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The lived psychological experiences of the youth resulting from the use of nyaope drug in Sekhukhune District, Limpopo Province, South Africa

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ABSTRACT

Substance abuse among the youth is emerging as one of the gravest social and Public Health global concerns. This paper aims to share the psychological experiences of the youth who used a newly invented local drug called nyaope in rural communities, Limpopo province, South Africa. A qualitative study, using focus group discussion was conducted among nyaope users between 18-35 years. Thematic data analysis was applied to develop themes, sub-themes, and categories. Findings indicated that nyaope users encountered devastating psychological experiences such as; self-blame, stress, mental relaxation, drug dependency, and addiction. Furthermore, the life of nyaope users seem to revolve around acquiring more nyaope than seeking rehabilitative interventions to counteract the addiction. The Ubuntu theory was used to guide intervention in combating the nyaope problem. It is essential to recruit, train and capacitate more social workers and social auxiliary workers who would specialize in substance abuse services and prevention programmes. There should also be more rehabilitation centres to curb the growing number of drug addicts in the local communities as well as increased funding for non-government organizations that render substance abuse prevention services.

KEY TERMS: experiences, nyaope, psychological, South Africa, youth.

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INTRODUCTION

Substance abuse is still a huge Public Health crisis in many countries across the globe. Although alcohol remains the most widely used substance in South Africa, a newly emergent street drug known as *nyaope* is gaining ground amongst South African youth, especially in rural areas. This *nyaope* drug is taken in powder form and can be smoked with marijuana, inhaled on its own, or injected into the body. It is a sad reality that in the Elias Motsoaledi Municipality, Sekhukhune District, Limpopo Province, both male and female youth are being ravaged by *nyaope*. The *nyaope* users can be observed along the streets of towns and villages around Janefurse, Nebo, Hlogotlou, Luckau, Tafelkop, Motetema, and Groblersdal roaming around the streets looking dirty and gathering in groups to smoke or to share snacks. Parenthetically, it becomes evident that the communities and families of these youth are overwhelmed by the burdensome lifestyle of *nyaope* users, this is proved by many criminal cases such as housebreaking, theft, robbery, and car breaking that are reported about them in the area. In addition, social problems such as mental illnesses, domestic violence, theft and child neglect are often reported to the nearest social work offices for intervention. Thus, the main aim of this article is to share the lived psychological experiences of the youth who used *nyaope* in their lifetime and who were receiving outpatient rehabilitative services from Rite Substance abuse organization in Tafelkop. This article will discuss the background of *nyaope* as a local drug problem applying the Ubuntu African theory to strengthen interventions in the *nyaope* battle, the research methodology applied, the findings of the study, discussion as well as recommendations to the social work profession, public health practice, government, and policymakers.

BACKGROUND

Globally, Cannabis is the most used drug compared to other illicit drugs, and it is estimated that 200 million people across the world use it. Furthermore, the people who use it constitute 04% of the global population. North America indicates a higher proportion of 14.5% whereas Asia is the lowest by 02%. In Africa, the highest prevalence of drug use was found in Central and West Africa, at 9.4%. For example, in Kenya, the highest peak of drug use was between the ages of 14 to 64 during the year 2019. In South Africa, there is no specific *nyaope* prevalence but the trends can be seen through the overall admissions in rehabilitation centres and hospitals for treatment of Heroin. For example; the overall opioid-related admissions for substance abuse disorder from 2012 to 2017 increased significantly from 16.1% to 20.0%. This study also shows a significant increase in the overall proportion of patients reporting injection of drugs from 1.6% to 3.5% from 2013 to 2017. However, it seems that there has been an increase in overall Heroin and Opiate use in all other regions except for the Gauteng region and Northern region consisting of Limpopo and Mpumalanga from January to June 2020. There has also been a decrease in Heroin use from 33% to 28%, in the Northern region, and from 40% to 38% in the Gauteng region. In Limpopo province, only 236 patients were admitted whereby 90% of them were male youth and 10% were females. Of this number, 36 % received in-patient services while 64% received out-patient services in the centres. The admission for black youth was at 95% followed by White youth at 3%. 15-19 years was the most common admitted age group at 31%, followed by 20-24 at 20%. Admission of Cannabis as the primary drug use remained high at 31% followed by Heroin (*nyaope* related) at 27% and lastly for alcohol at 15% (Dada, Burnhams, Erasmus, Parry, Bhana, Pretorius and Weiman, 2021).

Nyaope is a new South African street drug that is highly addictive and destructive. It is a concoction of various ingredients such as rat poison, cleaning detergents, dagga, etc whereby Heroin is the main ingredient in the cocktail (Mokwena and Makuwerere, 2021). This drug is in powder form and can be inhaled as a cigarette or be injected into the body. It is sold in a small, tightly wrapped plastic pack (as small as a marble) called “joint” in the users’ street language. Starting from as little as twenty-five South African Rand (approximately, 1,39 USD). It originated in Soshanguve and Mamelodi townships in Pretoria City around the year 2000. This drug is used mostly by black male youth in townships and it is becoming incredibly prevalent in rural areas as well.

Although *nyaope* is still considered a new drug, it seems to have devastating effects on the users because of its psychoactive nature causing more adverse health effects such as mental health problems, poor hygiene, and criminal behaviour. From its onset, *nyaope* was not classified as an illegal drug until March 2014 when schedule 1 and 2 of the Drugs and Trafficking Act 140 of the 1992 amendment was introduced. Before this amendment, a large number of dealers and users freely sold and bought *nyaope* with minimal fear of being arrested (Charlton and Negota, 2019).

In response to the national drug crisis, the government implemented policies such as the National Drug Master Plan for 2013-2017, and the Prevention of and Treatment for Substance Abuse Act no. 70 of 2008. These policies were established to combat drug abuse, reduce the drug supply, and guide prevention and treatment interventions. The Department of Social Development (DSD) is on the frontline in tackling the drug crisis, along with the Department of Health, the Department of Education, the Department of Justice, and the Constitutional Department. In addition, non-government organizations (NGOs) such as the South African National Council on Alcoholism and Drug Dependence (SANCA) and Alcoholics Anonymous (AA) were established and have long

been addressing the causes and effects of drug abuse in the country. Despite the assiduous efforts of the government and NGOs in trying to combat substance abuse, the problem still proliferates. In fact, the problem is becoming more unbearable in many communities, especially in rural areas, where *nyaope* continues to ravage the lives of young people (Harker, Lucas, Laubscher, Dada, Meyers, & Parry, 2021).

The theoretical framework

Ubuntu or huntu is an African philosophical worldview regarding a collection of values and practices that black people apply in making other people authentic human beings (Chikoko and Ruperanganda, 2020). It is grounded in the notion that people are interdependent and need each other to succeed and prosper. Furthermore, it is based on the principle of unity and solidarity leading to strengthening relationships through reciprocity and empowering others. It also espouses the idea of social justice in ensuring that everyone gets services equitably in society such as the use of land and natural resources in improving the economy. In this study, the Ubuntu theory focuses more on empowering the *nyaope* users to be productive with their lives and be able to resist drugs as well as prevent possible relapse after being rehabilitated. In addition, to motivate the communities to work together to combat the *nyaope* addiction crisis through problem-solving, removing stigma attached to *nyaope* addiction stereotypes.

Ubuntu exists at six levels: the individual, the family, the community, the society, the environment and the spiritual. (Samkange and Samkange, 1980). At the individual level, social workers should counsel and capacitate the individual *nyaope* users in empowering them to take control of their lives and be productive in order to resist drugs. They should be empowered to conquer their addiction through keeping themselves busy doing sports, or working with their hands, and also be linked with Community Development practitioners in DSD to start income-generating projects which will help curb unemployment. The family can play a crucial role in supporting *nyaope* user to avoid drugs. The social workers should develop and implement programmes that are rendered to families to support them to cope because many of them experience distress due to *nyaope* problem, as such they need continued support. This programme should also aim to eradicate risks factors such as poor parental care through capacitating families with effective parental skills to be able to care, support, and discipline children in a effective way to prevent drugs at an early age.

At the community level, everyone is affected about this problem, individually, families, and communities. It is necessary that individuals, family, religious organisations, various stakeholders, NGOs should join hands in the spirit of Ubuntu and solidarity to combat this problem by playing their various roles. The community at large should be empowered and conscientized about the seriousness of the *nyaope* crisis so that stigma can be eradicated. This would require that social workers render rigorous awareness campaigns to the communities and mobilize various structures. Unemployment of youth should be reduced as it has an influence on substance abuse by requesting the traditional officials to allow the use of empty land for income-generating projects and businesses. This should be done in a manner that builds trust, cooperation, and self-assurance as recommended by the African Ubuntu theory. In terms of the societal level, it is clear that society is not doing enough to address the issue of *nyaope*, so social workers should advocate for strong policy improvement and prioritization of services for *nyaope* addicts as well as requesting more resources needed in the fight against substance abuse as guided by the African Ubuntu theory (Mugumbate and Chereni, 2019).

METHODOLOGY

This study was qualitative and it followed a phenomenological research design to explore and describe the lived psychological experiences of young *nyaope* users in their natural context. The sample of (09) participants was used consisting of youth aged between 18 and 35 years, males and female, receiving outpatient services at Rite Substance Abuse in Tafelkop village, Limpopo Province, South Africa. Convenient sampling was used to recruit participants who were available at that time and who were believed to possess relevant information about *nyaope* use. A focus group discussion (FGD) was used to collect data among participants who voluntarily gave consent to participate in the study. Data collection continued until saturation was reached. Transcription and analysis followed the thematic data analysis method whereby a theme and sub-themes were created. The transcripts were arranged to clean up data. The transcribed data were carefully read and coded using ATLAS software version 9.0.3. Data were triangulated using data collected from the key informant interviews; home-based carers, community headmen and also literature from previous research on the topic. In terms of reflexivity, pre-conceived knowledge in social work and personal emotions were suppressed during the study to avoid influencing bias. Ethical approval was granted by the University of Limpopo Turfloop Research Ethics Committee (TREC), and the Limpopo Provincial Research Ethics Committee (LPREC). Permission was granted by the head of DSD, and the Rite substance abuse organisation. Individual consent forms were signed by participants. Participation in the study was entirely voluntary; no one was coerced or tricked into participating. They were informed of their right to withdraw from the study if they wished to do so without repercussions. In addition, arrangements were made with a psychologist to assist participants who might encounter emotional, psychological or physical stress during

data collection. No harm was experienced by participants during the study. Confidentiality and privacy were ensured by keeping the identities of participants private and by using letters to identify them.

FINDINGS

Demographic details of participants

Nine participants from the Rite substance abuse organization in Tafelkop village took part in the study. The participants were eight (08) males and one (01) female in the age range of 25 to 35 years. They were all Sepedi (local language) speaking African youth who reside in the same area. Their educational level was from grade 8 to 11 (secondary school) and were all unemployed. The themes that emerged from this study are:

- Self-blame
- Stress
- Mental relaxation
- Drug dependency and addiction

Study participants reported having psychological experiences such as self-blame, mental relaxation, stress and addiction and dependency when they use the *nyaope* drug. These experiences constituted the sub-themes which are presented below:

Self-blame

Most participants indicated that after smoking *nyaope* they typically began to regret and blame themselves for succumbing to the cravings for the drug. Their statements below attest;

The first thing that comes into your mind after smoking is to ask yourself, why do I smoke? (displaying a sad facial expression). Why can't I quit like (someone's name) who managed to quit? From now on I will no longer smoke and I quit. (PE)

This is what comes into everyone's mind after they have smoked. They often say, Aagh! I am tired and now I am quitting this thing. (PB)

Stress

The participants indicated a high level of stress because they are stigmatized and rejected by their own families; this was expressed as follows;

Even if you do not steal, but just because they already have preconceived ideas about nyaope people, they would always blame you for anything that gets lost. You get hated in the community... (PI)

When you smoke nyaope in the community you are nothing. When you steal they end up locking doors for you in the family, and if it does not stop they end up kicking you out or they no longer give you food". (PD)

Mental relaxation

The study found that *nyaope* users experience a sense of mental relaxation after taking the drug. The participants also indicated that *nyaope* gives them peace of mind and a positive mindset;

After I have smoked, I become creative. I don't know why, but that is the way I am. My mind may be slow but I think it is an advantage for me because it allows me to think before I act. I become a rational person. (PA)

After I have smoked, it refreshes my mind, I don't think too much and I don't become short-tempered. Even if you can send me somewhere, I can go without a problem, but if I did not smoke, I can have a big problem. (PE)

You can think right things when you are sober but once you get high you don't think anything positive. (PC)

Drug dependence and addiction

The participants commented that after smoking *nyaope*, they think of where and how they are going to get their next smoke. In addition, they indicated that this is a circular pattern to their behaviour because they are forever chasing *nyaope*;

... then, I used to have a lot of ideas as I am in sport. After I have smoked, I now I think about where to get the next smoke. (PH).

Your mind keeps telling you what to do to get the next booze later. It's always like this, all the time, then it is another thing, what are you going to smoke tomorrow? It is like you have gotten yourself used to this thing and it is not okay. We need help, serious. (PI).

You see what he is saying, it starts as ts, after ts it becomes abits, after abits it then becomes habits. He made a habit... (PB)

DISCUSSION

This study focused on the psychological experiences of the youth as a result of using the *nyaope* drug and applied the Ubuntu African theory to better intervene in the battle against *nyaope* use by youth in rural areas, in South Africa. The study found that *nyaope* is easily accessible to young people and it is very cheap, this, therefore, influences the youth to obtain it easily and abuse it often. As a result, they become very addicted to it in such a way that their lives revolve around acquiring more drugs. Among the youth that were sampled to participate in the study, 08 were males and 01 was female, similar patterns of substance use for male and female from the Pedi ethnic group in the Limpopo Province of South Africa has been reported. Although the commonly held view is that substance and drug abuse is predominantly a male issue, the results of this study also show that females are also affected (Onya and Flisher, 2008).

Self-blame

This study found that *nyaope* users regret and blame themselves after taking the drug. This is consistent with the construct of the Individual in the Ubuntu theory: the sanctity of human life and human wellbeing, for example, where a person is made to choose between wealth or power and human life or wellbeing, he/she ought to choose the latter (Samkange and Samkange, 1980). This is about the body, the mind, knowledge, possessions and inventions. These are personal or they belong to the individual but they are only meaningful insofar as they contribute to the betterment of self together with others in line with Ubuntu. It is inconceivable that some users would blame themselves or regret taking the drug. This observation is consistent with the study of Mokwena (2015) which found that many *nyaope* users were not happy about who they had become as *nyaope* addicts due to the community stigma attached to *nyaope* addiction. This could be because many of the users are still young and ambitious about life; some have children, and it pains them to abandon their children to chase after *nyaope*. Many have a desire to recover from the addiction and move on with their lives, but it is very difficult. Unfortunately, the cravings are not easily reversed, hence they are driven to seek more *nyaope* to alleviate the cravings and body pains they experience without it. So they feel guilty that they aren't succeeding to quit the drug.

Stress

Two things usually stress the *nyaope* users namely; the stigma attached to *nyaope* use and rejection by their own families. This is consistent with the involvement of family in Ubuntu (Samkange and Samkange, 1980). It emerged from the study that in the communities, people label the users as "*Ma-nyaopana*" (Sepedi local language slang) which simply means the *nyaope* boys; carrying a connotation of hobos and morons. They are often blamed for everything that goes wrong in the community like crime such as theft, shop-looting, house-breaking and more. The study also found that some *nyaope* users are stressed because of how their families treat them, they feel that they are a burden to their families because of their stealing habits. The participants further indicated that this stigma makes them feel neither welcomed nor accepted in the community they live in. In fact, they feel resented and excluded by the community members. This may be because *nyaope* is perceived as a bad thing or a dangerous drug which harms people. They also indicated that they do not receive the necessary support from their own families. As a result, this shows that they feel rejected or uncared for by their own families. This concurs with Nkosi, (2017) report about the importance of family in the fight against drug abuse. As the *nyaope* users feel ostracized by their communities and families, they resort to living by themselves and go as a group staying in the bushes, streets, abandoned houses or taxi ranks (Monyakane, 2016). This is not surprising given that traditionally,

the health and social behaviours of individuals within rural African communities are strongly influenced by the norms and values of the broader community. Therefore, stigma hinders the communities from seeing the real problem of *nyaope* hence social workers have to conduct robust awareness campaigns to impart knowledge and reduce stigma in rural communities.

Mental relaxation

The participants indicated that *nyaope* gives them peace of mind and a positive mindset to socialise. However, some gave a different view that not all of the users get a positive mindset from the drug, some get a negative influence. This is probably because the users do not consume the same dose and also individual personalities play a role. Nonetheless, pleasure is an obvious part of drug use and it is enjoyed by the users. Drugs produce a “high”, give people energy, make them feel good, reduce stress and aid sleep. These findings are consistent with the findings of Tertawal, Yengopal, Mushi, and Meel (2019) who also confirmed that *nyaope* users experience euphoric effects when they take the drug. Furthermore, they enjoy this feeling of mental relaxation because it helps them to subdue the withdrawal pains. The problem is that as the users enjoy this pleasurable feeling, they become oblivious to the devastating effects of the drug. The more they enjoy the pleasure, the more it continues to destroy them. Further research is needed to determine whether *nyaope* and other drug use facilitate access to social networks or if people with more active social ties are more likely to engage in drug use and to what extent it accounts for mental relaxation.

Drug dependence and addiction

As the youth indulge in this drug, they completely become dependent on it leading to complete addiction. This is consistent with the findings of Mostoeneng (2018) that, *nyaope* users become addicted to the drug because of its psychoactive powers, and when they try to quit they experience severe withdrawal pains. It seems that it is not easy to quit this drug because the users always crave it and they get very sick if they do not smoke it. The drug is totally in control of them in such a way they cannot cope without it. It was clearly expressed by the participants that they can do nothing without smoking *nyaope* – they needed it to perform any daily activity such as cleaning. As they are addicted to the drug, their lives revolve around attaining more *nyaope*. This is expressed with words such as: “After I have smoked, I now think about where to get the next smoke” by one participant in this study. In their pursuit of the drug, users aim and strive to avoid ‘cracking’ (in their slang language), or a state of psychotic and physical withdrawal. This is confirmed by the findings of Volkov, Koob, and McLellan (2018) that illicit drugs have the potential to alter the neurological system of the users, whereby it becomes a routine and a circle of lifestyle for them to desire and crave more *nyaope* because of its highly addictive nature. Relapsing is normal for *nyaope* users because the craving is usually unbearable, the study of Fernandes and Mokwena (2020) confirms that there is a low success rate of recovery in rehabilitation services. This is maybe because when the users come back from rehabilitation centres they go back to the same environment that predisposes them to *nyaope* and they do nothing at home, eventually, they regress to the same habit. In minimizing the relapse rate, the users should be linked with community development service practitioners in DSD to be assisted with income-generating skills and youth empowerment in terms of the Ubuntu approach.

RECOMMENDATIONS

Based on the findings of this study and the Ubuntu theory, the following recommendations are presented:

1. The Department of Social Development should appoint, train and capacitate more social workers and social auxiliary workers to specialize in substance abuse programs in rendering prevention, counselling, and referrals services to rehabilitation centres, outpatient services, support services for families of *nyaope* users.
2. Capacitate and activate communities to deal with the problem of drug-use, using strategies that have worked in the past or new solutions, including working with and regulating non-profit organisations dedicated to addressing the crisis of substance abuse.
3. It would assist if the government could establish more rehabilitation centres whereby each municipality in the province could have its rehabilitation centre to accommodate the growing number of addicts.

CONCLUSION

This study revealed that *nyaope* is extremely addictive and it affects users’ psychological health and well-being as they experience stress, self-blame and drug dependency as well as addiction. The *nyaope* users seem to be in a lot of trouble with their families and communities due to their antisocial behaviour. They are stigmatised and

called all sorts of names including stealing accusations. The users are extremely dependent and enslaved by the drug; to the point that they are unable to quit but run after the drug, and even if they get professional help, they seem to always relapse. This makes the problem of substance abuse hard to overcome. The limitations of the study are as follows; the cut-off age of 18 years does not present the full picture as youths younger than 18 years who use *nyaope* has been reported but could not be included in this study as only those admitted to the facility took part in the study and participated voluntarily. Of the total number of nine participants that took part in the study, only one was female which did not give sufficient data on the female experiences of the drug. The study was also conducted in one organization in the area, this was due to the confinement of the mini-dissertation requirements. Future research should look more into female experiences of the youth with the *nyaope* drug and how it affects children, and also cover other areas in the province.

Declarations

There was no conflict of interest in this study, and all necessary approvals were granted. This study received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. This Journal gets the sole and exclusive right to publish the work for the full length of the copyright period. Permission for reproduced work must be indicated. All co-authors contributed to the writing of this article and their inclusion to the publication has been gained. There are no 'ghost' writers.

REFERENCES

- Central Drug Authority (CDA) on the National Drug Master Plan 2013-2017. Available online: from: <https://www.gov.za/documents/national-drug-master-plan-2013-2017> Accessed on 02 April 2019.
- Charlton, R.W. & Negota, A. (2019). An exploration into Nyaope users and interventions to curb drug abuse in Gauteng, South Africa. *International Journal of Humanities and Social Science Invention (IJHSSI)* ISSN (Online): 2319 – 7722, ISSN (Print): 2319 – 7714 Volume 8 Issue 1 Series. II || January 2019 || PP 14-25
- Chikoko, W. & Rugarangada, W. (2020). Ubuntu or Hunhu perspective in understanding substance abuse and sexual behaviour of street children of Harare central business district. *African Journal of Social Work*. 10(1) 69-72
- Dada, S., Burnham, B.H., Erasmus, J., Parry, C., Bhana, A., Pretorius, S. & Weimann, R. (2021). South African Community Epidemiology Network on Drug Use (SACENDU): Monitoring alcohol, tobacco and other drug abuse treatment admission in South Africa: January-June 2020: Phase48. Retrieved on 08 June 2022 from: https://www.samrc.ac.za/sites/default/files/attachments/2021-0729/SACENDU%20Full%20Report_Phase%2048_July%202020.
- Fernandes, L. & Mokwena, K. E., (2020). Nyaope addiction: The despair of lost generation. *African Journal of Drug & alcohol studies* 19(1), 37-51.
- 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). *Int J Drug Policy*. doi: 10.1016/j.drugpo.2020.102839. Retrieved on 02 January 2022 from: <https://pubmed.ncbi.nlm.nih.gov/32650228>.
- Monyakane, M. M. E. (2016). The South African Drugs and drug trafficking Act 140 of 1992 read with the South African criminal law amendment Act 105 of 1997: An example of one size fits all punishment? *Criminal law forum* 27(2):227-254.
- Mokwena, K. & Makuwerere, N. (2021). The novel psychoactive substance Nyaope contributes to mental disorders for family members: A qualitative study in Gauteng province, South Africa. *Journal of Drug and Alcohol Research*, 1(8); 1-7.
- Mokwena, K. E. (2015). The novel psychoactive substance ‘Nyaope’ brings unique challenges to mental health services in South Africa. *International Journal of Emergency Mental Health and Human Resilience*, 17(1), 251-252.
- Motsoeneng, L. (2018). The experiences of family members of *Nyaope* users and their knowledge on the available social policy interventions: A case of Johannesburg. BSW (Human Sciences) dissertation. University of Witwatersrand, Johannesburg.
- Mugumbate, J. R. & Chereni, A. (2019). Using African *Ubuntu* theory in social work with children in Zimbabwe. *African Journal of Social Work*, 9(1), 27-35.
- Mugumbate, J. R. & Chereni, A., (2020). Now the theory of Ubuntu has its space in social work. *African Journal of Social Work*, 10(1), v-xvii
- Onya, H. E. & Flisher, A. J. (2008). Prevalence of substance use among rural high school students in Limpopo Province, South Africa. *African Journal of Drug and Alcohol Studies*, 7(2), 71-79.
- Samkange, S. & Samkange, T. M. (1980). *Hunhuism or Ubuntuism: A Zimbabwean indigenous political philosophy*. Harare: Graham Publishing.
- Tetarwal, A., Yengopal, V., Munshi, I. & Meel, R., (2019). Oral health status among *Nyaope* users at drug rehabilitation clinics in Johannesburg. *SADJ*, 74(1),13-18.
- Volkov, N.D., Koob, G.F. & McLellan, T. (2018). Neurobiological advances from the brain disease model of addiction. *The New England Journal of Medicine*, 374(4):363-371