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Challenges faced by service users attending substance abuse aftercare programs in selected treatment centres in South Africa.

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Abstract

Background:

Substance use disorders (SUDs) remain a significant public health and social welfare concern in South Africa, with relapse following treatment continuing to undermine recovery outcomes. While considerable scholarly and policy attention has been directed towards treatment and rehabilitation programmes, aftercare services remain comparatively under-explored, particularly from the perspectives of service users themselves. Aftercare programmes are intended to support individuals as they transition from structured treatment environments back into their communities; however, limited empirical evidence exists regarding the challenges service users encounter during this critical stage of recovery.

Methodology:

This qualitative study explored the social, economic, emotional, and psychological challenges experienced by service users attending substance abuse aftercare programmes at selected treatment centres in Limpopo and Mpumalanga provinces. A purposive sample of ten participants currently enrolled in aftercare programmes was recruited. Data were collected through semi-structured interviews that allowed participants to reflect on their lived experiences of recovery following rehabilitation. The interviews were audio-recorded, transcribed verbatim, and analysed using thematic analysis to identify recurring patterns, meanings, and contextual factors shaping participants' recovery experiences.

Results:

The findings indicate that, despite completing rehabilitation, service users continue to experience multiple and intersecting challenges that threaten sustained recovery. Prominent challenges included persistent social stigma, limited employment opportunities, strained family relationships, and ongoing emotional distress. Participants also reported psychological difficulties such as anxiety, depressive symptoms, and unresolved trauma, which often intensified feelings of vulnerability during reintegration into community life. These factors collectively heightened the risk of relapse.

Conclusion:

The study highlights that recovery from substance use disorders extends far beyond the completion of formal treatment and requires sustained psychosocial and structural support.

Recommendations:

Strengthening aftercare services through integrated psychosocial support, skills development initiatives, and community-based recovery interventions is essential for promoting long-term recovery and reducing relapse among individuals with substance use disorders in South Africa.

Keywords: *Aftercare; Substance use disorders; Service users; Recovery; Relapse; South Africa.*
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INTRODUCTION:

Substance use disorders (SUDs) continue to pose a significant threat to public health, social cohesion, and economic stability in South Africa. The harmful use of alcohol and other drugs affects individuals, families, and communities across social, cultural, and economic divides, placing considerable strain on health and social welfare systems (Department of Social Development [DSD], 2023). In response, the South African government has introduced legislative and policy frameworks, including the *Prevention of and Treatment for Substance Abuse Act 70 of 2008* and the *National Drug Master Plan*, to reduce substance demand and improve access to treatment and recovery services.

Despite these interventions, relapse rates following formal treatment remain high, raising concerns about the adequacy of post-treatment support. Aftercare programmes are intended to provide continuity of care by supporting service users as they reintegrate into their families and communities, manage cravings and triggers,

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and rebuild their lives. However, emerging evidence suggests that aftercare services are often under-resourced, inconsistently implemented, and insufficiently responsive to the complex realities faced by service users, particularly in rural and semi-rural contexts (Mpanza et al., 2022).

International and South African studies indicate that recovery from substance use disorders is not a linear process but is shaped by interrelated social, economic, emotional, and psychological factors (Gibbons, 2019; World Health Organisation [WHO], 2020). Stigma, unemployment, fractured family relationships, and unresolved trauma frequently persist after rehabilitation and may undermine recovery efforts. Yet, limited empirical research has foregrounded the lived experiences of service users attending aftercare programmes in South Africa, especially from a social work perspective.

Substance use disorders are widely recognised as chronic and relapsing conditions that require long-term management rather than short-term intervention (WHO, 2020). In South Africa, treatment services predominantly focus on detoxification and residential rehabilitation, with comparatively less emphasis on structured aftercare and reintegration support (Gibbons, 2019). According to the South African Community Epidemiology Network on Drug Use (SACENDU, 2018), admissions to treatment centres continue to rise, yet relapse following discharge remains common, suggesting significant gaps in post-treatment care.

Aftercare programmes are designed to assist service users in sustaining recovery by addressing psychosocial stressors, strengthening coping strategies, and promoting social reintegration. However, studies conducted in rural and under-resourced settings reveal persistent barriers to effective aftercare, including limited professional capacity, inadequate community support, and weak intersectoral collaboration (Mpanza et al., 2022). These constraints are particularly pronounced in provinces such as Limpopo and Mpumalanga, where poverty, unemployment, and limited access to services compound the challenges of recovery (Karimunhenga & Singwane, 2025).

Existing literature demonstrates that service users in recovery often continue to face multiple, intersecting challenges that heighten the risk of relapse. Social stigma and discrimination remain pervasive, with individuals in recovery frequently labelled as "addicts" despite having completed treatment (Khanyi & Malesa, 2022). Such stigma can result in social exclusion, strained family relationships, and diminished self-worth, all of which undermine recovery efforts.

Economic marginalisation further exacerbates vulnerability. Many service users experience disrupted education and limited skills development due to early substance use initiation, which restricts employment opportunities and perpetuates poverty (Gibbons, 2020). Unemployment and financial stress have been identified as significant predictors of relapse, particularly in contexts where recovery is not accompanied by meaningful economic reintegration (SACENDU, 2018).

Emotional and psychological challenges also persist beyond rehabilitation. Depression, anxiety, unresolved grief, and trauma-related conditions such as post-traumatic stress disorder (PTSD) are commonly reported among individuals in recovery (McDonagh & Reddy, 2015). Without adequate psychosocial support, service users may revert to substance use as a maladaptive coping mechanism to manage emotional distress (Eden, 2016).

This study is underpinned by Ecological Systems Theory, originally developed by Bronfenbrenner, which provides a useful lens for understanding recovery from substance use disorders as a process shaped by multiple, interacting systems. From an ecological perspective, recovery is influenced not only by individual factors (such as motivation and coping skills) but also by relationships within the family (microsystem), community attitudes and services (mesosystem), broader socio-economic conditions (exosystem), and policy and cultural norms (macrosystem).

Applying this framework enables a holistic understanding of how social stigma, unemployment, family dynamics, and institutional support structures interact to facilitate or hinder recovery. In the context of aftercare, Ecological Systems Theory highlights the importance of multi-level interventions that address both personal and structural barriers, aligning closely with social work's commitment to person-in-environment practice. This theoretical grounding informs the study's exploration of service users' experiences and supports the interpretation of findings within a broader socio-structural context.

Against this background, the present study sought to explore the challenges experienced by service users attending substance abuse aftercare programmes at selected treatment centres in Limpopo and Mpumalanga provinces. By centring service users' voices, the study aims to contribute to contextually grounded knowledge that can inform the development of more responsive, holistic, and sustainable aftercare interventions within South African social work practice.

METHODOLOGY

Research Approach and Design

This study employed a qualitative research approach to examine the challenges encountered by service users participating in substance abuse aftercare programmes. A qualitative design was deemed suitable because it allows for a deep understanding of participants' subjective experiences, meanings, and perceptions within their social contexts (Bhandari, 2022). Considering the study's exploratory nature and the limited empirical literature focused on service users' perspectives on aftercare in South Africa, a qualitative approach facilitated the collection of detailed and nuanced data.

The study employed a descriptive and exploratory research design, which is well-suited to investigations seeking to document and interpret lived experiences

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without generalising findings to a broader population (Asenahabi, 2019). This design aligned with the study's aim of capturing service users' accounts of social, economic, emotional, and psychological challenges encountered during recovery.

Study Setting

The study was conducted at selected substance abuse treatment centres offering aftercare programmes in the Limpopo and Mpumalanga provinces of South Africa, from August 2024 until December 2024. These provinces were selected because of their predominantly rural and semi-rural characteristics, in which access to comprehensive aftercare services remains limited and under-researched (Singwane & Geyer, 2025).

Population and Sampling

The study population included service users enrolled in substance abuse aftercare programmes at the selected treatment centres. Participants were approached face-to-face at the respective outpatient treatment centres, with access facilitated through the centre directors, who helped identify eligible participants attending aftercare services.

Purposive sampling was used to select participants who met the following inclusion criteria: (a) having completed a formal substance abuse treatment programme, and (b) currently attending aftercare services.

Purposive sampling is suitable in qualitative research when participants are chosen for their ability to provide rich, relevant information about the research phenomenon (Nikolopoulou, 2022). A sample of 10 participants (n = 10) was considered sufficient, as qualitative research values depth over breadth and aims for data saturation rather than statistical representation. Saturation was achieved when no new themes emerged from the interviews, indicating that the sample size was appropriate to meet the study objectives.

Data Collection

Data were collected through semi-structured interviews, which allowed participants to express their experiences freely while ensuring that key topics related to aftercare challenges were consistently covered (Magaldi & Berler, 2020). An interview guide was used to explore participants' social, economic, emotional, and psychological experiences during aftercare.

Before collecting data, participants were briefed on the study's purpose and given written informed consent. Permission was also obtained to audio-record the interviews for accuracy. Interviews took place in a private environment to protect confidentiality and lasted about 45–60 minutes. During the interviews, field notes were made to record non-verbal cues, contextual details, and immediate reflections that complemented the audio recordings.

Data Analysis and Verification

All interviews were audio-recorded and transcribed verbatim. The researchers familiarised themselves with the data through repeated reading of the transcripts. To improve the credibility of the findings, participants were contacted after transcription to verify the accuracy of the data captured and to allow for correction or clarification of the information in the transcripts. The data were then analysed using thematic analysis to identify recurring patterns and themes related to the challenges encountered during aftercare.

Ethical Considerations

Ethical approval for the study was obtained from the relevant Turfloop Research Ethics Committee (TREC). Approval was granted on 19 August 2024, under Project Number: TREC/1523/2024: UG. Participation in the study was voluntary, and participants were assured of confidentiality, anonymity, and their right to withdraw at any point without facing negative consequences. Pseudonyms were used in reporting the findings to protect participants' identities.

Data Analysis

Data were analysed using **thematic analysis**, following the six-phase process outlined by Vaismoradi et al. (2020) and Giles and Hamilton (2022). The analysis involved:

1. Familiarisation with the data through repeated reading of transcripts
2. Generation of initial codes related to participants' experiences
3. Searching for patterns and potential themes
4. Reviewing and refining themes for coherence and relevance
5. Defining and naming themes
6. Producing a coherent narrative supported by verbatim quotations

This approach enabled the identification of recurring patterns while remaining grounded in participants' voices.

Trustworthiness

To enhance trustworthiness, the study applied the criteria of credibility, dependability, and confirmability. Credibility was strengthened through prolonged engagement with the data and the use of verbatim quotations. Dependability was ensured through a clear audit trail of the research process, and confirmability was supported by reflexive note-taking to minimise researcher bias.

Ethical Considerations

Ethical clearance was obtained from the Turfloop Research Ethics Committee (TREC). Participants were assured of confidentiality, anonymity, and their right to withdraw from the study at any stage without penalty. Pseudonyms were used to protect participants' identities.

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Findings

Participant Demographic Profile

Table 1: Socio-demographic and Substance-Related Characteristics of Participants (n = 10)

Category	Subcategory	Number of Participants (n=10)	Percentage (%)
Age range (years)	20–25	3	30.00
	25–30	4	40.00
	30–35	1	10.00
	35–40	1	10.00
	20–30	1	10.00
Gender	Male	7	70.00
	Female	3	30.00
Marital status	Single	9	90.00
	Married	1	10.00
Employment status	Employed	3	30.00
	Unemployed	6	60.00
	Self-employed	1	10.00
Education level	Secondary	7	70.00
	Tertiary	3	30.00
Substance of choice	Nyaope	5	50.00
	Crystal meth	3	30.00
	Alcohol	2	20.00
Aftercare duration	1–3 months	1	10.00
	4–6 months	5	50.00
	6–8 months	1	10.00
	8–10 months	2	20.00
	10–12 months	1	10.00

Source: Self-developed table of analysis (Singwane, Lukhele & Makgopo)

Most participants were male, single, and unemployed, with the majority aged 20 to 30 years. Most had not completed the full 12-month aftercare programme, highlighting potential discontinuity in recovery support.

Thematic Findings

This section presents an in-depth, analytically grounded account of the challenges experienced by service users attending substance abuse aftercare programmes. The findings are organised thematically, beginning with social challenges, followed by economic, emotional, and psychological challenges, and concluding with coping strategies and recovery resources. Each theme is supported by verbatim quotations and followed by a comprehensive interpretation that links participants' experiences to relapse risk, recovery capital, and gaps within aftercare service provision.

Theme 1: Social Challenges and Persistent Stigma

Social challenges emerged as the most dominant and pervasive theme across all interviews. Participants consistently reported experiences of stigma, discrimination, and social exclusion within their families, communities, and broader social environments, even after completing rehabilitation and actively engaging in aftercare programmes. For many participants, their past substance use continued to define their social identity, resulting in persistent labelling as "addicts," "criminals", or "failures."

> "I am still an embarrassment within society. My family and community members do not see me as a changed person. They only remember what I did when I was using."
> *(Participant 1)*
> "People in my community just associate me with my former life, even though I have left that life in the past, and this actually hurts me always."
> *(Participant 4)*

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> "I have social anxiety because my community still sees me as an unchanged person. Even when I try to do good things, they don't believe in me."
> *(Participant 5)*
> "Where I live, a drug addict will always be an addict, the stigma will always be with me, and I have accepted that."
> *(Participant 7)*

These narratives point to the persistence of stigma as a post-rehabilitation stressor, demonstrating that recovery is not socially recognised in the same way that addiction is socially remembered. The findings indicate that rehabilitation alone does not guarantee social reintegration. Instead, service users are subjected to unrealistic expectations of moral perfection, with little tolerance for error or vulnerability. This creates intense pressure and emotional strain, increasing susceptibility to relapse.

From a recovery capital perspective, persistent stigma erodes *social recovery capital* by limiting access to supportive relationships, which are essential for sustained recovery (Best et al., 2018). Participants' accounts suggest that ongoing judgement and rejection lead to internalised stigma, reduced self-worth, and social withdrawal, all of which are recognised relapse precursors. When individuals begin to doubt their capacity for change due to repeated negative social feedback, motivation for recovery becomes compromised.

> "When people keep reminding you of your past, you start thinking maybe they are right, maybe I will never change."
> *(Participant 9)*

These findings are consistent with South African literature, which indicates that stigma remains a significant barrier to recovery, particularly in close-knit communities where reputational damage is enduring (Gibbons, 2019; Khanyi & Malesa, 2022). The findings further reveal a critical aftercare gap: limited community-based reintegration interventions that actively address stigma, educate families, and foster social acceptance. Without transforming the social environments to which service users return, aftercare programmes remain constrained in their capacity to support long-term recovery.

Theme 2: Economic Challenges and Financial Insecurity

Economic challenges, particularly unemployment and financial instability, emerged as significant stressors that directly undermined recovery efforts. Most participants were unemployed or engaged in informal, insecure work due to limited education, lack of vocational skills, and stigma associated with substance use histories.

> "People still regard me as a criminal whenever I go job hunting. I am not skilled enough for most jobs, and that discourages me a lot."
> *(Participant 1)*
> "I am facing financial difficulties because I must pay debts and also support my children. Sometimes I feel overwhelmed."
> *(Participant 3)*
> "There are no jobs in my community, and I never went to school, so I always struggle to feed myself. This is demoralising, but I will keep searching."
> *(Participant 7)*

These accounts illustrate how economic marginalisation persists beyond treatment, placing service users in structurally vulnerable positions that intensify relapse risk. Participants' narratives reveal that financial insecurity generates chronic stress, feelings of inadequacy, and frustration, particularly when individuals are unable to meet socially valued responsibilities such as providing for families.

Within the recovery capital framework, economic stability is a key dimension of economic recovery capital, enabling access to housing, transport, and food, as well as participation in recovery-oriented activities. The findings suggest that limited economic recovery capital significantly weakens recovery trajectories, as financial stress frequently triggers cravings and relapse ideation.

> "Even after rehabilitation, I am still stressed because my salary is not enough to meet my basic needs."
> *(Participant 6)*

These findings align with South African evidence indicating that unemployment is a strong predictor of relapse (SACENDU, 2018; Khanyi & Malesa, 2022). Despite this, participants reported limited access to structured skills development, job placement, or economic empowerment initiatives within aftercare programmes. This disconnect highlights a critical service gap: while aftercare promotes abstinence and coping strategies, it often fails to address the socio-economic conditions that make sustained recovery difficult. Meaningful recovery, therefore, remains unattainable for

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many service users in the absence of economic reintegration.

Theme 3: Emotional Challenges and Unresolved Distress

Emotional challenges were widely reported and included sadness, frustration, anxiety, grief, and emotional instability. Participants described difficulty regulating emotions that were previously numbed or avoided through substance use, particularly when confronted with family conflict, loss, and unmet expectations.

> "I battled with sadness and frustration because of how my family treats me. It becomes hard to follow my treatment plan."
> *(Participant 9)*
> "I am still grieving my grandmother's death. I used substances to escape the pain, and now the pain is still there."
> *(Participant 2)*
> *"I am still an embarrassment within society. My family and community members do not see me as a changed person. They only remember what I did when I was using."*
> *(Participant 1)*

These narratives point to a pattern in which substance use previously functioned as an emotional coping mechanism, and aftercare exposes unresolved emotional pain that rehabilitation alone does not resolve. The findings demonstrate that emotional distress often intensifies during aftercare, a phase marked by reduced structure and diminished professional support.

From a relapse prevention perspective, negative emotional states such as grief, frustration, and anxiety are well-established relapse triggers. Participants' experiences suggest that inadequate emotional support during aftercare leaves individuals vulnerable to returning to substance use as a means of emotional escape.

> "Sometimes I feel so overwhelmed emotionally that I think using again would make things easier."
> *(Participant 8)*
> "Now I feel I do not have anyone to talk to anymore, unlike when I was still at the centre, one needs to be emotionally strong."
> *(Participant 7)*

Within the recovery capital framework, emotional resilience forms a core component of *personal recovery capital*. Participants lacking emotional support networks exhibited diminished self-efficacy and confidence in managing recovery challenges. These findings are consistent with South African studies highlighting unresolved grief and emotional dysregulation as central relapse drivers (McDonagh & Reddy, 2015; Eden, 2016). The findings expose a gap in aftercare services, particularly the limited availability of long-term counselling, grief support, and family mediation.

Theme 4: Psychological Challenges and Co-Occurring Mental Health Conditions

Psychological challenges extended beyond emotional distress and included clinically significant mental health concerns such as depression, anxiety, post-traumatic stress disorder (PTSD), and cognitive impairments.

> "I was diagnosed with PTSD because of abuse from my father, even after I was rehabilitated."
> *(Participant 10)*
> "I struggle to concentrate when studying or writing tests because of my past substance use."
> *(Participant 6)*

These findings highlight the prevalence of co-occurring mental health conditions among service users in recovery. Participants' narratives indicate that unresolved trauma and psychological distress impaired concentration, motivation, and adherence to treatment plans, thereby increasing relapse vulnerability.

The findings align with dual-diagnosis literature, which recognises the bidirectional relationship between substance use disorders and mental health conditions (Kabisa et al., 2021). Participants' accounts suggest that aftercare programmes often provide general counselling but lack specialised psychological or trauma-informed services.

> "Even when I attend aftercare, there is no specialised support for what I am going through mentally."
> *(Participant 10)*

Within the recovery capital framework, untreated mental health conditions weaken *human recovery capital* by limiting cognitive functioning, emotional regulation, and decision-making capacity (Matsebula et al.,2026). These findings underscore a critical aftercare gap: insufficient integration of mental health services within substance use recovery programmes, resulting in fragmented and incomplete care.

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Theme 5: Coping Strategies, Support Systems, and Recovery Capital

Despite the challenges, participants identified coping strategies that supported recovery, including family support, spirituality, professional counselling, and avoidance of high-risk environments.

"When I feel like relapsing, I talk to my uncle. That support helps me a lot."
(Participant 1)
"Prayer and church help me stay away from my old friends who are still using substances."
(Participant 3)
"The money I used to spend on drugs, I now use to support my children and study."
(Participant 6)

These accounts demonstrate the presence of protective factors that strengthened recovery capital and buffered participants against relapse. Family support enhanced *social recovery capital*, fostering confidence, accountability, and emotional safety. Spirituality functioned as *spiritual recovery capital*, providing meaning, moral guidance, and structure. Professional counselling strengthened *personal recovery capital* by enhancing coping skills and emotional regulation.

However, access to these resources was uneven, with participants lacking supportive families or professional services facing heightened relapse risk. This inequality underscores the need for aftercare programmes to actively facilitate access to recovery resources rather than assuming their availability. The findings reinforce strengths-based recovery models that emphasise the intentional development of recovery capital across multiple life domains.

Discussion

This study explored the challenges experienced by service users attending substance abuse aftercare programmes in selected treatment centres in Limpopo and Mpumalanga provinces. The findings demonstrate that despite completing rehabilitation and engaging in aftercare, service users continue to experience intersecting social, economic, emotional, and psychological challenges that substantially undermine recovery and heighten relapse risk. These findings affirm that recovery from substance use disorders is a prolonged, non-linear process requiring sustained, multidimensional support beyond formal treatment.

Social Stigma, Identity, and Relapse Risk

Social stigma emerged as the most pervasive and destabilising challenge faced by service users. Consistent with stigma theory, participants reported being persistently labelled and socially discredited due to their past substance use, despite demonstrated efforts toward recovery. Goffman's conceptualisation of stigma as a "spoiled identity" is particularly relevant, as participants' narratives reflected internalised shame, reduced self-worth, and social withdrawal resulting from ongoing negative social judgments.

The findings align with the existing literature, which indicates that stigma erodes social recovery capital, limiting access to supportive relationships that are critical for sustained recovery (Best et al., 2018). Social rejection from families and communities not only weakens emotional support but also discourages help-seeking behaviour, thereby increasing vulnerability to relapse. Participants' experiences suggest that aftercare programmes insufficiently address community-level stigma, focusing predominantly on individual behaviour change while neglecting broader social reintegration processes.

From a relapse prevention perspective, persistent stigma functions as a chronic stressor that activates negative emotional states and well-established relapse triggers. Without interventions aimed at stigma reduction, family education, and community engagement, service users remain trapped in environments that continually reinforce relapse risk. These findings underscore the need for aftercare models that extend beyond the individual to include family systems and community sensitisation.

Economic Marginalisation and Recovery Capital

Economic instability, particularly unemployment and financial insecurity, emerged as a significant structural barrier to recovery. The majority of participants were unemployed or underemployed, often due to low educational attainment, limited skills, and discrimination associated with substance use histories. These findings corroborate previous studies that have identified unemployment as a strong predictor of relapse (Khanyi & Malesa, 2022).

Within the recovery capital framework, economic resources are essential for meeting basic needs and sustaining recovery-related behaviours. Participants' inability to secure a stable income undermined the capital for economic recovery, increasing stress, frustration, and feelings of failure. Financial strain was frequently linked to cravings and relapse ideation, particularly when participants felt unable to fulfil familial responsibilities or achieve socially valued milestones.

The findings highlight a critical gap in aftercare provision: the absence of structured skills development, vocational

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training, and employment pathways. While aftercare programmes encourage abstinence and coping strategies, they often fail to address the socio-economic realities confronting service users. Relapse prevention models emphasise the importance of lifestyle balance and meaningful activity; however, without economic opportunities, these principles remain unattainable for many service users.

Emotional Dysregulation and Unresolved Loss

Emotional challenges, including grief, sadness, anxiety, and frustration, were prevalent among participants. Many described difficulty managing emotions that were previously suppressed through substance use. This finding is consistent with affect regulation theories, which posit that substance use often functions as a maladaptive coping mechanism for emotional distress.

The transition from rehabilitation to aftercare appears to expose service users to unresolved emotional pain, particularly in contexts where emotional support is limited. Participants' narratives revealed that family conflict, unmet expectations, and unresolved grief intensified emotional distress, increasing relapse vulnerability. These findings align with relapse prevention theory, which identifies negative affect as a primary relapse trigger.

From a recovery capital perspective, emotional resilience constitutes a critical component of personal recovery capital. Participants with limited emotional support networks demonstrated reduced confidence in managing recovery challenges. The findings therefore suggest that aftercare programmes require stronger emotional support structures, including ongoing counselling, grief support, and family mediation, to strengthen emotional regulation capacities and reduce relapse risk.

Psychological Distress and Co-Occurring Mental Health Conditions

Psychological challenges, particularly depression, anxiety, and trauma-related disorders, further compounded recovery difficulties. Several participants reported diagnoses such as post-traumatic stress disorder (PTSD) and persistent concentration difficulties, highlighting the prevalence of co-occurring mental health conditions among individuals with substance use disorders (Matsebula & Singwane,2025).

These findings support the dual-diagnosis model, which recognises the bidirectional relationship between substance use and mental health disorders. Participants' experiences illustrate that untreated psychological distress undermines adherence to treatment plans, reduces motivation, and increases susceptibility to relapse. The absence of integrated mental health services within aftercare programmes represents a significant service gap.

Within the recovery capital framework, untreated mental health conditions diminish human recovery capital, limiting cognitive functioning, emotional stability, and decision-making capacity. Relapse prevention frameworks similarly emphasise the need to address underlying psychological vulnerabilities to prevent recurrence of substance use. The findings therefore reinforce calls for integrated aftercare models that combine substance use recovery with accessible, sustained mental health care.

Coping Strategies, Resilience, and Protective Factors

Despite pervasive challenges, some participants demonstrated resilience by mobilising coping strategies and recovery resources. Family support, spirituality, professional counselling, and avoidance of high-risk environments emerged as protective factors that strengthened recovery capital.

Participants who reported strong familial support exhibited enhanced self-efficacy and motivation, underscoring the importance of social recovery capital in sustaining recovery. Spirituality and faith-based engagement provided meaning, structure, and moral guidance, functioning as protective mechanisms against relapse. These findings align with strengths-based approaches that emphasise the role of personal values and supportive networks in recovery.

However, access to recovery capital was uneven across participants, reflecting structural inequalities within aftercare systems. Those lacking family support, economic resources, or professional mental health care faced heightened relapse risk. This disparity highlights the necessity for aftercare programmes to actively facilitate access to recovery resources rather than assuming their availability.

Implications for Aftercare Policy and Practice

Collectively, the findings demonstrate that, while valuable, aftercare programmes are insufficient when implemented in isolation from broader social, economic, and psychological interventions. Recovery is deeply embedded within social contexts, and failure to address these contexts perpetuates relapse vulnerability.

The study underscores the need for comprehensive, recovery-oriented aftercare models that:

- Integrate stigma reduction and community reintegration initiatives
- Include structured skills development and employment support
- Provide sustained emotional and psychological services
- Actively strengthen recovery capital at individual, family, and community levels

Such approaches align with international best practices advocating for long-term recovery management rather than episodic treatment.

This study contributes to the South African substance use literature by providing rich qualitative insights into the

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lived experiences of service users attending aftercare programmes. By explicitly linking challenges to relapse risk, recovery capital, and aftercare gaps, the study advances understanding of why relapse persists despite treatment engagement and offers evidence-informed directions for strengthening aftercare services.

Generalisability of the Findings

Although this study offers valuable insights into the experiences of service users attending substance abuse aftercare programmes, the findings should be interpreted cautiously regarding their generalisability. The study involved a relatively small sample of participants (n = 10) from selected treatment centres in the Limpopo and Mpumalanga provinces, which limits the extent to which the results can be statistically generalised to all individuals receiving aftercare services in South Africa. Nevertheless, qualitative research prioritises depth of understanding over broad generalisation. The detailed accounts provided by participants give contextually grounded insights into the challenges faced during recovery. The issues identified, including stigma, unemployment, emotional distress, and psychological difficulties, may thus be relevant to similar rural and semi-rural treatment settings where access to comprehensive aftercare remains limited. Future research with larger and more diverse samples across multiple provinces would enhance the applicability of these findings and support the development of effective aftercare interventions.

Conclusion

This study set out to explore the challenges faced by service users attending substance abuse aftercare programmes at selected treatment centres in the Limpopo and Mpumalanga provinces. The findings demonstrate that recovery from substance use disorders extends far beyond the completion of rehabilitation and requires sustained, multidimensional support. Despite active engagement in aftercare programmes, service users continue to face entrenched social, economic, emotional, and psychological challenges that significantly undermine recovery and heighten relapse risk.

A key conclusion emerging from this study is that, as currently structured, aftercare programmes are insufficient when implemented in isolation from broader social and structural interventions. Persistent stigma within families and communities continues to label service users according to their past substance use, eroding self-worth, discouraging help-seeking, and weakening social recovery capital. These findings affirm that relapse is not merely an individual failure but is deeply embedded within social environments that remain hostile to recovery.

Economic marginalisation further compounds vulnerability. Unemployment, poverty, and limited access to skills development were shown to intensify stress and frustration, creating conditions conducive to relapse. Within the recovery capital framework, the absence of economic stability undermines service users' capacity to sustain recovery-related behaviours and to achieve meaningful reintegration. The study therefore reinforces the argument that economic empowerment is not ancillary to recovery but central to it.

Emotional and psychological challenges, including unresolved grief, anxiety, depression, and trauma-related conditions, emerged as critical yet insufficiently addressed aspects of recovery. The persistence of co-occurring mental health conditions highlights the inadequacy of aftercare services that focus narrowly on substance use without integrating mental health care. These findings support relapse prevention models that emphasise managing negative affect and psychological vulnerability as essential to sustained abstinence.

At the same time, the study reveals important sources of resilience. Participants who accessed supportive family relationships, professional counselling, spirituality, and structured coping strategies demonstrated enhanced recovery capital and reduced relapse ideation. However, access to such protective resources was uneven, reflecting systemic inequalities within aftercare provision. This disparity underscores the need for aftercare programmes to actively build and redistribute recovery capital, rather than assuming its availability.

Policy Implications: Aligning Aftercare with the National Drug Master Plan

The findings of this study carry significant implications for substance use policy and practice in South Africa, particularly in relation to the National Drug Master Plan (NDMP). While the NDMP advocates for prevention, treatment, and reintegration, the lived experiences of service users in this study reveal gaps between policy intent and implementation, especially at the aftercare and reintegration stages.

Firstly, the NDMP's emphasis on community-based responses must be strengthened through targeted stigma-reduction initiatives. This includes community education programmes, family-focused interventions, and partnerships with local leaders to promote recovery-friendly environments. Without addressing stigma at the community level, reintegration efforts are likely to remain ineffective.

Secondly, the NDMP's focus on social reintegration and skills development requires more concrete operationalisation within aftercare programmes. Integrating vocational training, entrepreneurship support, and employment placement initiatives into aftercare services would directly address economic vulnerability and reduce relapse risk. Collaboration between the Department of Social Development, the Department of Labour, and private-sector stakeholders is essential in this regard.

Thirdly, the findings point to an urgent need for the NDMP to prioritise integrated mental health and substance use services within aftercare. The coexistence of substance use disorders and mental health conditions

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necessitates a coordinated, multidisciplinary approach that extends beyond short-term counselling. Embedding psychological services within aftercare programmes would significantly strengthen human recovery capital and improve long-term outcomes.

Finally, the NDMP's commitment to a recovery-oriented system of care must translate into sustained, long-term aftercare support rather than time-limited interventions. Recovery is an ongoing process, and aftercare services should reflect this reality through continuous monitoring, flexible support structures, and accessible crisis interventions, such as emergency helplines and peer-support networks.

This study contributes to the growing body of South African substance use research by foregrounding the voices of service users and illuminating the complex realities of recovery within aftercare contexts. By linking lived experiences to relapse risk, recovery capital, and policy gaps, the study demonstrates that sustained recovery requires more than individual motivation; it requires structural, relational, and systemic support.

Strengthening aftercare services in alignment with the National Drug Master Plan is, therefore, not only a policy imperative but a social justice concern. Without addressing stigma, economic exclusion, and mental health needs, aftercare programmes risk reproducing cycles of relapse rather than disrupting them. A holistic, recovery-oriented approach that integrates social, economic, emotional, and psychological support offers the most promising pathway toward sustained recovery and meaningful reintegration for service users in South Africa.

Limitations of the Study

Although this study provides valuable insights into the challenges experienced by service users attending substance abuse aftercare programmes, several limitations should be acknowledged. First, the study involved a relatively small sample of ten participants drawn from selected treatment centres in the Limpopo and Mpumalanga provinces of South Africa. As such, the findings cannot be statistically generalised to all service users attending aftercare programmes across the country. Second, the study relied on self-reported experiences, which may be influenced by recall bias or participants' willingness to disclose sensitive information. Third, the study focused specifically on service users currently engaged in aftercare programmes and therefore did not capture the experiences of individuals who dropped out of aftercare or those who never accessed such services. Despite these limitations, the qualitative design allowed for an in-depth exploration of participants' lived experiences, generating valuable insights into the complex challenges affecting recovery and relapse prevention in aftercare contexts.

Recommendations

Based on the study's findings, several recommendations are proposed to strengthen substance abuse aftercare services in South Africa.

First, treatment centres and policymakers should develop comprehensive aftercare programmes that extend beyond abstinence-focused interventions to address the broader social, economic, emotional, and psychological needs of service users.

Second, community awareness and stigma-reduction initiatives should be implemented to challenge negative stereotypes associated with substance use disorders and to facilitate social reintegration of individuals in recovery.

Third, aftercare programmes should incorporate skills development, vocational training, and employment support to enhance economic recovery capital and reduce the risk of relapse associated with financial instability.

Fourth, treatment centres should strengthen integrated mental health services, ensuring that individuals with co-occurring mental health conditions such as depression, anxiety, and trauma-related disorders receive continuous psychological support during recovery.

Finally, policymakers and service providers should prioritise family involvement and community-based support systems, as these play a crucial role in strengthening recovery capital and sustaining long-term recovery outcomes.

List of Abbreviations

SUDs – Substance Use Disorders
PTSD – Post-Traumatic Stress Disorder

Conflict of Interest

The authors declare that they have **no conflict of interest** regarding the publication of this article.

Author Contributions

All authors contributed to the development of this manuscript.

Thembinkosi Peter Singwane conceptualised the study, assisted with methodological refinement, data interpretation, and manuscript editing. Also contributed to the supervision of the research process, manuscript review, and critical revisions.

Bridget Xolile Lukhele conducted data collection and analysis and prepared the initial manuscript draft.

Cedrick Molatelo Makgopo conducted data collection and analysis and prepared the initial manuscript draft.

All authors read and approved the final version of the manuscript.

Data Availability

The datasets generated and analysed during the current study are not publicly available due to ethical and confidentiality considerations, but are available from the corresponding author on reasonable request.

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Declaration of competing interest

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