

NYAOPE ADDICTION: THE DESPAIR OF A LOST GENERATION

Lucy Fernandes & Kebogile E Mokwena

Department of Public Health, Sefako Makgatho Health Sciences University,
Medunsa 0204, Pretoria, South Africa

ABSTRACT

Nyaope, a cocktail drug, with heroin as its main ingredient, is widely used by many young and poor people in predominantly Black townships in South Africa. This qualitative study aimed to explore and describe the effect of nyaope on the lives of the users by means of focus group discussions and in depth interviews. All ethical principles were adhered to, and data collection continued until data saturation was reached, which was after 68 nyaope users were interviewed. The findings are that the addictive nature of nyaope interrupts the physical, mental and social health of the lives of young South Africans.

Keywords: nyaope addiction, South Africa

INTRODUCTION

Substance abuse is a global public health problem, with a negative impact on the health of the user and the immediate environment of the user (Fabricius, Langa & Wilson, 2007). As of 2000 the novel psychoactive substance “nyaope”, which comprise of 10-70% third grade heroin to which a variety of substances (Khine, Mokwena, Huma & Fernandes, 2015) including antiretroviral drugs (Grellotti, Closson, Smit, Mabude, Matthews, Safren, Bangsberg & Mimiaga, 2013; MCEachran, 2013) are added, has been

increasingly used in South Africa. The ingredients which may differ from one area to another, is determined by the availability of raw material and the demand pattern from the regular users (Khine & Mokwena, 2016). Although initially this mixture was rolled with cannabis, heated and the fumes inhaled, there is an increasing trend of dissolving the mixture in water and injecting it directly into the veins of the user (Baloyi, 2018). Nyaope is also one of the cheapest illicit drugs available in South Africa (available for ±\$3), and is easily accessible to many young people who are soon addicted finding themselves

wishing to, but unable to quit as it is claimed that a person can get hooked after using nyaope a few times (Mokwena & Huma, 2014; Groenewald, 2018). It is also said that drug users are three times more likely to drop out of school than non-users (DuPont, Caldeira, DuPont, Vincent, Shea & Arria, 2013) which is a problem for the typical nyaope user which is identified as a young adult.

The severe mental/psychological effect of nyaope on the user and the physical pains they experience after withdrawal, affects their functionality while their display of poor personal hygiene and tendency to resort to criminal activities like theft, to feed their habit (Naik & Serumula, 2015) is compromising the social acceptability of the users (Mokwena, 2016).

Despite the fact that nyaope was classified as an illegal substance in South Africa with the amendment of the Drugs and Trafficking Act of 2014 (Government Gazette, 2014) nyaope has become a national crisis (Mokwena, 2015; Masombuka & Qalinge, 2020) affecting mainly young, poor unemployed people in predominantly Black townships in South Africa. Nyaope also brings additional challenges to already inadequate mental health services because of poor understanding of nyaope as a drug, the large numbers of addicts and not enough access to rehabilitation services (Mokwena, 2015).

The aim of this qualitative study was to explore and describe the effect of nyaope on the lives of the users.

METHOD

Research setting and population

Male and female nyaope users (18 years and older) admitted to drug rehabilitation

centres registered and funded by the Gauteng Department of Social Development located in Tembisa, Ebony Park, Soshanguve, Hammanskraal and Cullinan and nyaope users from the streets of the urban areas of Ga-Rankuwa, Soshanguve and Hammanskraal formed the study population.

Recruitment and sampling

A sample of convenience was done at the rehabilitation centers while for the man in the street the researchers made use of purposive snowball sampling identifying users based on their distinct characteristics (un-kept appearance). Through convenient sampling, based on the availability of participants and their willingness to participate in the study, by signing a consent form, 68 individuals were recruited. Only those users who were mentally able to understand the communications that took place regarding the purpose and procedure of the study were included.

Study design and data collection

A linguistically and culturally appropriate semi-structured interview guide, available in English and the local language Setswana, was used to collect data in this qualitative study that describe how nyaope use has affected the lives of the users. For data collection in the rehabilitation centres arrangements were made with the Chief Executive Officers and management of the different centres to collect data on a pre-determined day. On the arranged day the eligible clients were asked to assemble in a room allocated by the rehabilitation centre where the purpose of the study was explained and after signing informed consent data collection took place. For the nyaope users

recruited from the street a pharmacist in Soshanguve, who was working closely with nyaope users, made a room available in the pharmacy where data collection took place. Local trained research assistants that were familiar with the targeted population of nyaope users conducted the interviews. A total of seven focus group discussions (FGDs) with an average of six participants per group and 21 in depth interviews (IDIs) were conducted. A total of 68 individuals participated in the FGDs and IDIs. The choice of FGDs or IDIs was dependent on the numbers available at any one time. Data debriefing sessions between the researchers and research assistants took place where the audio-tapes and /or transcripts were reviewed, the experiences and observations of the data collectors were discussed ensuring that the data collected was relevant and suggestions were offered for future data collection.

Trustworthiness

Trustworthiness in this study was dependent on credibility, dependability, conformability and transferability.

Credibility was accomplished by the verbatim recording of what the participants said, which accurately represented what the participants think, feel and do. This was further achieved by making use of relevant probes, obtaining detailed field notes, and careful observation and documenting of the non-verbal communication from the participants. Credibility was also enhanced by the fact that the research assistants were familiar with the culture of the rehabilitation centres as they have done data collection at these institutions for previous studies. As neither the researchers nor the research assistants had

any affiliation with any rehabilitation centres participants were able to share their experiences without them fearing the loss of credibility in the eyes of managers or employees of the centres.

Dependability was accomplished by making use of a good quality digital audio recorder and by transcribing the interviews verbatim. Transcripts were reviewed for errors by the research assistants who conducted the interviews before translation into English. The typed Microsoft Word documents were transported into Nvivo (QSR International, Cambridge, MA) version 10 for analysis. The transcripts were read multiple times to initiate the development and defining of codes. In order to analyse the textual data qualitative content analysis was applied. The themes and codes that emerged from the conversations were defined, described and modified continuously in order to ensure consistency in the coding process applied to all the transcripts.

Confirmability in order to reduce the effect of researcher bias data methodological triangulation was applied where data was collected through FGDs and IDIs. Data triangulation was achieved by collecting data from different study sites and different townships, by interviewing both males and females and collecting data from participants in rehabilitation centres as well as those recruited from the street.

Transferability was achieved by documenting and providing sufficient detail of all the procedures used covering the recruitment of participants, how the FGDs/IDIs were conducted, the decisions and conclusions that were made during data analysis. On average, the discussions for

both IDI and FGD lasted between 30 to 45 minutes.

Ethical considerations

Institutional ethical clearance was obtained from the Medunsa Research and Ethical Committee (MREC/H/127/2014: PG), the Gauteng Department of Social Development and South African National Council on Alcoholism and Drug Dependence (SANCA) management. All potential respondents were informed that their participation was voluntary without any coercion, they were given the opportunity to refuse to participate in the study in order to ensure that data was only collected from those who were genuinely willing to participate, and who were prepared to offer data freely. It was emphasized that participants had the right to withdraw from the study at any point without any explanation and that non-participation did not affect their eligibility to receive rehabilitation services. The FGDs and IDs

made use of fictitious names or numbers in order to link the demographic data with the data obtained from the participants.

FINDINGS

A total of 61 (90%) males and 7 (10%) females participated in the FGDs and IDIs discussions. Sixty-six percent were less than 26 years of age, 83% had a high school education, and 74% were unemployed. For more information on the socio-demographic information of the participants see Table 1.

From the FGD and IDIs six themes were identified related to nyaope addiction and how nyaope has effected and influenced the lives of the users. The themes were: how they started using nyaope; how nyaope use impacted on their daily lives; the continued use of nyaope, the physical effects of nyaope on the body, the social impact and behavioral problems.

Table 1. Socio-demographic characteristics of participants (n=68)

Characteristic	Frequency	Percentage
Gender		
Male	61	90%
Female	7	10%
Age		
18-21 years	18	26%
22-25 years	27	40%
26-29 years	17	25%
30-34 years	6	9%
Educational status		
No schooling	2	4%
Finished primary school	9	13%
Finished high school	52	76%
Got tertiary education	5	7%
Employment status		
Employed	18	26%
Not employed	50	74%

A summary of the six main themes and 19 subthemes that emerged from the data is presented in Table 2.

1. GETTING STARTED ON NYAOPE

The study explored the use of nyaope and one of the key objectives was to understand what influence young people in the communities where nyaope is widely used to start using nyaope. As such, the participants were asked to describe how they started smoking nyaope. Four sub themes emerged that describe how the participants started using nyaope namely the ease of access to nyaope, the monetary cost of nyaope, the risk taking nature of adolescents, and the influence of peer pressure and friends.

1.1 The ease of access to nyaope: The narratives revealed that the ease of access to nyaope is enabled by the many dealers and lack of law enforcement which increases the prolific use in affected communities. Their views were expressed as follows:

“Right now nyaope is everywhere; there is not a place where it is not available” [Male, 34]

“Anyone like a grown man to an old woman who have families, even young guys even grandmothers, friends and the police” [Male, 23] (will be able to supply a user).

1.2 The monetary cost of nyaope: The extent to which the cheap price of nyaope

Table 2. Themes and sub-themes identified

THEME	SUB THEME
1. Getting started on nyaope	1.1 Ease of access 1.2 Monetary cost 1.3 Risk taking nature of teenagers 1.4 Peer influence and friendships
2. The effect of nyaope on their daily activities	2.1 Life priorities 2.2 Functional and recreational drug use 2.3 Criminal activities 2.4 Family dynamics
3. Continued use of nyaope	3.1 Very addictive 3.2 To relieve stress 3.3 To function optimally in society 3.4 Reality of everyday life
4. Physical effects of nyaope	4.1 Dopamine effect 4.2 Side effects 4.3 Risk of communicable diseases
5. Social impact	5.1 Dropping out of school 5.2 Finding a job
6. Behavioral problems	6.1 Internalizing problems 6.2 Externalizing problems

contributed to ease of access was identified as the main contributor to the wide spread use of nyaope. In the case where a user does not have enough to buy a joint, they even have a system of pooling their money together, and this was expressed as follows:

“When you have R30 you can go and buy if you have R15 you can compare with someone and go and buy, that’s how we live and get by” [Male, 27].

1.3 Risk taking nature of adolescents:

Their narratives revealed the ‘normal’ risk taking nature that many adolescents engage in, where adolescence is a period of curiosity, experimenting, and seeking for personal identity while not thinking about the consequences of experimenting with nyaope was expressed as follows:

“My first experience with nyaope was because we use to like to experiment with things and to know how things work. I wanted to taste it and I started enjoying it and that’s how I got hooked to it” [Male, 32].

“I would say that I was curious and from my curiosity I found the source of euphoria in the high of nyaope that they introduced, only to find that the consequences are horrific. It ends up manipulating you to do things that you would not do in normal circumstances” [Male, 29].

“Forever wanting to try something it’s what got me into this trouble” [Female, 30].

1.4 Peer influence and friendships: This theme refers to the strong influence and

extent of peer pressure and friends in the participant’s first and subsequent use of nyaope as indicated by the following quotations:

“I was under pressure at home, school and my girlfriend’s place so my friends told me that they can give me something that can help relax and clear my mind so that I can think” [Male, 20].

“I found new friends who were smoking nyaope and so I started smoking with them and became addicted” [Male, 20].

“My friends told me that dagga is not strong, I should try something different that was when they offered me nyaope, since that day I became addicted to nyaope” [Male, 27].

“I started smoking dagga with friends and as time went on nyaope came into fashion and my friends started to smoke it, for me to smoke it was because of I saw my friends smoking it” [Male, 27]

2. THE EFFECT OF NYAOPE ON THEIR DAILY ACTIVITIES

Participants were asked to describe what effect nyaope had on their daily activities and four sub themes emerged. The sub themes are describing how nyaope has become a priority in their life, a way to be kept busy during the day and the fact that nyaope is needed in order to perform their daily functions helping them to overcome their social inhibitions. This daily need is so intense that they are even resorting to criminal activities in

order to obtain nyaope and that is also affecting their family dynamics.

2.1 Life priorities: The data revealed that the participant's main focus in life is to get the next fix where the craving for nyaope defined their everyday activities.

"Nyaope becomes a priority, everything else is no longer a necessity, and it shifts your mind so that you make it a priority. Even hygiene becomes something that is not necessary anymore. It kind of brainwashes you into making it a number one priority in your life" [Male, 27].

"When you are using this stuff the only thing that you need to worry about is where you going get your next fix from. That's the only thing that is in your mind" [Female, 31].

2.2 Functional and recreational drug use: Narratives indicate that nyaope is used as a means to enable the user to perform ordinary daily tasks and helping them to overcoming their social inhibitions as evident with these quotations:

"The first thing when you wake up you need to smoke so that you can face the day, without smoking there is nothing that you can do" [Male, 25].

"Nyaope is like your breakfast, after you have smoked it that is when you can face the day. Once you are addicted there is nothing you can do or achieve without having nyaope" [Male, 25].

"After sleeping with the girl I felt like a boss because I had satisfied her very much so every time I was with

this girl I felt that I have to use this nyaope, so that is how I got addicted" [Male, 25].

2.3 Criminal activities: The nyaope user's lowered inhibitions can encourage them to commit crimes with the narratives showing to what lengths and criminal activities a user will go in order to get the money to buy nyaope.

"If you do not have finance you have to go begging and stealing even from your own folks. The main thing that makes it difficult to smoke nyaope is financial issues" [Male, 20].

"You can even kill your own parents if you know that there is a safe at home or that your father keeps his gun in the house. It is so easy for you to kill him just that you can get money for nyaope" [Male, 21].

2.4 Family dynamics: This theme describes the impact of nyaope on family relationships where it is creating conflicts between the parents, the family and the nyaope addict. Due to the lies they are telling and the fact that some are even stealing from home they become unreliable and untrustworthy. Families are reacting by hiding things that are valuable under lock and key with some parents even taking drastic measures like turning their backs on their own children. The loss in trust is a real regrettable situation for the user but they claim that they have no control over:

"I steal from them when I'm there at their house. I steal from them very badly. I lie through my back teeth. Like I lie so badly even I actually believe myself a lot of the time" [Female, 31].

“It also causes conflicts within the family because you start lying and you start stealing from people that are close to you and it creates a lot of trouble not only with the family but also within yourself because you become an untrusted individual. They have to start hiding things from you and locking their bedroom doors and things that are valuable” [Male, 29].

“Right now my mother does not trust me with anything. She can’t even trust me with money anymore because I will take that money and will not be seen for up to five days. When I come back my mother will cry and tell me that what I am doing is not right. I will keep telling her that was the last time I did that. I would end up doing it again because she would give me money but I would spend it on nyaope. It is just so difficult because it is not that I like what I am doing or that I like taking my mother’s money. It is just so difficult to stop smoking this thing” [Male, 27].

“When my family found out that I was smoking nyaope, my father knocked me down with a car. My girlfriend has left; my child is also gone” [Male, 27]

You are not able to stay with the people you use to stay with, people turn their backs on you”. [Male, 25]

However, the typical user also regrets about how the use of nyaope has impacted on their life by destroying their family relationships.

“I am tired of the corrupt life that we live, fighting with my family all the

time and every time you are in the community they call you with names. You don’t communicate with people well, your parents and the people who support you always blame you if something goes wrong” [Female, 26].

3. CONTINUED USE OF NYAOPE

The participants were asked about their continued use of nyaope, and their narratives indicated that for many of them, it is difficult to stop using nyaope. They expressed that nyaope was very addictive, that it has become a way for them to relieve stress, to function optimally in society, and to be able to cope with the problems of everyday life.

3.1 Nyaope is very addictive: The participants reported that smoking nyaope was very addictive and that the effects that they were experiencing with nyaope was different from the other drugs that they have used in the past.

“Nyaope is very addictive, its addictiveness is abnormal” [Male, 22] with a “high that is higher” than any drug that the user has ever smoked [Male, 23].

“It’s exceptionally interesting to me how something so small can be so controlling, it just makes you take every sense that you had have out of you and it just makes you numb” [Female, 31].

3.2 A way to relieve stress: The data revealed the role that nyaope is playing in the emotional, psychological and social-wellbeing of a nyaope user. The following

quotations reflect the way nyaope is used by the participants to relieve stress:

“Every time I had smoked I would feel like everything is simpler, I would feel like I no longer had problems and all sorts of troubles, I would feel like I was just living with no problems” [Male, 26].

“It has this stress free element that it releases out in you that you do not have to worry about the world or any other situation happening around you. It creates this false hope of freedom that is non-existent that it is for the short time. When the high depletes and you come back to reality you realise that I can’t live in a world like this, which is when you go back” [Male, 27].

3.3 To function optimally in society: Nyaope give the user the confidence to face other people as reflected below.

“When I smoke I have energy and confidence. I can talk to people at home and the way we talk I can confront them and tell them anything I want to say” [Female, 26].

3.4 To escape the reality of everyday life: The smoking of nyaope also provided some form of escape from their everyday boring life without a future. The data also revealed that the participants use nyaope as a means to escape the reality of the situation that they are in.

“If you just sitting and doing nothing it is hard to stop smoking. We get bored here in the township” [Male, 25].

“I had no money to continue college so I would get bored by sitting around the township that was when I started smoking nyaope so that I can be like the other guys” [Male, 32].

“I thought maybe if I smoke nyaope my life will be better. It makes me forget my problems, all the-time” [Female, 26].

“I want to escape the reality of reality. I don’t want to be in reality. I’m afraid of responsibility. I’m terrified of reality as I’ve just said I’m scared of the world I’ve never lived in it before” [Female, 31].

4. EFFECTS OF NYAOPE

The data revealed that when smoking nyaope, users experienced both positive and negative effects. Besides the experience of being high, nyaope also had an effect on their physical appearance and is evidently contributing to the spread of communicable diseases.

4.1 Euphoric effects: The participants claimed that what they experience after smoking nyaope, they haven’t experienced with any other drugs that they have used before. The use of dagga and heroin (both contents of nyaope), were causing nyaope users to experience dopamine-like euphoric effects as explained:

“I enjoyed being high then nyaope came along and I started smoking it, so when I tried it I realised that it makes me very high more than any other drug that I have smoked. You

see with this other drugs I will remain high for about fifteen minutes but with nyaope it makes you high for about two to four hours, that's how I got hooked up until this day because I enjoyed being high" [Male, 23].

"I will never forget that first feeling and that's how I was hooked" [Male, 22].

"If you taste nyaope once you will always continue smoking. Nyaope is very nice" [Female, 24].

"Nyaope makes me very high compared to dagga because whenever I smoked dagga I would feel a zing zing sound in my head and after it will make me eat the whole loaf of bread alone but nyaope hmmm (sigh) it makes me a cool calm guy. I feel like I am in own world or I am in planet Mars when I smoked nyaope I feel great" [Male, 26].

4.2 Side effects: The devastating and debilitating side effects and physical changes nyaope users are experiencing when trying to stop is forcing them to smoke again

"Unfortunately we didn't know the side effects it causes" [Male, 22].

"This thing affects the brain, self-esteem, manhood, trust, behaviour; this thing is bad it destroys everything. The downs become too much, you crave it too much and that's how you go in deeper into smoking it" [Male, 23].

Nyaope users are also experiencing visible physical side effects

"Some of the guy's hands turn grey and some of them they turn black, their mouths turn black" [Male, 19] and "You end up bleeding with your mouth because nyaope has damaged your stomach inside" [Male, 22].

4.3 Risk of communicable diseases: Participants have mentioned that being a nyaope user is contributing to the spread of tuberculosis

"Sometimes it causes diseases for some of us. It's because we share the drug, one person will smoke and pass to another and as this happens every smoker leaves a bit of their saliva and some of us are sick. That is how diseases spread amongst us, we all end up suffering from the same disease. Right now there are about eight to ten of our friends who have died because of the same disease" [Male, 24].

5. SOCIAL IMPACT

As drug abuse occurs more frequently amongst young people the impact that nyaope had on the participant's academic development and working prospects were identified.

5.1 Dropping out of school: The participants narrated the impact of nyaope on their schooling and academic performance. The participants reported that they dropped out of school because they were constantly thinking about getting nyaope, which made it difficult for them to concentrate at school. While some reported that they were expelled from school because of their use

of nyaope or quit school due to their fear of prosecution after committing a criminal act.

“Nyaope does not go together with school. When you are at school your mind will not be concentrating on what you being taught, all you thinking about is how you are going to get nyaope” [Male, 26].

“I didn’t drop (from) school because I wanted to, but I ended up being expelled at school because I was using the drugs and they said I will end up condemning other young children in lower grades” [Male, 21].

“I was in grade eight; I was at school when I heard that the police are looking for me and my friend, I ran out of school, so when the police came to school to look for me they never found me and that was the last day I went to school” [Male, 24].

“Leaving school was one of my biggest mistakes” [Female, 31].

5.2 Finding a job: Though caught up in a circle where unemployment is contributing to drug use and drug abuse is increasing their chances of losing their jobs, the participants were of the view that if they were able to find employment they would be able to stop using nyaope.

“When you have a job you will be focusing on the job and you will not have time to focus on drugs. If you have nothing to do you get bored and you just find something to keep you busy like smoking to keep your mind working” [Male, 32].

“I prefer to get a job and work full time, live with my parents again and things to be normal they way they were before. If I can get a job I can stop smoking nyaope completely” [Male, 22].

6. BEHAVIOR PROBLEMS

The data revealed that the participants suffer from behavioural problems that can be divided into internalizing and externalizing problems.

6.1 Internalizing problems: Internal problems like depression, social withdrawal and anxiety were described were nyaope users were keeping their problems to themselves.

“There are thirteen of us in here and I know that each and every one of us has thought about committing suicide” [Male, 33]

“There are times when I just go to my room and cry, wishing that I never knew the taste of this nyaope. I will ask myself why I ever got to know the taste of this thing” [Male, 27].

“Life becomes difficult because when you look around the place you grew in and spent the rest of your life at is no more nice. You even think of killing yourself” [Male, 22].

6.2 Externalizing problems: Nyaope users with externalizing behaviors were directing their feelings outward to other people instead of being able to express their negative emotions or responses to life pressures in a healthy productive way. Externalizing problems

such as impatience and aggression were identified.

“Eish! I used to be an understanding person but now I am an impatient person” [Male, 34].

“You just wake up angry at everyone at home just because you need money to buy nyaope. It also happens that you can fight with your parents because of money” [Male, 27].

DISCUSSION

This study explored and described how nyaope has affected the lives of the nyaope users. Due to the fact that nyaope is relatively cheap, freely and widely available in some communities, it is easily accessible to young people. Results from this study indicate that the majority (66%) of participants were between 18 and 25 years of age. However, the cut-off age of 18 years does not present the full picture as anecdotal evidence suggests nyaope users to include younger children, but due to the ethics of conducting this study, users who could not provide informed consent were not included.

In this study 90% of nyaope users who participated in the in the FGDs and IDs discussions were males. The general belief is that for males the funding and opportunity to utilise or abuse substances is better, that parents tend to be stricter with female than with male children, and that it is more socially acceptable for male youths to smoke and consume alcohol (Ramlakan, 2010). Although the commonly held view is that substance and drug abuse is predominantly a male issue, the results of this study is in agreement with

the report of the Department of Community Safety Policy and Research which also reported that a minority of the respondents who were using nyaope were females (Gauteng Province Community Safety [GPCS], 2014).

Knowing that adolescence is a period of curiosity, experimenting and seeking of personal identity drug dealers are exploiting the situation. During this period of adolescence, the youth are vulnerable and more susceptible to drug abuse as some teenagers seek the thrills and adrenaline rushes by achieving that “high” feeling from substance use under the influence of peer pressure. The influence of peer pressure is well documented as friends and acquaintances play a big role in behavior during adolescence with many of the participants in this study admitting that they were influenced by their friends to start using nyaope.

As the participants indicated *“nyaope does not go together with school”*. Drug users are often absent from school and as drug use impairs the memory of the user it further leads to poor school achievement, which in turn affect the motivation of the learners resulting in them dropping out of school. It is reported that 47% of school children quit school at Grade 10 (Rademeyer, 2014) with substance abuse one of the causes of school dropout (Mnguni, 2014).

Contributing to the South African nyaope problem is the fact that the young people are finding themselves caught up in a vicious circle of poverty, a lack of education and unemployment. As the results indicated nearly three quarters (74%) of the participants in this study were unemployed. This is the start of a vicious circle where unemployment is contributing to drug use while drug abuse is increasing

the chances of the user losing his/her job (Mokwena & Morojele, 2014).

While drug abuse in general does have a criminal element, nyaope in particular has an increased element of criminality because of the increase in petty crime like stealing, as it is a direct way of providing money for more nyaope. When combining the unemployment with a crime rate where about 60% of all crimes are caused by drug users, with nyaope users forming a significant portion (GPCS, 2014; MCEachran, 2013), the devastation that is caused by nyaope is prolonging and deepening poverty in South Africa increasing the generations of unemployed youth without a future that turn out to be criminals and addicts.

Although rehabilitation is possible where it takes between 12 and 15 months for addicts to get rehabilitated (Makhubu, 2014) it requires a multi-discipline professional approach with the support of a medical doctor, psychologist, social worker and drug counsellor all working together to assist the users with the rehabilitation process. Heroin addiction treatment is also very expensive due to the high cost of medication needed for the withdrawal symptoms (GPCS, 2014) and due to the socioeconomic situation of most users they are just not in a position to afford rehabilitation services. As South Africa is also dealing with an inadequate mental health service provision (Mokwena, 2015) there is also no relief for the problems of the nyaope user such as depression, social withdrawal, anxiety and thoughts of suicide all indications of the mental/psychological effect of nyaope on the user.

As the incidence and prevalence of substance use among young people is increasing, Green (2007) stated that from

1992 - 1995 the use of drugs among teenagers increased by 600% and that this figure was on the increase and was standing at 1100% in 2007. It is also reported that 1 in 2 children in the average South African home is addicted to drugs or alcohol, or run the risk of becoming addicted (Pienaar, 2011). This is a concerning trend and raises the need for comprehensive intervention programmes for those already addicted. But most drug rehabilitation centres have a success rate of less than 3% (Green, 2007), and drop-out rates of 40% specifically for nyaope have been reported.

The plight of addicts is expressed with words such as: "We need help! We are human and we want to live normal lives" (Mathebula, 2015) and "Consider our plight" as reported by Mokwena (2015). The problem is so big in that nyaope addicts in Ekangala east of Pretoria did not wait for the government for an intervention, but started their own initiative by turning a local community hall into a rehabilitation centre in their plight to attract the attention of the provincial government (Stuurman, 2014). However, the extent to which this approach is successful is not known.

CONCLUSION

The cock-tail drug nyaope, which is unique to South Africa, is highly addictive and is causing irreparable harm to the individual physically, mentally and socially. Based on the outcry of one of the participants saying "*We are waiting for Jesus to come and save us basically we are the lost generation*" [Male, 20] urgent governmental and societal intervention is needed as nyaope is leading to the destruction

of the lives of young South Africans and destroying the future workforce of the country.

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