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# “Consider our plight”: A cry for help from nyaope users

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## ABSTRACT

Nyaope is a relatively new drug which until recently was not classified as illegal. It is widely used by many young and poor people in predominantly Black townships and users can be easily identified as they usually assemble in open spaces such as parks and taxi ranks and have formed a community through which they support one another in the habit. In addition to this, users often display poor personal hygiene and often resort to stealing and selling stolen goods in order to sustain their habit. There is a paucity of literature on nyaope and its use and impact, and the present study is a qualitative exploration of the experiences of nyaope users in three provinces, namely Gauteng, Mpumalanga and North West. The findings highlight the strong addictive nature of the drug, the ease of access, and the unfavourable social environment which promotes initial use and difficulty in quitting. Nyaope users typically express a desire to find and utilise help in order to overcome their current circumstances.

## ABSTRAK

Nyaope is 'n relatiewe nuwe dwelmmiddel wat algemeen gebruik word deur die meerderheid jong, hoofsaaklik arm mense wat in swart buurte woon. Dit is eers onlangs dat die dwelmmiddel as onwettig geklassifiseer is. Gemeenskappe wat mekaar ondersteun in die gewoonte van die dwelm misbruik kom gewoonlik saam in oop areas in dorps gebiede soos parke en huurmotor staan plekke. Gebruikers kan maklik uitgeken word aan swak persoonlike higiëne en die neiging om enigiets te steel om geld te kry om hulle gewoonte te ondersteun. Literatuur oor nyaope, die gebruik daarvan en die impak op die verbruiker is relatief skaars. Hierdie studie was 'n kwalitatiewe eksploratiewe ondersoek oor die ondervindinge van nyaope gebruikers wat uitgevoer is in drie provinsies naamlik Gauteng, Mpumalanga en Noord Wes. Die bevindinge beklemtoon dat nyaope hoogs verslawend en maklik bekombaar is en 'n ongunstige sosiale omgewing dra by tot die gebruik. Nyaope gebruikers is ongelukkig met die toestand waarin hulle hulle bevind en vra vir hulp aangesien hulle dit moeilik vind om die gewoonte op te gee.

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## 1. Introduction

Nyaope is a relatively new designer drug which is commonly used in many Black townships in South Africa. According to several media publications, it emerged in early 2000 in Soshanguve and Mamelodi townships in Pretoria, and over the years many young Black and poor people have become addicted to the drug (Conway-Smith, 2013; Mbanjwa, 2014; Tuwani, 2013). Nyaope is sold in powder form and smoked by rolling it with cannabis. On its own, the long-term effects of cannabis have been linked to a variety of psychiatric disorders (Modisane, 2010). The full composition of nyaope is generally not known, although most agree that heroin is the main ingredient, and rumours of the inclusion of ARVs have been documented (Davis & Steslow, 2014; Grelotti et al., 2014; Thomas & Velaphi, 2014). Reports of rat poison also circulate in many townships and have appeared in several media publications (Venter, 2014). However, the inclusion of these ingredients is yet to be confirmed.

Although the patterns of substance abuse in South Africa have been reported on, there is a dearth of formal studies on nyaope, despite its wide use. Nyaope use and its consequences on the social lives of the users, their families, their communities and the country have been reported mainly by the media, including television documentaries and almost all newspapers in South Africa. There are even views that nyaope may be South Africa's worst drug (Health 24, 2014). The uniqueness of nyaope lies in its demographic popularity in that it is used almost exclusively by Black people (Ghosh, 2013; Ho, 2013). Furthermore, the extent of its addiction is difficult to understand. It is relatively cheap to buy, with an average price of R25 to R30 a joint, and has thus become easily accessible even to primary school children. However, the social cost paid by the users, their families and their communities is very high, due to the severity of the addiction and the intensity of the withdrawal symptoms (Masombuka, 2013).

Factors identified as contributory to drug use include unfavourable social conditions like poverty, unemployment and a lack of recreational facilities (Ramlagan Peltzer & Matseke, 2010; Walton, Blow, Bingham, & Chermack, 2003), and these factors seem to be fuelling the use of nyaope in Black communities (Ghosh, 2013). Although alcohol has been identified as the major substance of abuse and cannabis as the most used illicit drug (Moodley, Matjila, & Moosa, 2012; Ramlagan et al., 2010), anecdotal evidence suggests that in Black townships, nyaope may be the drug most frequently used (Morebudi & Mukhari, 2014). However, there are currently no formal comparative studies to support this view. Nyaope users are easily identified by their poor personal hygiene, their slowness of movement and their half-dazed looks. In townships they are often referred to as “nyaope boys” and are known for resorting to theft in order to sustain their habit (Mbanjwa, 2014).

Nyaope was classified as illegal only in March 2014, with the amendment of the Drugs and Trafficking Act of 2014 (Government Gazette, 2014). Before this amendment, large numbers of dealers and users freely sold and bought nyaope with minimal control and fear of being arrested (Moeng, 2013). However, it is yet to be seen whether the passing of this

legislation will curb the distribution, sale and use of nyaope in the affected communities.

Nyaope is reported to be very addictive and addicts encounter extreme difficulty when attempting to cease using it. There is a lack of drug rehabilitation services in the public sector and the high rates of unemployment result in the available private services being unaffordable, so most of the addicted young people do not have access to rehabilitation services (Ephraim, 2014; Ho, 2013). In addition, high relapse rates of those who have accessed some form of rehabilitation have been reported (Ghosh, 2013; Venter, 2014). The required rehabilitation period is long. At least a full year of intense rehabilitation and family commitment and support are required to successfully rehabilitate a nyaope addict (SANCA Vaal Triangle website, 2014). The situation has become so desperate that some nyaope users even resort to creating their own “rehabilitation” services by locking themselves in a community hall in an effort to separate themselves from the unfavourable social environment which promotes nyaope use (Stuurman, 2014).

Initially, smoking nyaope is reported to make the users feel euphoric and elated, which “high” is followed by feelings of drowsiness and relaxation which are similar to the effects of heroin (Comer, Walker, & Collins, 2005). Continued use is associated with the development of tolerance, and addicts therefore resort to using increasingly greater and more frequent amounts of the drug to achieve the same “high”. Once addicts are dependent upon the drug, they will experience physical pain if they attempt to cease its use. Most of the addicts in the Black townships do not have access to rehabilitation treatment due to their socio-economic situation (Ghosh, 2013). Public rehabilitation centres for substance abuse conditions are scarce, and the waiting lists to be admitted to rehabilitation centres are often long (Myers, Louw, & Fakier, 2008).

The health consequences of nyaope use are not widely known, but Thomas and Velaphi (2014) recently reported the case of two neonates who were born to mothers addicted to nyaope. These babies presented with growth restriction and other signs of neonatal abstinence syndrome, which the authors attribute to nyaope use.

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## 2. Problem statement

Despite the common use of nyaope in many communities, there is dearth of formal studies on the experiences and views of its users. In particular, there is a need to understand the reasons for persistent use of nyaope despite the negative consequences on the quality of life of the users, and what needs to be done to support those that wish to quit nyaope use.

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## 3. Purpose

The purpose of the study was to describe the experiences of nyaope users in several black townships.

### 3.1. Study design

This was an explorative qualitative study, using a researcher-developed interview guide to collect data through a combination of focus group discussions (FGDs) and in-depth interviews (IDIs). A participant-administered questionnaire was used to collect demographic data.

### 3.2. Study settings

The study was conducted in 3 provinces of South Africa: Gauteng (Soshanguve and Central Business District), Mpumalanga (Bronkhortspruit and Witbank) and North West Province, where data was collected from Klipgat, which is semi-rural. Within each province, areas which have been identified by media publications to have a high prevalence of nyaope use (Conway-Smith, 2013; Ghosh, 2013) were included in the study settings. All of the areas from which data were collected are noted as socio-economically deprived, with high unemployment rates and pockets of poverty (Ghosh, 2013).

### 3.3. Population, sample and sample size

The population of the study consisted of users of nyaope who reside or frequent the areas of the study settings. Within that population, current users of nyaope, both males and females, 18 years of age or above, who were cognitively alert enough to provide informed consent, and were willing to participate, were recruited to participate in the study.

A total of nine (9) focus group discussions (FGD) and twenty (20) in-depth interviews (IDI) involving 108 participants were conducted.

### 3.4. Recruitment of the participants

In each area a key informant was identified to recruit nyaope users. He would either recruit a number of users or use the snowball technique to identify and recruit other fellow users. In Mpumalanga a local medical doctor acted as the main recruiter. In North West a community member who leads a support group of mothers of nyaope users was the contact person and in Soshanguve a local pharmacist was the contact person. In Pretoria CBD the research assistant/interviewer recruited the users in the open area where they assemble, smoke and spend the better part of their days. The contact person would also arrange the venues for in-depth interviews and/or focus group discussions.

### 3.5. Ethical considerations

The study was approved by the Medunsa Research Ethics Committee (MREC/H/165/2012:IR) and informed consent was obtained from all participants. Only participants who were considered by the interviewer to be adequately alert to understand the research process and to provide informed consent were included in the study.

### 3.6. Data collection

Data collection occurred in an area arranged by the recruiter and, depending on the number of available participants at any given time, data collection occurred through in-depth interviews or focus group discussions. Participants were screened for inclusion by enquiring about their ages and through observation of their state of alertness. Only participants who could understand the explanation and were able to provide informed consent were included. The purpose of the study was explained and the participants were given the opportunity to ask questions. The informed consent form was then administered, which action was followed by the self-administration of the demographic questionnaire and the administration of the FGDs or IDIs, as applicable. The interviews were conducted in the language of choice of the participants, which was mostly Setswana or Isizulu.

### 3.7. Data analysis

The quantitative demographic data was entered into an excel spread-sheet and transported to STATA software for descriptive analysis. The qualitative data was transcribed verbatim, translated from the local languages into English, typed into Word and uploaded into NVIVO for analysis. The analysis yielded themes which were used to write the findings.

## 4. Findings

### 4.1. Demographics

The proportion of participants who resided in Gauteng, Mpumalanga and North West provinces were 57%, 22% and 20% respectively. The majority (88%) were males. Their ages ranged from 18 years to 36 years, with 61% in the age range 18 years–21 years, 29% between 22 years and 25 years, and 10% between 26 and 36 years. The majority (86%) were unemployed.

The first drug that had been used was cannabis for 52% of the participants, followed by nyaope for 21%, 14% for other drugs and 13% for cigarettes. The proportion of those who had been using nyaope for 1–5 years and those that had been using it for 6–10 years was equal at 38% each, with 23% having used nyaope for more than 10 years. 27% had received substance abuse rehabilitation.

### 4.2. Qualitative findings

Several themes were identified from the qualitative data, but the focus of this paper is on five (5) themes, these being the “unfavourable social environment”, the “strength of the addiction”, “we don't like who we have become”, “quitting requires mental determination of the user” and “crying for help”.

### 4.3. Unfavourable social environment

An unfavourable social environment is defined as an environment that promotes nyaope use by enabling ease of access

to nyaope and an idle lifestyle which does not offer a structure in the lives of the users. This was articulated as follows:

*“... getting nyaope is easy ... a different environment would be helpful, where we will meet different people”*

*“... once you have completed the rehabilitation programme, do not come back to your local area. Find a job or anything, just find something to occupy your time”.*

#### 4.4. The strength of the addiction

This theme pertains to the view of the participants regarding the extent to which nyaope has a firm hold on them. Verbatim statements relating to this issue included “Once you become a smoker, you will not be able to sleep without smoking”, and “Yes I want to quit but it's the problem. I don't want it. It's controlling me”.

The participants also stated that the addiction compels them to use all the money they have to buy nyaope, and they are unable to control this behaviour. These views were supported by statements like “if you have money, you won't have a limit”, “I can use more than R300. If you have R1000, you can finish it. If you have R500, you can finish it. It keeps on saying ‘buy, buy, buy’, and “Yes, I remember, I once went to Johannesburg with my boyfriend to buy it. We bought a lot of it and we smoked it for three days. I think we used R2000”.

The users describe the strength of the addiction as something they don't have control over, and that once you start to use the drug you will find it difficult to stop.

#### 4.5. We don't like who we have become

This theme describes the users' negative views of themselves and their lives due to their use of nyaope. The views are informed by how their communities and their families regard them, and the lack of trust and respect that is brought by their nyaope use. The statements included the following:

*“We are not welcome in shops or anywhere, even when we walk on the street, people can see from the dirty All Star (sneakers) that we use nyaope”.*

*“We did not know that we would end up stealing from our own homes to support our habit.”*

*“Sometimes when we get home people get anxious and lock and hide their bags. The toilet will have a burglar door, the dining room will have a burglar door, the bedroom also”.*

*“This drug is affecting all our family members and it is hard to build a future with the reputation nyaope gives us, even when we are in need of basic things like underwear and soap we would rather buy nyaope.”*

*“I would ask that person [the potential user] to go the [Soshanguve] station and look around. Do they want to end up like that?”*

One woman even lamented that she had used nyaope during pregnancy despite the advice to the contrary that she had received from others.

*“People used to tell me that I mustn't smoke nyaope when I was pregnant because I was going to have a disabled child but I didn't believe them now my baby has epilepsy. She is short tempered, she has low blood. It means I caused all this when she was in womb.”*

Despite the effects of nyaope on their lives, they do not seem to be able to break the nyaope habit.

#### 4.6. Quitting requires mental determination on the part of the user

This theme describes the participants' views that mental determination is required for anyone who wants to quit nyaope use. Their verbatim statements include the following:

*“If you could find medication that will stop you from going back to nyaope, we could stop smoking for two or three months but when you know that it is available, you cannot resist.”*

*“Nyaope is a state of mind. You have to decide and tell yourself that you do not want it anymore, but it is not easy.”*

*“I think it's psychological, if your mind tells your body that it won't get the cravings.”*

*“I know a guy that just stopped smoking it without doing anything, they just told themselves they are going to stop and they did”.*

*“I think it's psychological, if your mind tells your body that it won't get the cravings, (then you won't)”.*

Although the users are of the view that mental determination is required, they themselves seem not to have the required determination, although they state that they want to stop the use.

#### 4.7. Crying for help

This theme describes the users' wish to access help to quit the nyaope habit. These views relate to the negative views of themselves, as described above. The direct quotes relating to this theme include the following:

*“We are tired of nyaope, we want jobs. Perhaps a soccer club. We smoke but it does nothing for us”.*

*“We need support in the way of having options to get to rehab”.*

*“If you could find us help, we want to go to rehab, it must be immediately accessible and available”.*



The cry for help is the main message that is heard from the users, their families and the community. This cry is therefore the main conclusion of this study, i.e. that nyaope users desire to be assisted to escape from their addiction.

## 5. Discussion

The experiences of the users are consistent across all areas, and their description of the process of addiction is similar. There is also consistency in their description of the initial desirable feeling caused by nyaope use and the resultant cravings experienced after using it for a few days. This consistency of their experiences presents an opportunity to develop a programme from which most users can benefit.

While the participants acknowledge their situation and their concurrent distress, they still resort to using nyaope because they may view the positive outcomes of rehabilitation (being free of nyaope) as being less desirable than dealing with the negative experiences of painful withdrawal symptoms (Higgins & Scholer, 2009). Their expression of disapproval of what they have become may be seen as a positive attribute, and that, given the appropriate assistance and support for rehabilitation, holds out the hope many of the addicts would respond favourably to opportunities to undertake rehabilitation. Their view of themselves is consistent with the views of opioid-dependent clients, who acknowledge that their lives are not what they want them to be (Moore, Guarino, & Marsch, 2014).

The most significant challenge involved in attempting to quit nyaope use is the physical pain that occurs when the clients have not smoked the drug, which contributes to their consistent relapse. Because smoking nyaope temporarily relieves the pain, it becomes an easier option and a cyclical smoking behaviour. It is for that reason that the users acknowledge their need for help. Effective management of the pain is likely to increase the potential for successful rehabilitation.

The struggle with drug abuse has been well documented and consists of several elements, including the psychological readiness and the value placed on the prize, which in this case is the state of being free from nyaope. Psychological models suggest that the users can motivate themselves to give up the drug either by opposing the cravings or by coping with the unpleasant feelings resulting from withdrawal (Higgins, Marguc, & Scholer, 2012). The author suggests that the active opposition is more likely to increase the value of the prize (and the motivation to work harder to achieve it) and that those who merely cope are more likely to be weaker, and the value of the prize would thus decrease (resulting in the increased potential for a relapse). This therefore suggests that succeeding in beating the nyaope habit requires active processes rather than just coping with the unpleasant withdrawal symptoms. Alternatively, the outcome of being free of nyaope should not be the only consideration, but the addict who wishes to stop the habit should also consider the value of the process itself, i.e. lessons to be learnt from the experience (Higgins & Scholer, 2009). This approach is more likely to sustain addicts during difficult times when the cravings and other unpleasant withdrawal effects are experienced.

## 6. Conclusion and recommendations

Nyaope addiction is complex and requires further study of the psyche of the users. The cry for help by nyaope users requires interventions at different levels, including the mental/psychological, the physical pains which results from withdrawals, and societal factors, which include the unfavourable social conditions. The development of rehabilitation programmes, in addition to any assistance that may be provided for the addicted, is needed to address this multi-faceted challenge. While standard rehabilitation programmes typically remove the addicted person from his or her social environment for the stipulated period, this alone may not be sufficient for someone addicted to nyaope, as upon return, he or she must go back to the same unfavourable social environment, which promotes relapse. A programme that is custom made may hold the key to successful rehabilitation for people who are addicted to this drug.

## Significance of the work

This paper reports on the experiences of nyaope users and highlights their plight in terms of the extent to which they wish to access help in quitting the use of the drug. Quitting is often frustrated by the strong addictive nature of the drug, the social environment which perpetuates the use, and the lack of the necessary rehabilitation services.

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