

TOWARDS AN INTEGRATED APPROACH TO SUBSTANCE USE RECOVERY AND RELAPSE PREVENTION IN AFRICA: THE TRAUMA-INFORMED FAMILY AND SOCIETAL RECOVERY MODEL (TIFSRM)

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ABSTRACT

This review explores the Trauma-Informed Family and Societal Recovery Model (TIFSRM) as a model for addressing substance using recovery in the African context. Drawing from trauma, psychosocial stressors and specific modes of family contextualization, substance use is one of the most consequential public health concerns facing Africa. Rampant historical trauma, socioeconomic hardship, and cultural stigmas around substance use compound these problems for many Africans, creating barriers to recovery efforts.

In this context, TIFSRM offers a wide and holistic response building, on trauma-informed policies, practices and principles, as well as on strengthening family and community engagement and support. The model highlights the need to understand how trauma influences the way people behave towards each other, and thus to design intervention strategies that will be more effective. When it comes to family and community, culturally responsive methods are needed — necessary to help the people directly affected by substance use disorders and contribute to their recovery.

This paper summarizes the relevant literature on trauma-informed approaches, family support, and the importance of networks for recovery. Not only does the model support the personal return to health, but it also promotes the restoration of family and community, targeting the much larger societal challenges created by substance use. Such an integrative approach is promising for designing contextually sensitive interventions for the unique cultural and social realities concerning addiction within African communities towards building healthier and supportive environments for recovery.

INTRODUCTION

In Africa, where socio-economic dynamics, cultural mindsets, and systemic challenges contribute to widespread SUDs, SUDs have become one of the major Public Health Problems. According to the latest WHO estimates (2018), there are over 14 million people who are dependent on alcohol in Africa, while there are growing concerns about other substances, including opioids and illicit drugs (Degenhardt, 2017) (Kobayashi et al., 2021). The role of trauma in social contexts and family units is key to understanding the reasons for initiation and continuation in substance use in this context (Mushonga, 2020).

A number of factors unique to the African landscape can play a role in substance use, including political instability, economic hardship, and trauma from conflict, natural disasters, and social injustice (Seedat et al., 2004). We also know that many young people have experienced adverse childhood experiences, such as abuse and neglect, creating a cycle of trauma which can make some people more vulnerable to substance use as means of maladaptive coping (Felitti et al., 1998; Tesfaye et al., 2014). Understanding these dynamics is essential for developing effective recovery interventions that acknowledge and address the multifaceted nature of SUDs.

In addition, attitudes toward substance use and recovery in African societies may be shaped by different cultural paradigms compared to those prevalent in Western societies, where traditional healing and community-based support may be essential components of recovery in Africa (Abbo et al., 2008). Such reasons are further evidence in favor of an integrated recovery track which recognizes that no matter how good you are at working on yourself, there are still family and social dynamics at work. The Trauma-Informed Family and Societal Recovery Model (TIFSRM) provides a three-dimensional lens through which to explore the interdependencies of trauma, family life and society and recommends a holistic approach to recovery (Mushonga, 2020).

UNDERSTANDING TRAUMA IN THE AFRICAN CONTEXT

In the African context, trauma is a complex and widespread phenomenon with a major focus on mental health and contributing factor to high prevalence of substance use disorders (SUDs). The African continent has been scarred psychologically from a variety of forms of

trauma, be they stemming from political violence and civil conflict, economic turbulence or natural disasters (Seedat et al., 2004), in a context with a century of colonialism and persistent socio-economic challenges in which people often resort to substances as a means of coping (Mushonga, 2020).

Studies have shown that adverse childhood experiences (ACEs) – including abuse, neglect, and household dysfunction – are common in many African communities. These experiences have been shown to have a strong correlation to later substance use and mental health disorders (Felitti et al., 1998; Tesfaye et al., 2014). Indeed, a study conducted in Uganda illustrates a strong correlation between ACE's and heightened risk of developing substance use disorder, suggesting that trauma experienced in early life often results in maladaptive forms of coping in adulthood (Peltzer et al., 2010). This traumatic cycle can lead to substance use among generations, highlighting the importance of a holistic understanding of trauma-informed practice.

Trauma-informed care (TIC) principles highlight the prevalence of trauma, creating safe environments, and honoring the empowerment of people in recovery (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). On the African trajectory, the adoption of TIC needs care adaptations that recognize the local interpretations of trauma and resilience (Abbo et al., 2008). In fact, many cultural practices relating to trauma or recovery tend to be traditional, thus the therapeutic plan should incorporate cultural aspects. For instance, in the book, “A Thousand Splendid Suns” (Hosseini, 2007), the characters, Mariam and Laila, had to endure the loss of family through war; the betrayal of love; the betrayal of their bodies; family/community; and country; but they found peace and their own power through each other, the hope between one another, and the support they received from their community. African cultures may emphasize communal support which can be pivotal in rehabilitation from trauma and substance use (Mushonga, 2020). This can enhance the recovery models of community practitioners using integrated systems that engage with available community resources and are personalized to the needs of those both in recovery and the wider community (Shannon et al., 2014).

Because recovery needs extend beyond the individual and into the family and sociocultural contexts, there's a strong argument for a trauma-informed approach to the treatment of SUDs.

TIFSRM proposes that trauma that is approached through a family and societal perspective is not just beneficial but necessary for producing sustainable outcomes for recovery.

FAMILY DYNAMICS IN RECOVERY

The need for family involvement in the recovery process of substance use disorders (SUDs) is vital considering the linkage of family members, especially in African cultures where family unit attachments are strong and extended family members provide emotional and material support (Mushonga, 2020). Within these settings, the family unit is the first defense for their members to cope with and overcome the struggles of recovery and rehabilitation. Many African societies are collectivist, and the family social dynamics play a key role in the wellbeing of individuals (Makungu et al., 2020), thus showing the importance of family.

Family-Based Interventions

Interventions that involve family members, such as systemic family therapy, can address unhealthy family structures that contribute to or exacerbate SUDs (Copello and Templeton, 2012). Such interventions include improving communication, conflict resolution, and healthier interactions among family members. Research has shown as well that engagement of family members at multiple levels of care may enhance outcomes for those with SUDs and establish a favorable environment for recovery (Dunn et al., 2020). Systemic approaches also allow families to understand how they play a role in recovery and feel empowered to help their loved ones in recovery.

Collective Trauma and Its Effects

Across many African contexts, families have experienced collective historical and intergenerational trauma because of colonialism, civil war and economic deprivation (Obi & Ifedi, 2018). Such shared experiences can create patterns of dysfunction, such as maladjusted coping and a lack of resources to process difficult emotions. TIFSRM recognizes these dynamics and the need to support healing within the family (e.g., that families can help one another heal through positive dynamics and communication loops) as a means to help sustain recovery (Steinglass, 1987).

Promoting Health and Positive Dynamics

To help alleviate collective trauma, TIFSRM recommends family therapy that focuses on how trauma affects family members. This strategy recommends family members participate in collective parts of healing practices such as group therapy and cultural rituals to strengthen family bonds (Sweeney et al., 2018). By creating and sustaining spaces in which open discussion is encouraged, families can move together through the complexities of recovery, and establish a shared commitment to supporting one another through challenges.

In addition, providing psychoeducation to families is critical for enabling families to help their loved ones effectively. Conceptualizing SUDs as health issues rather than moral failures can change views within families, decreasing stigma and increasing support (Friedmann et al., 2001). An educated family — able to understand the addiction and recovery processes — can greatly aid their loved one in their journey, creating an environment conducive to healing and growth.

Overall, family dynamics is an important part of African perspectives of substance use recovery. It emphasizes family involvement, which is critical for recovery since dysfunctional family dynamics can lead to relapse; the TIFSRM points to opportunities for addressing dysfunction, recognizing collective trauma, and nurturing family bonds to promote healing.

SOCIETAL AND COMMUNITY-BASED INFLUENCES

In Africa, patterns of substance use are heavily influenced by sociocultural elements, such as social stigma, socioeconomic issues and accessibility of healthcare systems (Room, Schmidt, & Gureje, 2005). Substance abuse has many associated stigmas that can lead to discrimination and marginalization of these individuals, who then struggle to obtain help or join recovery programs (Makanjuola et al., 2014). In communities that view substance use as a moral failing, this stigma is especially strong, making it even harder for individuals to access the support and treatment they need.

Economic deprivation makes matters worse, and people use substances as a coping mechanism for stress and poverty (Patel et al., 2007). In several African nations, healthcare

systems are under-resourced, and addiction services are often lacking or completely absent (Adelekan et al., 2011). There is a critical need for not just community-based models that tackle personalization but empower individuals within their places of social context.

Models of care that promote peer support groups, peer-led recovery efforts, and the contribution of community elders can improve engagement and reduce stigma (Abbo, 2011). These models build on the already existing social fabric, creating belongingness and accountability among people in recovery. Research has shown that peer support can significantly improve recovery outcomes by providing individuals with relatable role models who understand their challenges (Chinman et al., 2014).

The Trauma-Informed Family and Societal Recovery Model (TIFSRM) emphasizes a societal approach that integrates community resources and encourages collective responsibility. This perspective aligns with the understanding that recovery is not merely an individual endeavour but rather a communal effort, where family and community play integral roles (Alexander, 2012). By viewing recovery through a communal lens, the TIFSRM fosters collaboration among stakeholders, including healthcare providers, community leaders, and families, to create a supportive environment for individuals seeking to overcome substance use disorders.

In addition, the TIFSRM supports efforts to de-stigmatize use of substances in communities. Programs which promote education regarding addiction as a health issue, rather than a moral failing, can help shift the perception which society has toward addiction, further instilling in individuals that it is acceptable to seek help without fear of judgment (Mushonga, 2020). Also, community engagement strategies, like workshops and forums can engage dialogue around substance use and recovery by creating an environment of understanding and recovery supportive behavior.

Environmental and societal factors are vital in African recovery from substance use. By addressing stigma, leveraging community resources, and promoting collective responsibility, the TIFSRM outlines a comprehensive framework for enhancing recovery outcomes and fostering healthier communities.

INTEGRATION OF TRAUMA-INFORMED, FAMILY, AND SOCIETAL APPROACHES IN TIFSRM

The Trauma-Informed Family and Societal Recovery Model (TIFSRM) integrates the common principles of trauma-informed care with the unique role of families and community in recovery from trauma and toxic exposure. This model seeks to build an atmosphere for individuals with substance use disorder (SUD) that receives full support from those within their social network. It understands that trauma is a widespread experience that may impact multiple points in the social system and that the healing process must be an integrated response of individual, family and community (Harris & Fallot, 2001).

Key Aspects of TIFSRM

Safety and Empowerment

Central to TIFSRM is the principle of safety, which is foundational in trauma-informed care. Safety entails creating an environment where individuals feel secure and respected, allowing them to engage openly in their recovery process (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). This concept extends beyond physical safety to emotional and psychological safety, which is crucial for fostering trust between clients and caregivers (Fallot & Harris, 2009). Empowerment is closely linked to safety, as it involves enabling individuals to take charge of their recovery by providing them with the tools, knowledge, and agency to make informed decisions regarding their treatment (Ferguson et al., 2015).

Family Therapy and Education

Family dynamics play a critical role in the recovery process, particularly in cultural contexts where familial bonds are strong. TIFSRM emphasizes the importance of involving family members in therapeutic interventions. Family therapy and psychoeducation serve to address dysfunctional patterns within families that may contribute to SUDs (Mushonga, 2020). This knowledge contributes to their recovery, as they gain a better understanding of the effects of trauma and SUDs, which supports the process of recovery for their loved one (Copello & Templeton, 2012). Such an approach is in accordance with research suggesting that including

family members in treatment may vastly improve the outcomes and decrease the risk for relapse (McCrary & Epstein, 2009).

Community Engagement

Community engagement is another pivotal element of TIFSRM, recognizing the importance of social support networks in the recovery process. With the inclusion of community stakeholders including traditional healers, religious leaders and peer support groups, the model is designed to form a support network that is integrated and encourages recovery efforts (Alexander, 2012). These community-oriented approaches help eliminate the stigma surrounding substance use and create a sense of collective responsibility around recovery (Makanjuola et al., 2014). Engagement with the community can support greater access to resources and support, thus enabling more successful recovery pathways (Room et al., 2005). Kleinman (2009) posits that in the context of SUDs in Africa, community resources building can aid in the recovery process, as social and communal links and connectivity play a more substantive role within the African context.

By combining trauma-informed principles with family and societal approaches, the TIFSRM offers a holistic framework for understanding substance use recovery. Fostering safety, empowerment, family involvement and community offers a well-rounded recovery process that recognizes the diversity of addiction and the significant impact of trauma, family, and community (Breakthrough and TIFSRM model).

CHALLENGES AND CONSIDERATIONS

The deployment of the trauma-informed family and societal recovery model (TIFSRM) within the African landscape may not come easy and could be laden with several hurdles that may hinder its efficiency and penetration. Critical areas of concern are limited mental health resources, stigma surrounding substance use and mental health, and a shortfall of trained personnel to offer trauma-informed care.

Limited Mental Health Resources

The limits on mental health resources in Africa are one of the main barriers to the implementation of TIFSRM. Many African countries have insufficient mental health services,

often remaining unfunded and neglected within the healthcare sector (World Health Organization [WHO], 2014). The WHO states that the region has a disproportionately low number of mental health professionals, with some areas only having an average of 0.3 psychiatrists per 100,000 people (WHO, 2014). This may prevent the use of trauma-informed care concepts in an effective manner across the spectrum of SUDs where infrastructure is lacking.

Stigma and Cultural Contexts

Stigma surrounding substance use and mental health is yet another major impediment to TIFSRM adoption and implementation. In many African cultures, substance use is often viewed as a moral failing rather than a health issue, which can lead to social ostracization and discourage individuals from seeking help (Schmidt & Room, 1999). This stigma can also include families and communities and may affect their involvement in recovery and how they engage in trauma-informed processes (Kassam & Popay, 2017). Advocacy campaigns focused on reducing stigma and anti-stigma campaigns can be instrumental in combating stigma with the public.

Cultural Acceptance and Sensitivity

The difference in culture attitudes towards substance use and mental health also pose some challenges to implementing TIFSRM. Beliefs and practices surrounding health, illness, and recovery vary significantly across African societies, impacting the acceptability of trauma-informed practices (Schmidt & Room, 1999). For example, many communities have deep cultural roots in traditional healing, and combining this with modern therapeutic approaches will require sensitivity and respect for customs (Makanjuola et al., 2014). For this purpose, producing culturally appropriate materials and addressing local beliefs and misconceptions will be crucial for TIFSRM acceptance.

STRATEGIES FOR EFFECTIVE IMPLEMENTATION

To manage these challenges, here are some approaches:

1. **Training Programs for Healthcare Providers:** Develop training programs for health care providers focused on trauma informed care and treatment of TIFSRM. Practical

skills, cultural competence and understanding of the local context (WHO, 2014) should also be included in training.

2. **Culturally Relevant Materials:** As with many things in the world, it is crucial to develop materials that are appropriate and sensitive to those with ongoing substance use recovery. Local communities must participate in the materials development processes so that what is developed makes sense culturally (Makanjuola et al., 2014).
3. **Advocacy Initiatives:** Advocacy campaigns to challenge stigma associated with substance use and to raise awareness of its nature as a public health issue can create a more supportive atmosphere for recovery. Campaigns should involve the wider community but also target key community leaders to create discussions about substance use and mental health (Kassam & Popay, 2017).

CONCLUSION

The Trauma-Informed Family and Societal Recovery Model (TIFSRM) is important because it is an approach that harnesses the principles of trauma-informed care (TIC) with the fundamental culture and values that resonate deep within African values; the intrinsic value of family and community support-centered to recovery from SUDs and thus making the approach more acceptable and effective. Recognizing the complex relationship between substance use and recovery, the model highlights that assisted recovery cannot fall solely on the individual but rather must address their psychosocial needs and their broader familial and societal circumstances (World Health Organization, 2014; Room et al., 2005).

This is very relevant in African settings, where family cohesiveness and communality are central to the lives of individuals, thus making the holistic approach of TIFSRM very relevant to such settings. Focusing on these relationships bolsters engagement in recovery processes and fosters resilience (Makanjuola et al., 2014). In addition, the incorporation of trauma-informed principles creates a safe and supportive environment, which is a vital part of successful recovery, targeting the often-unaddressed trauma that those with SUDs may have engaged in (Mushonga, 2020). Then it aligns with the cultural values which make it easier to be accepted apart from it in recovery initiatives which may lead to better results.

Successful implementation of the TIFSRM is conditional on overcoming systemic challenges in the African healthcare ecosystem. These problems make access to mental health resources, societal stigma, and the adaptations of treatment modalities incredibly challenging (Kassam & Popay, 2017). The potential of TIFSRM will only be accomplished when complemented by focused measures such as training for health care providers, community involvement, and stigma reduction strategies mixed with effective public health interventions linked to substance use (Schmidt & Room, 1999; WHO, 2014).

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