

Attitudes of nurses and health practitioners towards substance abuse and their attitudes
towards intervention at primary health level

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ABSTRACT

Substance misuse is a major problem in South Africa. The implementation of screening and intervention at primary healthcare could assist in this regard. It is believed on the basis of the attitudes of nurses and health practitioners a successful intervention can be implemented. The study aims at exploring the attitudes of nurses and health practitioners on substance abuse and their attitudes towards interventions for substance abuse in primary healthcare. Three nurses, the facility manager and nursing manager at a Western Cape health clinic were interviewed using semi structured interviews. Nurses felt that screening and intervention did belong in health care and were in favor of training to improve their knowledge of substance abuse.

Keywords: implementation, intervention, attitudes, training

Drug abuse is the reason for many of the social problems in our country. Some of these problems take the form of unemployment, disintegration of family systems, poverty and causes a heavier burden on the healthcare system (Ovens, M., 2009). In our country drug abuse during pregnancy is a major problem. The harm that the foetus undergoes can be life long (Ovens, M., 2009). Children with fetal alcohol syndrome are reported to have low intellectual functioning and poor physical development (Viljoen, et al., 2005). There are high episodes of frequent alcohol abuse in pregnant mothers in the Western Cape. Evidence shows that the Western Cape thus has the highest incidences of fetal alcohol syndrome in the world (Viljoen, et al., 2005).

Knowing that such a problem does exist in our society the need arises to take a stand against it. Knowing that drug abuse is illegal and that its abuse has consequences with the law is not enough in addressing the problem of drug abuse. Interventions and screening need to be implemented to address the problem.

It is hoped that the introduction of intervention in primary settings may help reduce the problems of substance misuse before it reaches higher levels. Primary health care facilities are responsible for screening for a number of health problems. Early detection of problems reduces the need for treatment in secondary and tertiary institutions. In the UK the Government is paying attention to providing primary health care to drug abusers; the reason behind this is that early treatment can reduce the problem before it results in a need for greater intervention (Morrison, & Ruben, 1995). It is hoped that early intervention will reduce the need for treatment when the problem has reached the level of a full blown substance abuse disorder.

Any intervention however requires the help of health care professionals. Getting to know how nurses and health care professionals feel about substance abuse in this case is important as it could affect the outcome of the intervention. Further understanding how they feel about screening and intervention in primary healthcare is essential before developing such interventions. The department of Health in South Africa has stated that by 2010 Community Health centers will become a nurse driven service. Therefore it becomes mandatory to understand their attitudes towards substance abuse and the use of interventions in primary healthcare (Western Cape, Department of Health, and n.d).

At the end of the study it is hoped that a better understanding will be gained of the reasons behind the attitudes that nurses and health practitioners have towards substance abuse and incorporating intervention at primary health care levels. Once this is established it would

be easier to address these problems and find ways to improve the situation. I aim to contribute to the literature and suggest further research in this area.

BACKGROUND

Substance misuse is a major problem that the world is facing. Substance misuse not only ruins the social fabric of society but it contributes significantly towards disease and violence (Ward, Mertens, Fleisher, Bresick, Sterling, Distiller & Weisner, 2006). Substance abuse feeds into a cycle of abuse and poverty and wreaks havoc. Statistics show that drugs and alcohol account for 25% of the mortality rate in the United States of America (Grace, 2009). In South Africa there is a high prevalence of cannabis and methaqualone. These drugs are often identified in drug related arrests and psychiatric diagnoses (Pluddemann, Bhana, Matthysen, Potgieter, & Gerber, 2001).

Although not many studies have been undertaken in South Africa on the problem of substance misuse various international studies have shown that intervention and screening have proven to reduce alcohol and substance abuse problems (Ward et al., 2006). A 1993 literature review of 8 randomized trials discovered that brief interventions versus no counseling in the domain of health care had shown better alcohol outcomes. The study further showed results that were equal to having counseling (Bien, Miller, Tonigan, 1993).

A 1995 meta-analysis of physician-based randomized controlled studies of brief interventions with alcoholics in a variety of health care settings had shown a reduction in weekly alcohol consumption in men. The study further revealed that the brief intervention approach can be effective when integrated into health care (Ward et al, 2006). Other studies have shown that a one time brief motivational intervention resulted in a feasible reduction in the frequency of alcohol consumption. The intervention was held in a primary health facility and required little time of the clinician assisted by trained counselors (Senft, Polen, Freeborn & Hollis, 1997).

Health care practitioners and nurses would be the main implementers in the intervention. Thus taking into consideration how they feel about the problem of alcohol abuse is essential to the design of the intervention. Review of the literature in this regard had presented startling evidence that needs consideration before implementing any intervention.

Attitudes of practitioners

Society has the tendency to label and stereotype people who are abusing drugs. There is a stigma that is attached to these people. They are viewed as low in the eyes of society due to

the innocent lives that they harm as a result of their addictions. However as human beings it is our tendency to ignore the underlying factors that contribute to problems as we only accept things on the surface. These ways of thinking can be detrimental to us. There is a myriad of attitudes that society has on drug addicts. Some people feel that drug addicts are in the situation they are in due to character flaws or poor judgment and fail to look at the underlying causes of the addiction (No Author, 1991). These attitudes have found way into the minds of the people on the ground who should be aiding the problem.

In Australia a recent study shows that many health practitioners have a very bad attitude towards substance abusers (Grace, 2007). They stereotype them in ways that preclude the possibility of interventions directed at helping the problem of substance misuse. Levitt, Baganz, and Plachy (1963) revealed that health professionals attitudes are clouded by the attitudes that emanate from society, these beliefs are internalized and it becomes part of their belief system. Society in general views substance abusers as deviant and beyond help. Moodley-Kunnie (1988) stated that the attitudes and beliefs that health professionals have are mostly from the beliefs that society perceives of certain substance abusers that they may know. There is a generalization of the substance abuse community that is being carried forth into the perceptions of health professionals. It is due to these attitudes that society collectively has about substance abusers which ultimately hinders the progress of intervention. As a result nurses and practitioners feel that interventions are not part of clinical practice (Grace, 2007).

A 2007 qualitative study done with 18 district nurses in England, using semi-structured interviews to gain insight on their attitudes towards substance abusers had revealed the following: district nurses were not well prepared to work with substance abusers as their roles were influenced by prejudice and stereotypical views regarding substance abusers (Peckover, & Childlaw, 2007). As a result of the stereotypical views they treated clients in a dehumanizing manner. The nurses had felt threatened by substance abusers because of the aggressive behavior substance abusers presented at the clinic. Research had shown nurses had resorted to this view to protect their own emotional wellbeing (Peckover, & Childlaw, 2007). Therefore their attitude was merely a defense mechanism against drug abusers.

It can further be realized that the nurses felt threatened due to their lack of knowledge in dealing with problems of this nature. Training programs could be a possible solution to improving their knowledge on substance abuse as well as helping them deal with problems of this nature (Peckover, & Childlaw, 2007).

Benefits of training

The attitudes of health practitioners can be altered if the correct training is provided (Strang, Hunt, Gerada, & Marsden, 2007). It is understandable that substance misusers are unique and their needs are urgent and therefore their therapy should cater for their needs. The attitudes towards substance misuse by those giving the therapy can be shaped by adequate training and skill. According to the National Centre on Addiction and Substance Abuse (2000), a lack of training acts a huge barrier to successful diagnosis and treatment (Vadlamundi, Adams, Hogan, Wu & Wahid, 2008). Training of health professionals is thus seen as an important component in successful intervention. Adequate training could inform health professionals and motivate them to work with substance abuse patients. Multiple studies have shown that a lack of confidence on the part of the health professional impacts on their ability to deal with such patients (Vadlamundi et al, 2008). The lack of confidence could be due to the lack of training in the field and its implementation of training could serve as remedial with regard.

According to a group randomized trial study undertaken by Strang et al (2007), training does make a difference. The provision of a 6 month mixed method based substance abuse training for 112 General Practitioner's working in primary health care had proven to be successful. Those GP's who had received training had greater knowledge and their attitudes had improved as a result. The study had contained a control group of GP's on a waiting list to receive training. The attitudes were measured and compared between those who had received the training and those in line to receive training.

The idea of the importance of training is further reiterated in the below mentioned study. A training package developed by the World Health Organization for screening and brief intervention (SBI) in primary health care settings consisting of 121 district nurses from a rural area and one urban site in South Africa, showed that training improved the attitudes and increased the knowledge of these nurses upon practicing SBI for risky drinkers (Peltzer, Seoka, Babor, and Tlakula, 2009).

Evaluation of the research in a study by Perepletchikova et al., (2009), had revealed that confounding variables such as poor therapist training can influence the outcome of treatment.

In the UK the government is paying attention to providing primary health care to drug abusers. It is however difficult for them to gain access to primary health care due to the stereotypical views people as well as practitioners have of them. The reason for the governments interest is that early treatment can reduce the problem before it results in greater need for intervention (Morrison, & Ruben, 1995). Therefore the government does feel that

interventions for substance abuse belong in primary health care as it is a source of early detection and treatment.

The above literature opens doors to a possible solution to improving intervention taking into consideration the attitudes of nurses and health practitioners. Above all we find a possible solution to improving intervention by dealing with the attitudes of healthcare practitioners. The literature indicates that there is a correlation between successful intervention and the attitudes that health practitioners have towards it (Grace, 2007). The literature also reveals how primary health care settings could possibly contribute to the reduction of substance abuse. Although most of the literature was based on studies undertaken outside of South Africa, we could generalize it to a South African context in which intervention is so badly required. This is a gap in the literature that needs addressing.

AIMS

This study is aimed at looking at the attitudes of nurses and health practitioners towards substance misuse as well as their attitudes towards intervention for substance misuse at a primary health care level.

METHOD

Research Design

The study adopted a qualitative approach due to its exploratory nature. A semi-structured interview design was used. A semi-structured interview has several advantages over other methods which deem it applicable for this study. First, it allowed for an in-depth, qualitative exploration of attitudes and the reasons behind those attitudes that would not be possible in a quantitative study (Banister et al).

Second, it allowed participants greater freedom to introduce their own thoughts and feelings than would not be possible in a more structured interview and this too allows for greater depth to emerge. This was important also, because this area of interest is novel in the South African context.

Third, a semi-structured approach allowed me to probe for further details where I saw fit, and further allowed me the opportunity to make sure that the questions were understood and interpreted correctly by the interviewees (Sewell, 2009). This is an important consideration in an interview, because if the participants do not understand the question they would not be able to respond clearly and this would ultimately affect the outcome of the research. Other advantages of this method included greater freedom for participant

contribution as compared to a standard format of responses (Banister et al., 1994). The lack of standardization creates a calmer atmosphere with less pressure for the participants to stick to predetermined categories (Sewell, 2009).

The interview comprised specific open ended questions on topics that had emanated from the literature. However I had probed to gain more insight on specific topic of interest. The themes that were analyzed emanated from the literature. However due to the flexibility of a semi structured interview more themes could be developed from the views of the participants. A qualitative approach was thus favored over a quantitative approach.

Qualitative research is very different to quantitative research. There are only certain questions to which answers can be established using quantitative means. The quantitative researcher is more involved in a reduction and abstraction process which eventually leads to the lack of the consideration of context. The context of any problem however is important to the qualitative researcher (Banister, Burman, Parker, Taylor, & Tindall, 1994). In this study context deemed important because we aimed at looking at intervention in the context of primary healthcare.

Qualitative research attempts to seek deeper meaning and further aims at preserving the complexities of human behavior (Greenhalgh & Taylor, 1997). Qualitative research is the interpretive study of a given issue or problem (Banister et al., 1994). It thus attempts an understanding of things not only on a superficial level but delves deeper into the underlying factors. As I have mentioned before by the use of a qualitative interview I did not have to stick to the themes and topics that the literature had presented but I could build on existing knowledge by probing and asking the participants.

Qualitative research as opposed to quantitative research does not draw its conclusions from what the numbers in a data set may represent. Qualitative research draws ideas and hypothesis from data through inductive reasoning (Greenhalgh, & Taylor, 1997). Data is gathered using various methodologies such as observation, ethnographies, interviews, reviewing of texts etc. Each technique is appropriate for certain contexts and problems only. In this research interviews of a semi-structured nature are most appropriate for the particular research question. They will allow me to explore the topic in depth with the participants without losing sight of those areas I most need to explore.

A qualitative approach is appropriate for this research. In attempting to find out about the attitudes of nurses and health practitioners towards substance abuse, the thick rich data generated by qualitative data will be most appropriate to exploring this relatively new area and generating new ideas and hypotheses from the data collected so as to find out more about

the problem and the various things that influence them. As stated above qualitative research allows for the generation of new ideas and hypotheses by inductive reasoning (Banister et al.1994). A qualitative approach will allow me to gather the deeper meaning which I wish to derive.

Participants (Sampling and Setting)

The participants in this study initially comprised six members of staff at the Delft Community Health Centre in the Western Cape. The setting was a typical primary care clinic within the Metro District Health Services in the Cape Metro pole, the health services provided by the Department of Health, Western Cape Province. It is thus typical of primary care clinics in Cape Town. This clinic was chosen because it is a large clinic that sees to people of diverse populations. It was hoped to ensure that the study is not generalized to a specific race group.

Four of these members were nurses, 1 member was be the nursing supervisor and the other member the Facility Manager of the clinic. All members spoke English; however only 3 members were first language English speaking. Owing to the fact that by 2010 the Community Health Centre will be a nurse driven service, making nurses the key providers in primary health care, it is important to understand their attitudes (Western Cape, Department of Health, and n.d). The Facility Manager and supervisor are the gatekeepers in this regard and their attitudes are as important to the study: if screening and brief intervention is to be implemented in any clinic, these gatekeepers are the ones who will facilitate its implementation. The participants were chosen by the Nurse Manager. These particular nurses were chosen because should such a program be implemented, they would likely be trained for it.

Materials

A semi-structured interview will be used to explore the following areas: the nurses feelings and knowledge of substance abuse prevalence, their ability to identify and work with substance abuse patients, their feelings about screening for health conditions, how interested are they in the alcohol or substance abuse history of their patients, reasons why they will not screen for alcohol problems, which health workers do they feel are more suited to assess and treat substance abusers, how good is their knowledge concerning areas around substance abuse and help centers available as well as interventions (see Appendix 1 for the full interview schedule).

Procedure

For this research a semi-structured interview deemed most applicable. Participants were asked questions from a questionnaire (see Appendix 1). The questionnaire had many open ended questions with a few multiple choice questions. The questions were structured in a manner that would enable the participants to elaborate as much as they felt necessary. Further probing on ideas of interest took place to get a better sense of the ideas presented by the participants. Because the clinic has a daily influx of patients it was sometimes difficult to get the participants to partake in the study. This issue was resolved by introducing an incentive to them if they participated in the study. This idea proved successful and participants were more willing to make time for the study when they were compensated for it.

In terms of reflexivity at the beginning I had felt that because I am an Indian female from the region of KwaZulu Natal this would impact on the way the participants would relate to me. I had felt that the difference in accent would serve as a barrier in the participants understanding the questions. I was concerned also that I may not understand their way of pronouncing certain words. However it was not as difficult as I had thought and the accent barrier had fallen away. I was also concerned that because I was just a student I would not be taken seriously. This deemed true because when I went to the clinic I was made to wait for hours before I was helped. Participants were interviewed in a private room at the clinic, so they were as free to speak as possible and their working routine was as little disrupted as possible. With their permission, the interviews were recorded and later transcribed. In the transcriptions participant's names were disguised so that confidentiality was preserved as far as possible. Participants were asked to give informed consent prior to being interviewed (see Appendix 5 for the full informed consent form). The study was approved by the Research Ethics committee of the Faculty of Health Sciences, University of Cape Town.

RESULTS

Description of the sample

Of the 6 participants who were initially approached to participate in the study, two declined to take part due to time constraints. In place of these two nurses, two alternate participants were sought after and consented to participate. However on the day that the sixth participant was to be interviewed, a major setback on behalf of the interviewer had occurred. The sixth interview could therefore not be completed and only five transcripts could be analyzed. The participants were ranked in the following manner: the facility manager, nursing manager, one clinical nurse practitioner and two prep room nurses. With the exception of the facility

manager all other participants were involved in the day-to-day care of patients who arrived at the clinic. All the participants were working at primary health care level.

Assessment

The interview aimed at determining the views of these nurses of substance abuse as well as their views of potentially implementing intervention at a primary health care level. The interview contained questions about their knowledge and awareness of the problem of substance misuse in their community. It further aimed to determine their idea of what the prohibiting factors in screening and intervention may be. Some of the questions also explored who they thought should be responsible for screening and in which health sector they thought screening and intervention should be located. The interviews were recorded and transcribed.

Findings

The data were analyzed using thematic analysis (Braun, and Clarke, 2006). I had sought to determine the attitudes of nurses on the basis of the following themes that had emanated from the literature: knowledge and awareness of problem, attitudes on screening and intervention, knowledge and awareness of screening and intervention, whose job is it to screen and intervene and the importance of training. Thematic analysis was the method of choice for analyzing this data. Thematic analysis is defined as a method for identifying and reporting patterns within the data. In thematic analysis a theme that is identified is something that is important about the data relative to the research question. A pattern in the responses or some meaning within the data set (Braun, and Clarke, 2006). The ideas that emerged from the transcription during the interview with the participants formed the themes that were considered in the analysis. The themes that emanated from the literature were also taken into consideration. After the data was collected the themes from the literature were compared against the findings in the data.

Knowledge and awareness of the problem

Participants were asked questions to ascertain the amount of knowledge they possessed of substance abuse. When asked to estimate statistics from the community health centre, the types of drugs used by patients, age group and characteristics of patients using drugs; all participants had some knowledge of the problem. All participants said that “tick” (crystal methamphetamine) and alcohol were the major drugs being utilized by patients with drug problems. Research from South Africa further suggests that cannabis, mandrax and heroine

are highly prevalent in our country (Ward et al, 2006). Congruent to the literature, alcohol is a major problem in South Africa as it accounts for 50% of all unnatural deaths (Ward et al., 2006)

The participants were able to explain the characteristics of patients abusing these drugs as well. For instance, one of the participants on asked to describe the characteristics of a patient with a drug problem stated that: “well one would look at psychosis; you would look for skin discoloration-skin conditions in my view. Aggression. So all those would be, for me, the challenges that would probably reflect when they actually visit the facility”.

The above excerpt stands out as it reveals that the nurses knew the signs of patients who were intoxicated at the time of seeking services, or who had a full-blown substance use disorder. This implies that they do not recognize the need to intervene with patients in the process of using drugs and alcohol at risky levels, but who have not yet developed substance abuse or substance dependence disorders. Their mindset was fixed at tending to problems that had already reached a stage in which the symptoms were evident.

Attitudes on screening and intervention

In assessing the attitudes of participants towards screening and intervention the participants were questioned about the following: reasons for screening, reasons for not screening, and when they felt patients should be screened or asked about their alcohol and drug history.

When asked what some of the reasons for not screening might be, most participants felt that there should be no reason for not screening for alcohol and substance abuse. However one participant felt that they would not screen for alcohol abuse because they feared patients will become labeled.

When asked when they feel patients should be screened most the participants felt that only when the patient present problems like severe abdominal pains, or when they are diabetic. It was felt to be more necessary to screen when symptoms existed rather than without the occurrence of symptoms. Again we see that they are attending to the very late stages of substance misuse and not to the early risky stages when intervention is relatively easy.

The participants further felt that asking patients about their alcohol and drug history was a sensitive topic. All participants felt that only when physical symptoms occur then only should patients be asked about their alcohol or drug history. Besides this reason participants felt that it was a sensitive issue and the prep room was also not private enough for patients to be asked to disclose such information. “No we don’t really ask them, it’s not something people like to

talk about...because there is no actual privacy in the prep room, so people don't actually open up to you". (Participant 4: prep room nurse).

Knowledge of screening and intervention

In order to assess the participant's knowledge of intervention and screening they were asked if they had heard of the CAGE, AUDIT, ASSIST, or other screening tools. They were further asked if they had heard of brief motivational interventions. Four of the participants had not heard of any of these, with the exception of the clinical nurse practitioner who had undergone training in screening and brief motivational interventions.

When asked about how they felt about training, participants felt that training would make a difference and would equip them with the skills to improve their attitudes towards substance abuse patients and the way they addressed the problem. When asked what tools would help them screen all participants felt that training was essential as well as guidelines.

On being asked if they knew any places where patients could go for treatment for substance abuse, the participants were not knowledgeable in this respect. Only the facility manager seemed to know of a few places but also felt that there were more places than he knew directly.

Whose job is it to screen

With the exception of one participant all the other four participants felt that all nurses in the clinic should screen. The one participant however felt that it was the doctor's job to screen. All participants felt that social workers and health promoters should treat the problem once they have detected it during screening.

Treatment

On asked about the success rates of treatment for drug and alcohol abuse, the nurses felt that higher success rates occur when there is an adequate community support structure in place. It was easier for patients to relapse post treatment on entering into a community that did not provide support.

Finally all participants felt that screening and intervention belongs in primary healthcare.

DISCUSSION

The main findings were that participants felt that screening and intervention does belong in primary healthcare. This supported the initial idea. It was also found that training is essential in improving the knowledge and attitudes that nurses have towards substance abuse.

All the participants felt that intervention and screening at primary health care was important because this was the first line of defense. The acknowledgement of screening and intervention being the responsibility of primary healthcare providers emphasizes that these participants felt that something could be done about it. Although there is something that could be done, healthcare providers at primary health care deal with many patients on a day-to-day basis. Because of the lack of privacy in the prep room, participants felt that people will not easily disclose their substance abuse problems, and that this therefore was not the ideal location for screening in the clinic. There was also the concern that people will feel that they are being labeled. This however diverges from the literature which suggests that some nurses and health practitioners could not effectively work with substance misusers as their perceptions of them were clouded by the larger society (Levitt, et al, 1963). Moodley and Kunnie (1988) further stated that the attitudes that health professionals have towards substance abusers definitely emanate from society. The negative transference of particular instances then causes a generalization about people with substance abuse problems. This hinders the possibility of intervention.

However in this study nurses and health practitioners acknowledged that substance abuse was a problem and needed to be addressed. Although they felt remorse for the victims that suffer at the hands of the substance abusers who are at times seen as ruthless, this was not a reason for not wanting to intervene or screen. The participants acknowledged that those with substance abuse problems have a problem and should be helped. They did not show signs of giving up on them completely; neither did lay perceptions of drug addicts shade their recognition that help is needed for these people.

However participants did feel that they could only help people if they admitted to having a problem and actually asked to be helped. They felt that the willingness to change should emanate from the individual. If the individual did not admit to the problem then change could not be possible. Some of the participants, when asked what the success rates of treatment for drug and alcohol abuse are, felt that it was successful but success rate was higher when patient admit to the problem and when they have a good support structure in the community. It was easier to relapse when people went back into the community and there was no support structure in place. As much as they felt responsible to screen and intervene they felt strongly about a community support system as help did not end at the facility.

Training

The nurses in this study had not even heard of the screening tools or brief motivational interventions except for one nurse who was trained. Training could therefore improve knowledge and make way for successful intervention.

Training was seen as important in this study and therefore we see congruence with the literature. The study by Peltzer, Seoka, Babor, and Tlakula (2009) showed that the attitudes of nursing practitioners can change with appropriate training. Training is seen as essential because it increases knowledge and offers guidelines on how to deal with the situation. There is a level of confidence that is achieved when practitioners undergo training. Part of the problem is not being able to cope with patients with these problems because practitioners are afraid of invading patient's privacy or creating stigma. This shows that the practitioners require skills to approach clients about their drug and alcohol problems as poor training hampers the effectiveness of the intervention. Training is effective in this regard (Perepletchikova et al., 2009). The participants also felt strongly about training.

However in light of the study by Perepletchikova et al., (2009), simply having training taking place is not enough. The effectiveness of the training program is important and has a bearing on the therapist or in this case the health practitioner's competency in dealing with a patient. In the clinic where interviews were done there is a high turnover of patients and a high daily workload. In primary healthcare, time is crucial and training programs should be well structured around schedules taking time into consideration. However it is helpful to note that practitioners in this study felt that in the hierarchy of problems needing addressing, substance abuse tops the scale. This would mean that if they see this as a pressing problem they would make time for training. Training programs should further be developed to improve knowledge on progression of substance abuse from risky levels to the period of presentation of problems. In this study nurses were only able to identify substance abuse problems when they had become full blown disorders. They had felt the need to intervene only when the problem had reached clinical symptoms of a disorder. This shows that their lack of knowledge in early intervention and detection was not strong. Therefore a training program that improves knowledge on recognition of substance abuse before it reaches the level of a disorder should be implemented. This would make intervention easier and solve the problem before it reaches levels beyond help.

South African context

Most of the literature had looked at studies outside of South Africa. Most studies found that nurses and practitioners were not in favor of screening. Nurses were not willing to work with substance abusers because of the negative stereotypes that they had of them which emanated from the broader society. This had precluded the possibility of intervention (Peckover & Childlaw, 2007). However this study differs dramatically from these, in demonstrating that South African nurses are in favor of screening. From these interviews, it appears that there is much emphasis placed on screening in primary healthcare in South African clinics, and that the nursing and management staff do not see substance abuse as falling outside this domain.

LIMITATIONS

The study may seem to have a limitation in that the sample could be non-representative and too small. In other areas of the Western Cape and South Africa health practitioners may not share similar attitudes as these participants. However the chosen site of the study is one of the largest clinics in the Western Cape and it tends to the needs of a diverse population.

Most of the patients are from poorer areas and thus it is not a very good indication of members from other socio economic backgrounds. However drug and alcohol abuse does occur a lot in poorer communities.

The sample size may have being too small in the study but it had a good representation of members from the different parts of the clinic such as the nursing manager, facility manager, clinical nurse practitioner and the prep room nurses.

CONCLUSION

The literature suggested that training of nurses and health practitioners is essential in educating them on substance abuse. Training would improve their understanding and equip them in handling substance abuse patients. It was evident from the study that the participants felt the same way. The participants were not well aware of handling the problem of substance abuse in its progressive phase. The participants however could identify clients that had already reached problematic phases of their abuse. Intervention and screening could help the problem of substance abuse through early identification and treatment. Thus training of the nurses and health practitioners on substance abuse and screening would influence the outcome of an intervention. Training would also make it easier for the nurses to deal with patients.

Primary health care centers are viewed as the first line of defense. Many health problems such as diabetes and high blood pressure are screened for at these centers. The

participants in the study felt responsible as primary health care providers to screen for alcohol and drug abuse. They felt that it was important to screen as drug and alcohol abuse was extremely common in this facility. Although the participants had felt that they could play their role in the substance abuse problem, many had felt that a good support system within a community could also assist in the treatment procedure. They had further felt that the onus was on the substance abuser to admit to his or her problem and seek help.

The research in substance abuse screening and intervention is particularly novel in South Africa. However drug and alcohol abuse has such high prevalence in South Africa. I am hoping that my study contributes in this regard. I hope that more research is undertaken in this domain.

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APPENDIX 1

Provider interviews (prior to training and implementation of screener)

1. If you had to guess, what percentage of the patients aged 18-24 whom you see in this clinic would you estimate have problems related to their use of alcohol or drugs? That is, illicit drugs or drugs used other than as prescribed, or using them when prescribed for themselves?
 - Percentage:
 - What kinds of substance-related problems are you seeing in this age group among your patients?
 - What are you aware of in terms of substance misuse in the community?

2. Could you describe the characteristics of a patient whom you might expect to have problems with alcohol? With drugs? Who might be HIV-positive?

3. How do you feel about using health screening for health conditions in general; e.g., screening for chronic problems like diabetes or high cholesterol? That is, what are some reasons why you might or might not do so?

PROBE FOR ALL OF THE FOLLOWING IF NOT MENTIONED:

- no time to screen
- no time to treat if screening identifies problems
- no treatment available if screening identifies problems
- other priorities are higher (such as? _____)
- not enough information about screening instruments
- disapproval from other providers
- takes too long
- wouldn't believe patient self-report
- can't affect patient behavior
- afraid patient will not return
- patients will get angry
- don't want to "label" patient with such problems

4. How often do you ask patients specifically about their alcohol consumption or drug misuse, or their personal or family history of alcohol or drug-related problems? Would you say...
 Rarely Some of the time Most of the time All the time

5. When would you ask patients specifically about their own or their family history of substance use?

6. How often do you advise patients with problem drinking or drug use patterns or health risks to cut down or stop drinking or using drugs? Would you say...
 Rarely Some of the time Most of the time All the time

7. How often do you educate or advise patients about their health risks or how their behaviors or lifestyles affect their health? Would you say...
 Rarely Some of the time Most of the time All the time

8. Have you heard of any of the following tools for screening? The CAGE, AUDIT, ASSIST, MAST? Which ones do you know anything about? What do you know about them?

9. In the past 12 months, how many times did you use a questionnaire, such as the CAGE, AUDIT, ASSIST, MAST, or some other formal screening instrument to assess an adult patient for alcohol or drug problems?

- Rarely Some of the time Most of the time All the time

10. In the past 12 months, how many times have you taken or requested a blood test (e.g., blood alcohol, MCV - cell volumes, GGT - gamma glutamine transferase) for a patient because of concern about his or her alcohol or drug use?

- Never in the past 12 months 1-2 times 3-5 times 6-11 times 12 or more times

11. What are some reasons why you might or might not screen for alcohol or drug problems?

PROBE FOR SOME OF THE FOLLOWING IF NOT MENTIONED:

- no time to screen
- no time to treat if screening identifies problems
- no ability to treat if screening identifies problems
- other priorities are higher (such as? _____)
- not enough information about screening instruments
- disapproval from other providers
- takes too long
- wouldn't believe patient self-report
- can't affect patient behavior
- afraid patient will not return
- patients will get angry
- don't want to "label" patient with such problems

Would you give the same reasons if we were talking about screening for a different health behaviour (such as patients who are overweight)? What is the difference between screening for substance misuse, and other health behaviours?

12. If you had enough time, what would you say is the main reason for NOT screening for alcohol or drug problems?

13. Who is the optimal health worker in the clinic to **conduct screening** for substance misuse problems?
- In terms of time?
 - In terms of qualifications?
 - In terms of patient preferences?
14. Who is the optimal health worker to **assess and treat** substance misuse problems? Why do you say this?
15. How often and in what situations have you referred patients for assessment and/or treatment for **alcohol or drug** problems?
16. What kind of patient would you be most likely to refer? Least likely?
17. Where do you refer patients? (e.g., AA, specialty clinics?)

18. Do you feel that you have enough information about public and free substance abuse treatment programmes in Cape Town to know where to refer patients?
19. If you would like to screen more often for alcohol/drug problems, what sort of screening tools would you find helpful? PROBE:(For example, trainings, guidelines, protocol, standardized instruments?)
20. At the present time, taking into consideration all your current responsibilities and limitations with patients, how high a priority do you place on alcohol problems –this can be screening, assessing, giving education or other treatment, or referrals? Why do you say this?
- Drug problems? Why do you say this?
21. If the study were to find that the screener had an impact on increasing rates of detecting substance misuse problems, would you be inclined to adopt it? IF NO, PROBE: Why not?

22. In your opinion or based on what you know, how successful is treatment for alcohol and drugs?
23. How much less or more successful is treatment for alcohol and drugs problems versus treatment for diabetes?
24. When is the optimal time to screen for substance misuse problems (what, if any, are the “triggers” to screen?)?
25. Do you know of any interventions for substance misuse? Have you used any? Is any of them effective in this context?
26. Have you heard of an approach to treatment called “brief motivational interventions”? What do you know about it? Do you think it might be effective?

THANK YOU VERY MUCH FOR YOUR TIME. THAT IS ALL OF THE QUESTIONS. YOUR ANSWERS WILL HELP US TO UNDERSTAND MORE ABOUT IMPLEMENTATION OF BEHAVIOURAL HEALTH SCREENING.

APPENDIX 2

Consent form – English

University of Cape Town/Human Sciences Research Council/Kaiser Permanente

Consent to participate in a research study:

Brief intervention to reduce substance use in South Africa

Dear Health Care Provider,

Study Purpose

You are being asked to participate in a research study being conducted by researchers from the Human Sciences Research Council, the University of Cape Town, and some researchers from the USA. The purpose of this study is to examine the feasibility of having health care providers screen patients for substance misuse, as part of a larger study that will compare two kinds of treatment for alcohol and drug problems: 1) receiving a brief counselling session with a nurse, or 2) referral to free resources within the community. The purpose of this study is to improve the quality of care for patients at clinics and assess the effectiveness of the two different ways of receiving care.

You are being invited to participate in this study because you provide general adult care services to patients, and this study addresses these services only, within the health centre.

Study Procedures

If you decide to participate in this study, you will be interviewed for approximately 30 minutes. The interviews address your views on screening and treatments for alcohol and drug abuse at a primary health care level.

All information obtained from you will be kept strictly confidential, and your name will not be associated with the information that appears in our report.

Possible Risks

There are no other known risks specific to this kind of study participation.

Possible Benefits

We hope that our work will assist you in the task of identifying and caring for those who have problems with substance misuse. We also hope that information gained from this study will help us answer important questions about alcohol and drugs, and how practitioners can address this problem in our country.

Alternatives

You may choose not to participate in this study, and this decision will not affect your employment or your relationship with the clinic or hospital in any way. You may choose not to be recorded and you have the option of opting out of the study at any point you see fit.

Voluntary Participation

My interviews may be recorded to assist the interviewer with remembering the information. The only person who will listen to the tape is the interviewer. After s/he has listened to it, it will be destroyed. Information from the interview will be recorded anonymously.

I agree that the conversation may be recorded.

Signature of participant

Date

Name of participant (printed)

Witness