, education and behavioural programmes to meet service users' needs, and to change destructive behaviour patterns associated with MA use. These findings corroborate those by Hepworth et al. (2013) who confirm that social workers often use group work in conjunction with casework. Group work has been a long-standing practice in substance abuse treatment generally, and according to participants, it still appears to be an effective method of intervention.

In terms of meso-level intervention, the participants reported that they offer support groups to service users with their families, and support groups for non-using family members. Most participants said that their respective NPOs provide family support groups and that such groups are often facilitated by social auxiliary workers and Bachelor of Social Work (BSW) interns. The following extract reflects this:

> The social auxiliary worker runs family [support] groups on Saturdays. They have a variety of topics such as support to the families, but also for families to understand addiction.

Goodwin (2000) maintains that the involvement of family is imperative in the recovery process. Family members need to be educated to understand the SUD, as well as how the recovery process works. At the point of treatment, the family may have already experienced significant stress, strained relationships and conflict as they move from hope for recovery to disappointment when relapses occur. However, the family is an important system in the helping process, because it consists of subsystems within the service user's environment (Gitterman and Germain 2008) that is a source of hope and, unfortunately, sometimes a source of stress (Fisher and Harrison 2005). If acknowledged and dealt with, stressful situations can be overcome, as they provide the family with opportunities for growth, and to identify their resilience and strengths (Saleebey 2012).

Most participants work in a context where group facilitation is the responsibility of the social worker, therefore they believe that group sessions should be facilitated by the social worker. However, some participants expressed the opinion that group facilitation by recovering addicts was more effective than facilitation by social workers:

> But the programme in the workplace is facilitated in such a nature that it focussed more on ex-users and recovering substance abusers to render groups. And I think it was actually more effective that way. In my opinion it works, however, it wasn't the greatest thing to do as a professional. It took away some of the professionalism. So they do not really have the extensive background that you might have as a professional. I don't even think a social worker would be needed in the group based on the success of [this achievement in] the organisation.

There were varying opinions among the participants regarding the use of recovering addicts as group facilitators. The following quotation refers:

> You'd find that a user just came out of the programme and they become a supervisor [group facilitator] which means that you haven't even done your aftercare programme and then they [clients in recovery] relapse. … So I feel that, even if organisations take in people [ex-addicts as facilitators are employed generally at the rehabilitation centre] it should be people who at least have been clean [drug-free for a few years] and [if] it has been proven that they have been clean for at least three to five years.

The participants who were opposed to recovering addicts as facilitators cautioned against using untrained persons who have been sober for a brief period to facilitate group sessions. But others viewed the inclusion of recovering addicts as an advantage because service users can identify with the lived experiences of such facilitators. The latter view is supported in 12-step programmes such as Methamphetamine

Anonymous, in which recovering addicts act as group facilitators and mentors to service users (Goodwin 2000; Powis 2005; Sheafor and Horejsi 2010). The inclusion of recovering addicts at the meso-level intervention as co-facilitators with social workers was not only welcomed but valued by most social workers in the study. This finding is novel in social work services provided by NPOs to adult MA users, and is thus worth pursuing.

Some participants reported that some group sessions are facilitated by laypersons such as spiritual counsellors. A similar approach is used in self-help groups. The focus of such groups is on attaining spiritual growth and life skills (Addiction Recovery 2016). Group work methods in this instance involve Bible studies facilitated by pastors and priests, as the next excerpt shows:

> The facilitators come in to run programmes as well, like your Bible study programmes. We have a pastor that comes in to do that; so he facilitates a group on Bible study. … And then you have your spirituality component where it's Bible study. The facilitator comes in to do Bible study with them so a self-reflective sort of group facilitation. And then you have someone coming in doing substance abuse, where they're actually talking about this programme and your problem that you have, or what has brought you here.

This finding agrees with Gordon's (2002) finding that self-help groups focus on the cognitive, spiritual and behavioural changes of the substance user, and concurs with Miller (2008) that such groups are often accessible because they are found across communities and are free of charge. However, according to Fisher and Harrison (2005), general training should be available to all people involved in substance abuse services, including for volunteers, and in the case of this study, including recovering addicts and laypersons. It is imperative for such persons to be conversant with basic standards and knowledge in practice to avoid possible harm to service users. With the review and implementation of the current White Paper on Health (South Africa 2017), and the norms and standards for social welfare services in South Africa, this type of group work method is worth pursuing as substance use is on the increase, while services are expensive and therefore inaccessible to many service users, who often come from disadvantaged communities.

Most participants observed that the NPO where they are employed also provides community work at the macro level in addition to the other two levels:

> We have a local forum that we set up, you know, for substance abuse organisations just to provide support, even to help us to render a more cohesive service to our clients.

In addition, some participants reported good networking and collaboration with government and other NPOs that help to provide cohesive substance abuse services. Other participants, however, indicated that they experience challenges in this regard:

> Our early intervention services are the stronger focus. There's a challenge in terms of referrals [from other organisations]. There must be available services for aftercare, but I see there's a slow referral rate from the different rehab centres.

The participants' responses related to macro-level intervention in the area of cohesive service delivery, on behalf of service users or populations such as the communities in which such families live. Macro-level interventions usually transcend working with individual adult MA users and their families; they involve questioning and confronting major social issues and global and organisational policies. It is worth noting that a policy development at organisational level was not mentioned by the participants, perhaps because they did not regard policy development as part of their function as social workers, and thus might limit their role on a macro level to networking and collaborating with other NPOs and government sectors. However, to effect changes in society, it is necessary for social workers to engage in policy development in order to empower and improve the lives of service users. This correlates with the professional responsibilities of social workers as required by the South African Council for Social Services Professions (SACSSP 2005), in that social workers should stay abreast of and engage in research and policy development, in order for citizens to be empowered and have their needs met.

Inter-agency and Government Collaboration

Most of the participants commented on the lack of inter-agency cooperation among organisations in the delivery of substance abuse services. Specific mention was made of the need for closer collaboration with government sectors, such as the Department of Health (DoH), particularly because of the fact that SUD is such a complex phenomenon, often associated with psychosis, and that require inter-professional and multisectoral collaboration.

Inter-agency Cooperation and Integration

The following was said regarding inter-agency cooperation and integration:

> And I think we [NPOs providing substance abuse services] need to work more closely with [the Department of] Health because we see more presentation of psychosis, not only within adults, but also with kids.

This correlates with the findings of the SACENDU (2017, 2) that there is a lack of inter-governmental and inter-agency cooperation, such as between the DoH, the Department of Social Development (DSD), NPOs and law enforcement. The following quote reinforces this point:

> I think that there should be I think more integration you know with law enforcement, more integration with community-based structures [other NPOs] … there should be more integration of the different [government] structures, you know, that are trying to address the substance problem.

The participants' narratives are confirmed by findings of the WHO (UNODC 2016) and SACENDU (2017, 2) that there is a lack of coordinated collaboration among stakeholders such as the DoH, the DSD and the NPO sector. Coordination in these sectors is essential in dealing with the massive scale of SUDs now faced in South Africa. This finding also confirms that even amid grand policies and legislation for grassroots, community level enterprises such as NPOs in poor socio-economic communities, translated in practice, huge implications remain for the country's welfare sector in the attempt to deal with SUDs effectively. At the heart of this problem is the lack of coordinated substance abuse services.

Discussion and Recommendations

There is no doubt that the magnitude of the use and abuse of MA have reached pandemic proportions in South Africa. The incidence of MA use in the Western Cape is particularly alarming. This study found that the nature and scope of social work services provided by NPOs to adult MA users are predominantly based on an eclectic or generalist approach in combination, with or in addition to, a selective approach utilising the Matrix Model, MI and MET. In some cases, elements of the Matrix model were used as part of the eclectic approach. What is significant is that not all the service levels of the ISDM (South Africa 2006) and the FSWS (South Africa 2013) are employed at NPOs that participated in the study. There seems to be a strong need for treatment and aftercare services, although these levels pose many challenges in terms of inter-agency collaboration and inter-sectoral networking. Early intervention services and prevention services did not feature as priorities in the study.

All three methods of intervention, namely casework, group work and community work were used by all the NPOs in the study. However, macro intervention (community work) was limited to awareness-raising, as the social workers in this study did not regard policy development as one of their core functions of macro practice, neither were inter-agency and inter-sectoral collaboration and networking perceived as macro-level interventions. This could be as a result of the social workers misunderstanding their role as service providers and/or a lack of knowledge relating to what macro intervention entails.

In the provision of treatment services and aftercare or reintegration services, the emphasis is on religion and spirituality. While casework and group work constitute the main methods of intervention, it is evident that group work is the preferred method. Groups focusing on religious studies and coping skills (facilitated by laypersons and recovering addicts) are highly valued and rated as effective by almost all participants. However, not all participants were keen to have "untrained" recovering addicts facilitating groups; some were more open to laypersons such as religious leaders facilitating groups in the form of religious studies.

The great value accorded to religion, spirituality, prayer and meditation facilitated by laypersons such as religious leaders and ministers, is a significant finding in this study. The role and impact of religion and spirituality in social work services in South Africa have been somewhat underestimated in the literature. Therefore, this is a topic worth pursuing and particularly important in the South African context, as spirituality is such an integral part of the culture and value system of South Africans. More especially in light of the current policy, and academic debates in South Africa calling for evidence-based, culturally sensitive and indigenous practice and research (Keane, Khupe, and Seehawer 2017; Van Breda 2018).

Owing to the gaps in prevention and early intervention services as well as the demand for aftercare substance abuse services, there are implications for the DSD to develop guidelines in line with the ISDM (South Africa 2006) and the FSWS (South Africa 2013) for field-specific intervention services. In this way, social workers and other professionals providing intervention services to adults with SUDs would require generic standardised guidelines for service delivery. Similarly, with reference to the gaps in practice relating to prevention, early intervention and aftercare services, policymakers such as the national and provincial DSD and the DoH, should consider conducting evidence-based research on a national scale to determine the nature and scope of substance abuse services provided by NPOs to adults with SUDs, and align policy and practice accordingly.

The lack of collaboration between sectors and organisations was highlighted by the participants. There seems to be a strong focus on treatment and aftercare services, although these levels have many challenges in terms of inter-agency collaboration and inter-sectoral networking. It is thus recommended that collaboration and networking efforts between sectors and NPOs be strengthened. The development of practice guidelines for intervention on all levels of the ISDM (South Africa 2006) and the FSWS (South Africa 2013) could be facilitated through collaboration with NPOs across the Western Cape province, in collaboration with the City of Cape Town Matrix Programme, and stakeholders such as universities (schools of social work) in the Western Cape.

Conclusion

The gaps in research relating to social work services provided to adults with SUDs in the Cape Metropole, of which MA is the primary substance used, remain a concern for social work practice, social work education and social welfare policy. To deal with such gaps, collaboration among NPOs, stakeholders such as academia across provinces and policymakers has become a dire necessity. The findings of this study confirm the urgency for collaborative efforts for skills development not only for laypersons involved in substance abuse services, but also for the continued professional development of social workers in this complex field.

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