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Exploring support systems for the prevention of drugs and substance use relapse at Chikurubi Psychiatric Hospital in Zimbabwe.

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ABSTRACT: *This qualitative case study explored patient perceptions on the efficacy of relapse prevention support systems available for individuals institutionalized for Substance Use Disorders(SUD)s at Chikurubi psychiatric hospital in Harare Zimbabwe.Focused Group Discussions and Individual In-depth Narrative Interviews(IIDNI) were used to collect data and analyze emerging themes. Participants underscored the essence of prescribed antipsychotic medication in facilitating recovery and mitigating the risk of relapse. Concerns about the infiltration of triggering substances such as cigarettes into the hospital environment underscored the need for stringent institutional controls and effective monitoring. While most of the participants were generally satisfied with hospital services, they expressed desire for more resources. Overcrowding concerns also resonated with local research findings highlighting the strain imposed on mental health facilities, and the implication of such on patient care and treatment outcomes. A myriad of factors were identified to be responsible for precipitating relapse, these include peer influence, environmental stressors and familial dynamics. Family dysfunction and stigmatization emergent as salient risk factors for SUD relapse, highlighting the need for multipronged interventions that address psychosocial stressors. Personal factors such as mental health comorbidities and social isolation emerged as prominent risk factors for relapse. Participants advocated for the provision of continuous after-care support, emphasizing the role played by familial and community networks.*

KEYWORDS: *Chikurubi ,Psychiatric, Patients,Prevention,Relapse,Substance Use Disorder,Treatment.*

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I. INTRODUCTION

SUD is a significant global public health challenge, with affected users requiring institutional care to address complex treatment and recovery needs. Drug use killed about half a million people in 2019, while drug use disorders resulted in 18 million years of healthy life lost mostly due to opioids (UNODC, 2021).This trend is worrisome as the latest SUD statistics paint a diabolical picture for the world with indications suggesting that the use of drugs and substances is on an unrestrained upward trajectory. According to the (UNODC, 2023), one in every 17 people worldwide had used a drug in 2021, 23 percent more than a decade earlier.

Zimbabwe has also been equally affected . (ZimVAC Urban Livelihoods assessment2023) reported that at least 3.5% of the surveyed urban households had a member who was abusing drugs and illegal substances. Of particular concern has been the upward trend in drug/substance use among adolescents and youths. In year 2017,57% of admitted cases in Zimbabwe's Psychiatric Hospitals were related to SUD,45% of which were youth drug abusers (ZCLDN, 2019).

Commonly used substances in Zimbabwe include glue, , mangemba, cane sprit, marijuana, codeine and methamphetamine (Mukwenha et al.,2021).As a result of the emergence of the Drug and substance use phenomenon in Zimbabwe, whose upsurge is believed to have happened at the advent of the COVID-19 lockdowns(Mukwenha et al.,2021) , quite a good number of individuals who indulge in the consumption of various illicit drugs invariably end up receiving treatment and care from Psychiatric hospitals and other health institutions .Zimbabwe Prisons and Correctional Service(ZPCS)'Chikurubi Psychiatric Hospital happens to be the largest Forensic mental health hospital in Zimbabwe .A good number of patients affected by SUDs end up receiving treatment there.

The mental health burden shouldered by this institution was aptly captured in a statement issued by the ZPCS Health Director Dr Gaka as cited in Health Times article of September 26 2022. He said that ZPCS is faced with high mental health burden and the very high burden of mental health problems is solely a result of

drug and substance abuse. (https://healthtimes.co.zw/2022/09/26/drug-and-substance-use-grows-in-zim-prisons-and-among-officers)

Relapse refers to a failure in the person's attempt to change substance use behaviors or return to pretreatment levels of alcohol drinking or a return to the use of substances after a period of sobriety, or setback in an individual's attempt to change or modify any target behavior (Rahman et al 2016).

Of particular essence to this study was how relapsing patients perceive support systems, and how such us information can be used to model interventions that help in minimizing relapse rates for patients with SUDs.

Relapse prevention for hospitalized patients with SUDs

Substance Use Disorders are prevalent among individuals with mental health conditions, particularly in forensic mental health settings(Yule and Kelly,2019).The complex relationship between their substance abuse and mental health issues render them vulnerable to Substance use relapse. To effectively prevent relapse in this population, interventions must address both the substance abuse and psychiatric problems simultaneously. This assertion is supported by a number of studies (Swartz et al., 2011Abraham et al 2014).

(Morisano et al.,2014) posit that interventions employed in forensic mental health institutions to prevent relapse for patients with Substance Use Disorders include: Integrated Treatment. Integrated treatment addresses both substance abuse and mental health issues simultaneously. It encompasses coordinated care where healthcare professionals from diverse disciplines work together to provide holistic treatment. This approach has been proven to be effective in reducing relapse rates and improving overall outcomes for patients with co-occurring Substance Use Disorders and mental health conditions. The rate of comorbidity of psychiatric and SUDs in clinical samples is much higher. Sheidow, McCart, Zajac, and Davis (2012) report that, 36% to 40% of young adults with a serious mental health condition or young adults seeking treatment meet criteria for a SUD.

Integrated treatment is therefore a multimodal treatment approach that appreciates the richness of professional diversity in mental health interventions that are aimed at addressing both underlying causes of Substance use as well as the manifest problem of addiction among patients. This call for close collaboration among professionals, there is a paucity of literature in that regard on the Zimbabwean Forensic Mental Health context. In an elaborate study on the Health systems analysis of the Mental Health situation in Zimbabwe, (Kidia, Machando,Mangezi et al,.2017) concluded that resource constraints negatively impact on the effectiveness of mental health services .This in turn ,militates against Integrated Treatment because patients may not have appropriate medications and therapeutic interventions at their disposal. The authors argue that Health-care workers often used one or two medications to treat a wide range of psychiatric disorders, because these were the only medications available.

(Kelly and Daley, 2013) hold that integrated treatment approach in forensic mental health hospitals includes various components such as medication, behavioral therapy, and recovery support. This study sought to explore the patients' perceptions of how the treatment that they are receiving impacts on their propensity to relapse.

Enhancement of social skills and self-regulation improves treatment outcomes for patients with SUDs and reduces the chances of relapse (Smith et al., 2010).. Deficits in social skills and self-regulation are common among individuals with SUDs, particularly those involved in the criminal justice system (Loper., et al 2017).
In the same vein, improving self-regulation involves teaching individuals how to manage impulses, cope with stress and regulate emotions (DeHart et al.,2014).(Tangney et al 2004)adds that strengthening self-regulation skills can help individuals better cope with triggers for substance use, reducing the likelihood of relapse.

Post -Hospitalization relapse prevention support

Numerous studies highlight the challenges of Post -Hospitalization relapse in SUD patients globally. (Smith et al., 2018) emphasized the important role of aftercare programs, stressing the need for continued support and monitoring following discharge. Substance use after successful treatment and rehabilitation is the biggest problem that requires effective preventive measures. More than 50 % of persons with SUD relapsed after treatment(Chetty 2011).

There is a Paucity of literature on either the prevalence or the relapse rates of SUD s in Zimbabwe. "there is a lack of clarity of the nature and extent of substance use and substance use disorders (SUDs), which in part is due to a lack of a national monitoring system for substance use in the country.

Moreover, reports of a substance use crisis in Zimbabwe are predominantly based on anecdotal evidence, limiting the ability to gain an accurate picture of the situation"(Marandure,Mhizha,Wilson and Nhunzvi 2023). (Makande 2017) adds that there is no accurate information on the magnitude of drug abuse by the youth in Zimbabwe

Zimbabwe has limited research on post-hospitalization support systems for individuals with SUD. However, it is crucial to consider the increased risk of relapse after discharge from inpatient SUD treatment (www.ncbi.nlm.nih.gov unique). This highlights the need for effective post-hospitalization support systems that cater to the needs of relapsing patients in Zimbabwe.

Factors influencing the likelihood of post-hospitalization SUD relapse.

Cravings, stress, and negative affect are some of the psychological variables that greatly increase the likelihood of post-hospitalization relapse in SUD patients (Sinha, 2008).He continues, adding that emotional dysregulation and coping skills are made worse by stressful life events, trauma, and mental health comorbidities, which raises the risk of relapse. Furthermore, unhelpful thought patterns and attitudes regarding substance abuse might support addictive behaviors and thwart attempts at recovery (Marlatt & Gordon, 1985). In SUD patients, social and environmental factors also influence substance use patterns and the likelihood of relapsing (Laudet, 2011). Relapse risk is influenced by social norms, peer pressure, and substance accessibility (Kelly et al., 2010).Similarly, interpersonal problems, a lack of social support system, and socioeconomic stressors weaken coping mechanisms and heighten the risk of drug and substance use recurrence following hospitalization

Factors contributing to SUD Desistence

Strong social support networks play a crucial role in SUD desistance in Zimbabwe. Family cohesion, peer encouragement, and community acceptance contribute significantly to motivation and abstinence (Mutepfa & Shumba, 2019). Strengthening these networks and fostering supportive relationships enhances resilience and promotes sustained desistance

On the other hand, cultural beliefs shape attitudes towards substance use and recovery in Zimbabwe. Traditional healing practices and communal values offer alternative coping mechanisms (Mukwendi & Chibanda, 2018). Culturally appropriate interventions respecting traditional beliefs may improve engagement and facilitate desistance.

Individual motivation and self-efficacy contribute to SUD desistance in Zimbabwe. Internal drive for change and belief in one's ability to overcome addiction facilitate successful recovery outcomes (Mutepfa et al., 2020). Motivational techniques and cognitive-behavioral interventions enhance readiness for desistance and empower individuals to maintain sobriety.

In addition to that, addressing socioeconomic factors is vital for promoting desistance. Economic empowerment initiatives provide alternatives to substance use (Chikerema et al., 2019). By improving access to economic opportunities, individuals are better equipped to sustain desistance and lead fulfilling lives

II. METHODOLOGY

This study employed the qualitative case study approach to explore the perspectives of patients on post-hospitalization relapse prevention support systems for Substance Use Disorders. This approach aligned with the research aim of exploring complex phenomena in depth, facilitating a nuanced understanding of participants' viewpoints (Yin, 2009).Purposive sampling was used to recruit individuals that were undergoing treatment for SUDs. A total of 10 participants were included in the study. Semi-structured Individual In-depth Narrative Interviews (IIDNI*)* and one Focused Group Discussion were used to collect data. Thematic analysis was employed to identify patterns ,themes and meanings within the interview individual in-depth narrative interview scripts and Focus Group Discussions(FGDs).This analytic approach involved a systematic data coding process, identification of recurring themes and interpretation of findings to explain the perspectives on relapse prevention support systems(Brown and Clarke,2019).The study complied with ethical guidelines, informed consent was obtained from participants prior to their participation in the study. Confidentiality and anonymity was also ensured. The study's limitation is that the sample was drawn from one psychiatric hospital; this may constrain the generalizability of findings to other settings.

III. DISCUSSION AND RESULTD

Themes that emerged from the study are as follows:

Institutional support systems:

Study participants identified medication, support from various professionals and availability of entertainment in the institution as factors that promote recovery from SUDs and also contributed towards SUD desistance

For instance when asked to share their perceptions on support systems available at the hospital to prevent relapse, participant (X) said that: "*Matorera andirikuita mapiritsi zvichandibatsira kuti ndisazotora ma drugs kana ndabuda*". Meaning that the way we are taking pills will help me to stop taking illicit drugs when I get

discharged from hospital. In the same vein, participant (B) said that "*Ma nurse anotonyatsotarisa kuti mishonga yavatipa tainwa here"* Meaning that nurses monitor and ensure that we take the medications properly.

The theme of psychopharmacological treatment was also recurrent during Focused group discussions when most of the participants agreed that medication had helped them in a significant way. Participant (A) shared that he had experienced a significant reduction in psychotic symptoms, and he had also improved on self-care skills like bathing, washing and cleaning his surroundings. On another note Participant (C) said that *"Mishonga yatirikuwana pano mimwe yacho ine ma side effects asi ma benefits ayo akanaka, plus kurabidzwa kunoitwa zvinhu zvakaita sedoro no fodya kuti zvisapinda muno zvinotibatsira kuti tisazode zvinodhaka kana tabuda panze*." Translated to English, this means that apart from the medication that we are getting here, the prohibition of things like alcohol and cigarettes by authorities helps us to abstain, and it reduces the urge for intoxicating substances.

This finding resonated with local studies emphasizing the importance of pharmacotherapy as a cornerstone of SUD treatment in Zimbabwe (Mhazo et al., 2018). Moreover, concerns about the infiltration of triggering substances into the hospital environment underscored the need for stringent institutional controls and vigilant monitoring (Makadzange et al., 2016).In addition to that, a study by (Mhazo et al 2018) found similar results, emphasizing the significance of medication adherence in reducing relapse rates among individuals with SUDs.

Beyond medication, participants highlighted the supportive roles of professionals working at the institution. When asked to share what other forms of support apart from medication are available for them ,Group participant (D) said "*Nyaya yekuenda ku church kwatinoparidzirana shoko ramwari ndiri muno muchipatara ndiyo imwe irikubatsira kuti ndisadzokere kuma drugs"*,meaning that the church services that I regularly attend while here in hospital help me to refrain from taking illicit drugs. In the same vein, Participant (E) said that the services that they were receiving from Social workers, counsellors, Occupational Therapist and Psychologists is also helping and it could be even better if there were more such professionals in the institution. This aligns with previous research advocating comprehensive, multidisciplinary approaches to SUD treatment (Patel et al., 2020).

Engagement in recreational activities such as chess and soccer was perceived as beneficial in diverting attention from stressors. *Ma activities akaita sekutamba chess ne bhora anoita kuti tisaite focus pfungwa dzedu pazvinhu zvinoshungurudza pfungwa* "Said Participant (F).This means that (The activities that we do, such as playing chess and soccer distract our minds from focusing on stressful things. Participant (G) added that they had access to Church channels on the Hospital satellite television, he however lamented that it could have been even more entertaining if they had an assortment of television programs like soccer and music to watch. This aligns with the wider comprehension of the significance of recreational pursuits in fostering psychological wellness (Kayes et al., 2010).The therapeutic effects of leisure activities in lowering stress and enhancing general mental health were highlighted in a study by Jones et al., 2017.

Factors Contributing to Relapse:

Participants identified a myriad of factors precipitating relapse and the following distinct themes emerged:

1) Peer influence and Familial dynamics.
2) Homelessness and Stigma
3) Other mental health conditions
4) Idleness

Peer Influence and Familial dynamics

Asked to talk about factors that they think contribute to relapse of drug and substance use, IDNI Participant (G) said that: "*ini ndakaita encounter yekuti pakafa mai vangu, shamwari yangu yakanditambidza ciggarrete yekuputa ichida kundinyaradza pa funeral.Kubva ipapo ndakatanga kuputa zvakanyanya.Ndakazopedzesera ndoputa mbanje nekutorova dombo*".

This means that I had my first encounter of smoking when my mother passed away. A friend who was attending the funeral gave me a cigarette in an attempt to console me because I was grieving. Since then I became a serious cigarette smoker, I also started smoking marijuana and crystal meth. This shades light on the role of peer pressure in Drug and Substance abuse especially among the youth. Participant D also added that "*Shamwari dzataitamba nadzo ndidzo dzimwe dzakatipa kuti tiite zvema drugs"*Meaning the friends that we used to play with influenced us to use illicit drugs.

The theme of peer influence was emphasised by most of the FGD participants, this highlights that interventions aimed at promoting recovery from SUDs and minimise the chances of relapse, should consider the influence of peers on relapse.

*"Ini chakandikonzeresa inhau yasekuru vangu hanzvadzi ya mai vataigara navo.Vakakonzeresa kuti ndidzokere muma drugs because vaipota vachindipawo Chrystal meth pavenenge vachiputa"*said Participant

(H) in the FGD. He meant that his maternal uncle is the one who influenced him to relapse because every time he used Chrystal meth during the participant's presence, he would also give him and encourage him to smoke.

These findings aligned with local literature emphasizing the social determinants of SUDs and the complex interplay between individual vulnerabilities and environmental pressures (Chibanda et al., 2016). Family dysfunction and social marginalization emerged as salient risk factors for relapse, highlighting the need for holistic interventions addressing psychosocial stressors.

Homelessness and Stigma.

Participant (C) cited homelessness as another factor contributing to relapse of SUDs .In the FGD , he said that "Vamwe kana vakabuda varikudzokera kuma streets because havana kwekuenda ,vanongopedzesera vadzoka kuma drugs futi.Saka vamwe ma drugs havatore nekuda but brecause of kwavanobva,vamwevo misha vanayobut haigarike neguda kwe mhirizhonga dzepamusha".This means that some people do not have anywhere to go after their release from this institution, so they usually end up going back to the streets where they and up taking drugs again, while some are have homes where there can go to after release, they do not want to go there for fear of possible disharmony and conflicts that may arise when they get there.

This finding is consistent with research by (Johnson et al 2018), which highlighted the complex interplay between homelessness and SUD, underscoring the need for comprehensive support systems addressing housing instability among vulnerable populations.

"Dzimwe hama hadzidi kugara nemunhu abva ku psych "added participant (H).This means that some relatives do not want to stay with people who are coming from Psychiatric treatment. This theme shows the vulnerability of some individuals who are battling with recovery from SUDs while living in the communities.

Other Mental Health conditions

Personal factors, such as mental health comorbidities and social isolation, emerged as significant influencers of relapse risk Participant (K) said that mental health conditions like stress may lead to SUD relapse as individuals seek to alleviate symptoms of stress through intoxication. This resonated with local research highlighting the high prevalence of comorbid psychiatric conditions among individuals with SUDs and the impact on treatment outcomes (Patel et al., 2020). The narrative of medication non-adherence underscored the importance of continuity of care and adherence support in sustaining recovery efforts (Marechera et al., 2019).This is also echoed by Participant (G) who said that "*Sometimes tinogona kutokanganwa kunwa mapiritsi kana kuperewrwa ne supply then tovhiringika njere futi topedzesera totora futi ma drugs aya"*Meaning sometimes we forget to take our medication while at home or we may run out of our medication. This leads to the resurgence of psychotic symptoms and we end up using illicit drugs again because we would have lost the ability to control ourselves.

Idleness

In the thematic analysis, idleness emerged as a significant factor influencing the risk of relapse among individuals with Substance Use Disorders (SUDs). Participants expressed how a lack of constructive activities and purposeful engagement post-hospitalization heightened the temptation to revert to substance use behaviours. Participant (A) succinctly articulated this concern by stating, "*Sometimes kushaya zvekuita, kuswera wakagara kumba futi unopedzisira waita zvema drugs*," underscoring the detrimental effects of idleness on recovery efforts.

The impact of inactivity on relapse vulnerability in people recovering from SUDs is confirmed by clinical literature. Boredom and idleness were found to be significant relapse predictors. As demonstrated by (Degenhardt et al. 2014), interventions that give people opportunities for constructive engagement are necessary to lower the risk of relapse. (Hodgins and el-Guebaly 2010) found that boredom and idleness were significant predictors of relapse, emphasizing the significance of addressing idleness in relapse prevention strategies.

Interventions should focus on promoting meaningful activities and purposeful engagement post-hospitalization to effectively address issues of idleness. Giving people access to leisure pursuits, educational opportunities, and occupational training programs might help them find productive ways to spend their time and energy. According to the Recovery Research Institute (2020), developing social networks and peer support systems can help people overcome feelings of loneliness and boredom, improve their general wellbeing, and lower their chance of relapsing.

For those with SUDs, addressing inactivity is a crucial part of complete relapse prevention measures. Support networks and medical professionals can enable people in recovery to live happy, fulfilling lives free from drug addiction.by giving them chances for social interaction and meaningful participation.

IV. Recommendations

Participants advocated for on-going support after institutional care, emphasizing the pivotal role played by familial and community networks. This was in line with local studies that called for the integration of community reintegration programs and family-based interventions to support long-term recovery efforts (Chingono et al., 2020). The call for greater understanding and support from society reflected broader efforts to combat stigma and promote a culture of empathy and inclusion (Patel et al., 2018). Based on the study's findings, it is advised that programs aimed at improving post-hospitalization support for people with SUDs prioritize the integration of family-based and community reintegration programs. Additionally, more resources should be allocated to address systemic issues like overcrowding in psychiatric facilities. Finally, efforts to combat stigma and promote s

V. Conclusion:

Thematic analysis of group interview data offered rich insights into the nuances of post-hospitalization relapse prevention support systems for individuals with SUDs at Chikurubi Psychiatric Hospital. The study brought to light the intricate interactions between systemic, social, and individual elements that influence recovery paths and relapse susceptibility. The results highlighted how important it is to provide individualized, culturally appropriate therapies to meet the diverse requirements of people in Zimbabwe who are struggling with SUDs.

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