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Survive or suffer: sustainability of addiction care curriculum/training in South African Universities

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ABSTRACT

South Africa is grappling with a significant challenge of high harmful substance use rates, a shortage of addiction care professionals, and an expanding treatment gap. In response, the Department of the Premier initiated a project in 2010 to revamp its approach to substance use treatment in the Western Cape. This endeavor led to the establishment of a postgraduate diploma in addictions (PGDIP) in collaboration with the Universities of Cape Town and Stellenbosch. The PGDIP aimed to enhance the expertise of healthcare professionals in evidence-based practices for substance use prevention and treatment. Despite the initial success of the program in upskilling professionals and improving addiction care quality, financial constraints threaten its continuity, hindering the upskilling of the addiction treatment workforce. The cessation of bursaries and the self-funding requirements pose challenges to training professionals in evidence-based approaches. The growing prevalence of substance use disorders in South Africa underscores the urgency of investing in addiction specialists to address the escalating demand for treatment services and the complex needs of individuals struggling with addiction. To avert a potential public health crisis, it is imperative for the country to prioritize the training of addiction practitioners and ensure standardized academic training to professionalize the addiction workforce.

Significance

South Africa is grappling with high rates of substance use, a shortage of addiction professionals, and an expanding treatment gap. In 2010, the Western Cape government initiated a project to revamp its approach to substance use treatment. This endeavor led to the establishment of a postgraduate diploma in addictions (PGDIP) at two Universities. The PGDIP aimed to enhance the expertise of healthcare professionals. Despite the initial success of the course, it now faces discontinuation. The growing prevalence of substance use disorders underscores the urgency of investing in addiction specialists. It is imperative the country prioritizes the training of addiction specialists.

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SDGs


SDG 3: Good health and well-being; SDG 4: Quality education

Introduction

South Africa is facing a significant challenge with a high prevalence of harmful substance use, a shortage of addiction care professionals, and a growing treatment gap (Pasche et al., 2015). In response to the growing prevalence of substance use in the Western Cape, the Department of the Premier launched a project in 2010 to modernize the region's approach to preventing and treating substance abuse. In a "blueprint" document published in 2010, the Department identified several critical areas that required urgent attention, including inadequate capacity to deliver services to patients with substance use disorders, a critical lack of specialized and semi-specialized skills in the field, and a general lack of specialist qualifications and curricula through tertiary training institutions (Provincial Government Western Cape, 2010). To address these challenges, the department collaborated with the Universities of Cape Town and Stellenbosch to formalize and implement a postgraduate diploma in addictions

(PGDIP). The goal of PGDIP was to build the capacity of a limited professional workforce by providing them with expert knowledge and skills to implement evidence-based practices and prioritizes the prevention and treatment of harmful substance and alcohol use (Lososová et al., 2021; Pasche et al., 2015). In 2011, the University of Cape Town had their inaugural intake followed by the Stellenbosch University in 2012. Currently, these are the only two specialized addictions training that caters for diversely qualified and multidisciplinary professionals, which include medical practitioners, social workers, psychologists, psychiatrists, as well as registered counselors (Lososová et al., 2021). Whilst these programs were seen as an essential step toward addressing the critical shortage of addiction care professionals and improving the quality of addiction care in the Western Cape, these two crucial and critical training programs are now facing dire funding issues. These subsidy cuts could jeopardize or worse lead to the termination of these programs which further

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perpetuates the shortage of addiction professionals and widens the treatment gap even more.

Discussion

The introduction of the PGDIP course represented a departure from past practices of funding short-term unaccredited training, whereby the province opted to invest in accredited programs via tertiary institutions to upskill healthcare professionals in addictions, outside and within the health system, with formal qualifications (Kader et al., 2023; Pasche et al., 2015). This introduction of the post-graduate diploma in addictions received immense support since course content was also aligned with international standards using established curricula as benchmarks. The curricula at UCT and US were developed by experts (including an addiction psychiatrist) in the fields of risky substance use interventions as well as the treatment of substance use disorders. The curriculum comprises the core competency guidelines based on the United States Substance Abuse and Mental Health Services Administration's (SAMHSA), as well as internationally accredited programs such as the International Programme in Addiction Science (IPAS) (Center for Substance Abuse Treatment, 2006). The Universities of Stellenbosch and Cape Town have since streamlined their modules, reworking them into a blended learning course, using a flipped classroom model. This approach has allowed students from outside the Cape Town Metropole residing in rural areas, other provinces and even other countries in Africa to register for the course. The SU curricula offer virtual learning via podcasts, online quizzes and assignments as well as real-time online contact and face-to-face time to apply the basic knowledge and learn skills that are difficult to learn in the virtual space. Although not nearly enough, since the inaugural intake, over 250 students have received their certification, which has resulted in an increase in the size of the addictions workforce allowing for the expansion of current substance use treatment services. Given that these courses focus on equipping health and social work professionals with the knowledge and practical tools to implement evidence-based interventions for SUDs, they have contributed to the improvement of the quality of care provided to patients with SUDs.

Despite the notable achievements and widespread participation of healthcare professionals in the PGDIP course over the past decade, its continuity is now under threat primarily due to financial constraints. From 2011 to 2022 the Western Cape Department of Social Development (DOSD) funded the post-graduate diploma in addiction care at Stellenbosch University (US) and the University of Cape Town (UCT). Unfortunately, due to the COVID-19 pandemic and resulting economic downturn, national funding to provincial departments of social development was lessened. This, in turn, impacted the funding for the two post-graduate diplomas in addiction course operational and bursary costing. Consequently, new intakes of students needed to be self-funded to partake in the course. This self-funding requirement is a barrier to upskilling the addiction/substance use treatment

workforce with evidence-based screening and treatment approaches which has resulted in fewer registrations over the last 2 years. For instance, 25 funded students were registered in 2022, and this has dropped to six self-funded students in 2023 at UCT (Kader et al., 2023). Whilst psychiatrists are now able to complete masters training in Addiction Psychiatry with the advent of sub-specialization with the Health Professions Council of South Africa (HPCSA), limited opportunity exists for allied professionals to pursue specialized addiction treatment training at a master's or doctoral level.

Of concern is that the cost-cutting measures, such as the cessation of bursaries, for the post-graduate diploma in addictions are being implemented in the context of a growing prevalence of substance use disorders (SUDs) in South Africa, which the course was precisely designed to address. In Sub-Saharan Africa, 5.1% (95% UI 4.3–6.0) of all disability adjusted life years lost (DALYs) were attributable to alcohol, and 1.1% to drug use (95% UI 0.9–1.3) (Degenhardt et al., 2018). A survey focusing on the 12-month and lifetime prevalence of mental health disorders found a prevalence of 13.3% for substance use disorders in South Africa (Herman et al., 2009). Of further concern is the increase in the proportion of opioid-related disorders (OUD) treatment admissions over the last 5 years (Harker et al., 2020). One of the major consequences of the rising incidence of opioid use is that certain demographic groups are now seeking treatment in numbers greater than ever before (Harker et al., 2020). This surge in the already unmet demand for treatment will unfortunately be heightened by growing treatment needs (Ram & Chisolm, 2016). In addition, this burden is further intensified by the growing concern that a high proportion of disease burden attributable to alcohol and drug use are due to increased risk of other health outcomes such risk of non-communicable and communicable disease (Degenhardt et al., 2018; Kenneth et al., 2019).

An article published in 2014, predicts a 130% increase in the burden of mental and substance use disorders in Sub-Saharan Africa by 2050, to 45 million Years Lived with a Disability (YLD) (Charlson et al., 2014). The authors further mention that the required mental health and substance use disorder workforce will increase by 216,600 full-time equivalent staff from 2010 to 2050, far more compared to the existing workforce. The authors in this study and other studies underscore the need for a substantial investment in the training of addiction specialists (Arya et al., 2020; Charlson et al., 2014; Kader et al., 2023; Ram & Chisolm, 2016). This was further expressed in a needs assessment of 23 tertiary institutions (19 public and 4 private colleges) in South Africa, whereby 97% indicated readiness to implement an addiction science curriculum (Kader et al., 2023). This level of readiness rests on the premise that a lack of adequately trained workforce can have significant and wide-ranging impacts on individuals, communities, and society as a whole. These translate into potential catastrophic consequences such as suboptimal outcomes for individuals struggling with addiction, which could lead to relapse and a cycle of repeated treatment attempts, which is costly to the individual and the

government service providers (Charlson et al., 2014). Additionally, if treatment practices are not aligned with evidence-based practices, it can also expose individuals to unnecessary risks through ineffective treatment practices, thus compromising the safety and well-being of those seeking help (Arya et al., 2020).

To avert a potential public health crisis stemming from escalating rates of addiction and associated health issues in South Africa, it is now more than ever imperative that the country prioritizes the training of addiction practitioners. Standardized academic training in addiction science, along with clear accreditation and certification standards, is essential for professionalizing the addiction workforce (Lososová et al., 2021). This is further stipulated by the World Health Organization in its global strategy on human resources for health, which underscores the significance of enhancing the capacity and skills of the workforce to attain various sustainable development goals (World Health Organization [WHO], 2016).

Given the crucial role that governments, universities, and other tertiary institutions play in the training and upskilling of healthcare professionals (Kader et al., 2023; Pasche et al., 2015), we strongly urge them to invest in the upskilling of diversely qualified healthcare professionals in the field of addiction. High-quality academic training is essential for the effective treatment of substance use disorders, as it provides professionals with the necessary knowledge, skills, and credibility to deliver first-rate care to clients and contribute to the advancement of the field (Ram & Chisolm, 2016). Whilst the high fees associated with academic training can be a significant barrier for professionals in the public sector and NGOs, providing bursaries, ideally sponsored or subsidized by the government, can be offered to encourage these professionals to seek academic training (Ebuenyi et al., 2021; Lososová et al., 2021).

With the rising burden of substance use disorders and the associated health issues, a well-trained addiction workforce is crucial to meet the growing demand for treatment services and to address the complex needs of individuals struggling with addiction. Whilst the government in 2010 took a progressive stance in addressing the treatment gap and professionalizing the addiction workforce, the cut in funding defeats the good intentions of a decade ago, eroding the investments made to addressing the large treatment gaps in South Africa (Collins et al., 2015; Docrat et al., 2019).

Disclosure statement

No potential conflict of interest was reported by the author(s).

References

- Arya, S., Delic, M., Ruiz, B. I. I., Klimas, J., Papanti, D., Stepanov, A., Cock, V., & Krupchanka, D. (2020). Closing the gap between training needs and training provision in addiction medicine. *BJPsych International*, 17(2), 37–39. <https://doi.org/10.1192/bji.2019.27>
- Center for Substance Abuse Treatment. (2006). *Addiction counselling competencies: The knowledge, skills and attitudes of professional practice* (Technical Assistance Publication (TAP) Series 21). HHS Publication No. (SMA) 08–4171, Issue.
- Charlson, F. J., Diminic, S., Lund, C., Degenhardt, L., Whiteford, H. A., & Li, S. (2014). Mental and substance use disorders in Sub-Saharan Africa: Predictions of epidemiological changes and mental health workforce requirements for the next 40 years. *PLOS ONE*, 9(10), e110208. <https://doi.org/10.1371/journal.pone.0110208>
- Collins, P. Y., Musisi, S., Frehywot, S., & Patel, V. (2015). The core competencies for mental, neurological, and substance use disorder care in Sub-Saharan Africa. *Global Health Action*, 8(1), 26682. <https://doi.org/10.3402/gha.v8.26682>
- Degenhardt, L., Charlson, F., Ferrari, A., Santomauro, D., Erskine, H., Mantilla-Herrera, A., Whiteford, H., Leung, J., Naghavi, M., Griswold, M., Rehm, J., Hall, W., Sartorius, B., Scott, J., Vollset, S. E., Knudsen, A. K., Haro, J. M., Patton, G., Kopec, J. . . Vos, T. (2018). The global burden of disease attributable to alcohol and drug use in 195 countries and territories, 1990–2016: A systematic analysis for the global burden of disease study 2016. *The Lancet Psychiatry*, 5(12), 987–1012. [https://doi.org/10.1016/S2215-0366\(18\)30337-7](https://doi.org/10.1016/S2215-0366(18)30337-7)
- Docrat, S., Besada, D., Cleary, S., Daviaud, E., & Lund, C. (2019). Mental health system costs, resources and constraints in South Africa: A national survey. *Health Policy and Planning*, 34(9), 706–719. <https://doi.org/10.1093/heapol/czz085>
- Ebuenyi, I. D., Chikezie, E. U., & Onyeka, I. N. (2021). Addressing challenges in addiction treatment and training in Africa. *African Journal of Drug and Alcohol Studies*, 20(2), 159–164. <https://doi.org/10.4314/ajdas.v20i2.5>
- Harker, N., Lucas, W. C., Laubscher, R., Dada, S., Myers, B., & Parry, C. D. (2020). Is South Africa being spared the global opioid crisis? A review of trends in drug treatment demand for heroin, nyaope and codeine-related medicines in South Africa (2012–2017). *International Journal of Drug Policy*, 83, 102839. <https://doi.org/10.1016/j.drugpo.2020.102839>
- Herman, A. A., Stein, D. J., Seedat, S., Heeringa, S. G., Moomal, H., & Williams, D. R. (2009). The South African Stress and Health (SASH) study: 12-month and lifetime prevalence of common mental disorders. *South African Medical Journal*, 99(5 Pt 2), 339–344. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3191537/pdf/nihms327590.pdf>
- Kader, R., Govender, R., Cornelius, W., Abrahams, L., Ashburner, F., Tisaker, N., Miovský, M., & Harker, N. (2023). Needs assessment and preparatory work for addiction science programs at universities: Experiences of universities in South Africa. *Journal of Substance Use*, 1–6. <https://doi.org/10.1080/14659891.2023.2250866>
- Kenneth, J., Pamela, A. J., Constance, S., Peter, O., & Gershim, A. (2019). Non-communicable diseases and urbanization in African cities: A narrative review. In A. E. Eze & A. Niyi (Eds.), *Public health in developing countries* (p. Ch. 3). IntechOpen. <https://doi.org/10.5772/intechopen.89507>
- Lososová, A., Johnson, K. A., Sinkele, W., Obot, I. S., & Miovský, M. (2021). Overview of university-based academic programs in addiction studies in Africa. *Journal of Substance Use*, 26(1), 102–106. <https://doi.org/10.1080/14659891.2020.1779830>
- Pasche, S., Kleintjes, S., Wilson, D., Stein, D. J., & Myers, B. (2015). Improving addiction care in South Africa: Development and challenges to implementing training in addictions care at the University of Cape Town. *International Journal of Mental Health and Addiction*, 13(3), 322–332. <https://doi.org/10.1007/s11469-014-9537-7>
- Provincial Government Western Cape. (2010). *Western cape provincial framework and strategy for the prevention of and treatment for substance abuse*. Workstream on the prevention and treatment of harmful alcohol and drug use. issue. https://www.westerncape.gov.za/assets/departments/social-development/111_-_blue_print_for_workstream_on_the_prevention_and_treatment_of_harmful_alcohol_and_drug_use_2010.pdf
- Ram, A., & Chisolm, M. S. (2016). The time is now: Improving substance abuse training in medical schools. *Academic Psychiatry*, 40(3), 454–460. <https://doi.org/10.1007/s40596-015-0314-0>
- World Health Organization. (2016). *Global strategy on human resources for health*. Workforce 2030, Issue.