

**Causes of *nyaope* use: Male and female users' perceptions in the Eastrand,
Gauteng**

by

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ML Nkabinde

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Abstract

Causes of nyaope use: Male and female users' perceptions in the Eastrand, Gauteng

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Substance misuse is a global phenomenon. South Africa has been hard hit by this social problem. A cocktail drug named “*nyaope*” is currently ravaging communities and is predominantly being used by African black populations since its introduction in the early 2000s. A low socio-economic background is considered the main risk factor. Though initially used mainly by males, over the years there has been an uptake among females. Current data reflect that there are many contributing factors. However, these studies focused mainly on the male user. It could be due to male users being more readily available in comparison to female users for social work research projects focusing on *nyaope* use. Hence, it was the aim of this study to bring forth a balanced view by focusing on both female and male users' perceptions in terms causes of *nyaope* use in the Eastrand, Gauteng Province, South Africa.

Qualitative research was undertaken through the operationalisation of a collective case study research design. Twelve participants comprising of six males and six females were purposively recruited to participate in semi-structured interviews. The interviews were guided by an interview schedule meant to explore and describe the causes of *nyaope* use at different levels of human functioning, namely (1) environmental level, (2) social level, (3) biological level and (4) psychological. In addition, focus was also placed on different experiences with *nyaope* on a gender level. This data were analysed through the use of thematic analysis which was key in generating themes and sub-themes.

The findings from this study illustrate some common experiences as well as differences between male and female users of *nyaope*. On an environmental level, both were of the opinion that *nyaope* was easily and readily accessible to them. A pattern of substance misuse in the family of origin is also an experience which both groups of participants related to. Where psychological factors are concerned, bereavement and failure to subsequently cope with emotional distress contributed towards the onset of *nyaope* use. Not just this, but the absence of a father figure is a component both male and female users of *nyaope* associated with. When triangulated, data revealed that female users had predominantly shared a history of sexual violence. However, male users did not share this experience. Instead, they revealed that peer pressure would have played a greater role in their exposure to *nyaope*. Modes of acquiring the drug also differed according to gender. Female users were more prone to use sex work to feed their habit, while male users leaned more towards criminal activities. Lastly, *nyaope* use was revealed to have a negative bearing on one's physical health, with female users more likely to deteriorate faster. The negative impact also extended to how society treated them. Female users were found to be subjected to more stigmatisation in comparison to their male counterparts.

The recommendations informed by the findings point to the fact that a more collaborative effort is required from different stakeholders in fighting the scourge of *nyaope*. These stakeholders include government, such as the Department of Social Development, the South African Police Services and Department of Small Business Development, amongst others. There is also a need for treatment programmes to move away from a generic approach, and more towards a gender-sensitive approach for early intervention services, treatment services and aftercare services. Services meant for the consumption of female and male users of *nyaope*, respectively, need to recognize and address their different and unique challenges. For female users, issues around the history of sexual abuse and family reunification ought to take priority, while male users need issues such as peer pressure and dispel *nyaope* normality amongst them as a gender should be the focus. In light of these differences, the training of social services professionals, both students and practitioners in the field, needs to take into cognisance the fact that the treatment of male and female users of *nyaope* cannot use similar methodologies. Policy makers

also ought to refine existing policy and align in to current needs, such as harsher penalties for the dealing of *nyaope*.

Key concepts

Cause

Drug/substance misuse

Eastrand

Nyaope

Perceptions

Substance Use Disorder (SUD)

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CHAPTER 1:

GENERAL INTRODUCTION

1.1. INTRODUCTION AND CONTEXTUALISATION

Alcohol and substance misuse was highlighted as being one of the greatest problems facing South Africa by Nelson Mandela during his opening address of parliament in 1994 (Ramlagan, Peltzer & Matseke, 2010:40). The specific statement suggested that South Africa was under crisis in its newly formed democracy. The crisis has worsened since this declaration by the former statesman. As a result, South Africa has seen an increase in the establishment of private treatment services in an attempt to address substance use disorders (SUDs) (Ramlagan et al., 2010:40). However, the establishment of these services seems unable to keep up with the constant increase in SUD among citizens. Public treatment centres are not accessible to all service users and long waiting lists are prevalent which poses a challenge in the access to services (Myers, Louw & Fakier, 2008:25). The lack of treatment is more prevalent in the poor, often rural, communities (Fernandes & Mokwena, 2016:153).

The introduction of drugs, such as *nyaope*, on the market, has worsened the problem. *Nyaope* was first introduced around the year 2000 in the streets of Mamelodi (a suburb in the City of Tshwane) and has since gained momentum and spread throughout the townships of South Africa (Khine, Mokwena, Huma & Fernandes, 2015:49). *Nyaope*, also known as “sugars” from its early inception, is a highly addictive drug and is affordable which made it easy to infiltrate even the most socio-economically disadvantaged communities. *Nyaope* also referred to as “whoonga” in KwaZulu Natal (Motsoeneng, 2018:1; Khine et al., 2015:50), is known to produce feelings of euphoria (Masombuka, 2013:2; Nevhutalu, 2011:3). The drug is popular for its ability to offer an escape from the harsh realities of, amongst others, poverty. The users of *nyaope* often resort to petty crimes as a means to sustain their habit (Motsoeneng, 2018:2). Users are characterised to have deteriorating personal hygiene and often have dazed looks (Motsoeneng, 2018:8) and their lives can be said to be “taken over” by the drug (Mokwena, 2015:251).

There is a common consensus amongst researchers on the general causes of SUDs. Unemployment, lack of recreation, availability of drugs, lack of parental surveillance, peer pressure and poverty have been listed as the most prevalent causes for the onset of drug use (Rashid, Mustafa & Asif, 2017:12; Fernandes & Mokwena, 2016:155; Ahmed & Hossain, 2015:131; Zimic & Jukic, 2012:176; Ramlagan et al., 2010:44). The mentioned causes are

considered the highest predictors of risk between those who use drugs, and those who refrain.

Specific research on the use of *nyaope* has highlighted the same trends. In a study conducted among 262 high school learners in an informal township in Gauteng who were using illicit drugs, *nyaope* was found to be the second most used after cannabis/dagga (Ololade & Mndzebele, 2017:125). The lack of a role model, peer pressure, stressful life events, availability of drugs and poverty were reported as the main causes for the onset of substance use (Ololade & Mndzebele, 2017:122). In the same study, the likelihood of learners who lived with both parents to use substances was lowered by 86%. This is in support of the assertion that the absence of parental surveillance is a major contributing factor in the onset of substance misuse, especially amongst adolescents. In another study conducted in the east of Johannesburg, it was discovered that the majority of the participants had started using *nyaope* due to unemployment; they used the drug for recreational purposes (Motsoeneng, 2018:1).

However, the studies referred to above fail to elucidate the situation among adults in the East Rand of the Gauteng Province. Hence, the researcher aimed to explore the specific causes for *nyaope* use from the perspective of adults, both male and female users, in the East Rand of the Gauteng Province to highlight region-specific risk factors, which could inform services currently offered by service providers in the region.

The following key concepts are to be uniformly interpreted in this study:

- **Cause (Causality):** In the context of the present study, a cause is defined as "a construct (variable, event) that brings about a subsequent outcome (usually referred to as the effect)" (Harvey, 2020:23). Furthermore, for a causal relationship to exist, "an effect has to be something that always accompanies its cause", known as a constant junction theory of causation (Liu & Wen, 2013:160). Concerning this study, the concept of causality assisted the researcher in understanding the journey of each participant with regards to events that led to their drug misuse. In their variety, the different events cited all had a direct relationship to the onset of SUD.
- **Drug/substance misuse:** Drug or substance misuse refers to "the use of any substance in high doses or in inappropriate situations, causing health or social problems either immediately or overtime" (McLellan, 2017:114). The substances vary in nature and grouping. Examples include depressants, opioids, stimulant, hallucinogens and many others (McLellan, 2017:114). However, for the present study, the researcher focused on

nyaope as a substance of interest, which could be categorised as an opioid (Mokwena, 2015:251).

- **Eastrand:** The Eastrand is a region located in the east of Johannesburg. It extends from Germiston to Springs and includes towns such as Nigel, Boksburg, Benoni, Brakpan, Kempton Park, Edenvale and Bedfordview (Gauteng City-Region Observatory, 2013:1).
- **Nyaope:** It is "...a dangerous and highly addictive South African street drug found in a brown, powdery form and often smoked using marijuana" (Khine et al., 2015:50). Its composition often varies depending on the location. Despite it being a cocktail drug, the main ingredient is always heroin (Mokwena, 2015:257). The said concoction often includes morphine, rat poison, antiretroviral, and methamphetamine (Ololade & Mndzebele, 2017:122). Other researchers have also found that some compositions may also include cocaine (Motsoeneng, 2018:6). Therefore, in the context of the completed study, *nyaope* is understood in relation to the above definitions.
- **Perceptions:** Perception refers to "a process of attaining awareness or understanding of sensory information" (Qiong, 2017:18). The definition points to the subjective nature of "perceptions" as it is based on an individual's biased understanding of a phenomenon. On the other hand, McDonald (2012:5) notes that this term refers to a highly individualised experience. Based on the definitions, "perceptions" refer to how each participant has come to make sense of their world concerning their misuse of *nyaope*.
- **Substance Use Disorder (SUD):** SUD has been defined as "a maladaptive pattern of substance use leading to significant adverse consequences manifested by psychosocial, medical, or legal problems or use in situations in which it is physically hazardous, that must recur during a 12-month period" (Kalojya & Kumar, 2018:166). Alternatively, other authors have defined the condition as a "deteriorating neuropsychotic condition caused by complex interactions between genetic, neurobiological and psychosocial factors" (Laboy-Garcia, Cruz-Bemudez & Sosa-Arrufat, 2016:149). The latter definition points to many factors that come into play when a person is faced with SUD, including issues relating to family genetics and the conditions in his environment.

1.2. THEORETICAL FRAMEWORK

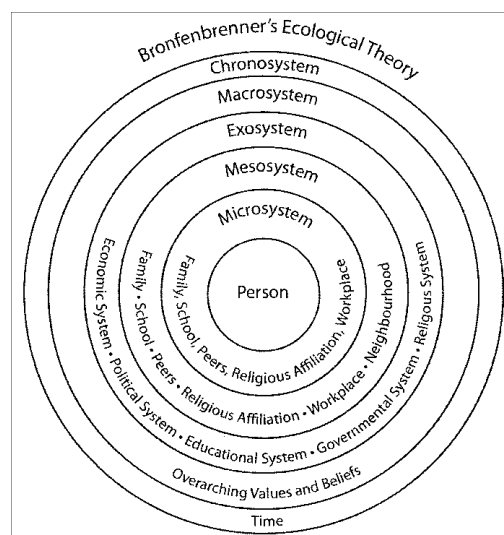
For this study, the researcher made use of two theoretical perspectives, namely the **eco-system perspective** and the **bio-psychosocial model**.

1.2.1. The eco-system perspective

The eco-systems perspective was developed by Urie Bronfenbrenner in an attempt to explain how an individual is influenced by the different systems in their environment (Peppler, 2017:239). It is based on a broadened view of the systems theory and is

concerned with the transactional processes between an individual and their environment (Ungar, 2002:481). The assumption is thus that during this transaction, an individual is influenced directly by their environment. The ecological perspective was developed concerning the science of biology, whereby all living organisms are viewed within their environment, and human beings are noted to also be in constant interaction with their physical, social and cultural environment (Teater, 2014:2). The perspective is not just concerned with immediate issues presently affecting an individual's behaviour; it also takes into consideration historical influences (Teater, 2014:3). One's behaviour is therefore analysed in relation to past events which inform their background.

Below is a graphic illustration of the levels involved in the eco-systems perspective which can also be used to analyse the causal issues concerning *nyaope* addiction.



Adapted from Berger (2007)

The systems are discussed in more detail.

1.2.1.1. Microsystem

The microsystemic level is the closest to an individual, whereby they have direct contact with that particular environment (Krishnan, 2010:7). Factors located at this level, as illustrated in the image, include family and friends. According to Ololade and Mdnzebele (2017:121) persons who grew up with both parents were 36% less likely to engage in addictive behaviour, including *nyaope* use. This level of the system has assisted the researcher in making sense of the *nyaope* users' immediate and unique environments concerning the onset of their addiction.

1.2.1.2. Mesosystem

The mesosystem refers to connections between two or more systems, which can include what happens in one's neighbourhood, friends and school environment (Krishnan, 2010:8). It is also said to reflect interactions between two or more components in the microsystem (Ahmed, Amal & Mona, 2017:49). Based on the earlier discussion, users of *nyaope* have previously acknowledged the role of peer pressure as a contributing factor in the onset of their SUD (Ramlagan et al., 2010:44), thus the role of friends at this level. Mokwena (2015:251) also highlights the availability of *nyaope* through the constant mushrooming of drug dealers everywhere. Emphasis is therefore placed on how poor community conditions can also make it easy for *nyaope* users to access their drug of choice, thus acting as a causal factor to the onset of their addiction.

1.2.1.3. Exosystem

As illustrated in the above image, the third layer of the system relates to the broader spectrum which includes the political, government and economic systems and their influence on the individual. In contextualising this level of the system, the high prevalence of unemployment has been directly linked with *nyaope* use (Ololade & Mndzebele, 2017:121; Mokwena, 2015:251; Ramlagan et al., 2010:44). The latter correlation is one of the reasons why *nyaope* has predominantly been more prevalent in communities with a poor socio-economic status. By exploring the participants' understanding of their exosystem influences, the researcher will be able to link that data with the onset of their substance misuse and subsequently paint a broader, complete picture.

1.2.1.4. Macrosystem

The macrosystem is deemed the societal blueprint which influences all the lower levels in the entire ecosystem (Krishnan, 2010:8). At this level, aspects of the society of the moral, beliefs and value systems are covered. Research has proven that society finds it more acceptable for males to engage in addictive behaviour as opposed to women (Ololade & Mndzebele, 2017:126; Moodley et al., 2012:2; Ramlagan et al., 2010:43). Such a belief system, which makes it acceptable for men to engage in substance use, can be viewed as a possible cause for the onset of drug addiction. The researcher was, therefore, able to check against the generally accepted beliefs held by *nyaope* users about the causes of their addiction.

1.2.1.5. Chronosystem

The last most outer level of the ecological system is the chronosystem. According to Krishnan (2010:9), this part of the system "encompasses various aspects, such as chronological age, duration and nature of periodicity". The time factor thus puts in context all

experiences an individual has gone through in terms of when they occurred, how long they occurred and their influence on behaviour over time. According to Zimic and Jukic (2012:173), a harsh upbringing and parents' marital conflict witnessed by children in childhood can result in them developing SUD. Thus using the chronosystem as a reference, the researcher was able to make sense of *nyaope* users' major life experiences and transitions over time as a means to contextualise and understand some of the causes for their SUD.

With all the systems combined, the researcher was able to paint a unique picture of each participant and better understand their addictive behaviour as informed by their interaction with their environment in its whole.

1.2.2. The biopsychosocial model

The second theoretical framework that underpinned the study is the bio-psychosocial model (BPS). The BPS model was created by George Engel as an alternative to the predominant biomedical model approach to diseases (Borrell-Carrio, Epstein & Suchman, 2004:576). An alternative approach to treatment was created as a means to get clinicians to understand and respond adequately to patients by simultaneously attending to biological, psychological and social aspects of illness (Borrell-Carrio et al., 2004:576). Therefore, this model sees the individual as more than a sum of molecular cells and takes into consideration their human experiences. Below is a breakdown of the components of the BPS.

1.2.2.1. Biological component

The biological component of the BPS model takes into consideration how one's general medical history or genetic predispositions and physiological factors play a role in the development of disease (Havelka, Lucanin & Lucanin, 2009:306). Families of addicts usually have a generational history of substance abuse; thus, pointing to the role of hereditary or genetic predispositions in the onset of SUD (Zimic & Jukic, 2012:174). Using this logic, the researcher explored the biological element in terms of the causes that would have led the participants to use *nyaope*.

1.2.2.2. Psychological component

The psychological portion of the model refers to potential psychological features that may contribute to the development of a health crisis, such as personality disorders and substance misuse history (Borrell-Carrio et al., 2004:576). At this level, emphasis is placed on the importance of how each individual is wired differently in terms of how they process emotions and experiences on a psychological level. In the background of SUD, depression, anxiety, hostility and low self-esteem are amongst the strongest psychological predictors of the onset

of SUD (McKenchie & Hill, 2011:695). Regarding the concluded study, this framework allowed the researcher to understand the psychological component of the causes of *nyaope* addiction.

1.2.2.3. Social component

The social aspect of the BPS model zooms in on one's environment, cultural and familial influences on the experiences of illness (Dogar, 2007:12). These are external factors which the individual may not always have control over but remain affected by. Unemployment is listed as an example of such external factors (Borrell-Carrio et al., 2004:576). An individual who is without a job may be prone to stress, which can manifest through a mental disorder, such as depression. Concerning the field of substance abuse, there has been a proven direct correlation between the availability of drugs in one's environment and the onset of SUD (Rashid et al., 2017:12; Zimic & Jukic, 2012:176). Using the same logic, the researcher managed to make sense of *nyaope* users' surrounding environments to understand their contribution to the onset of their addiction.

1.2.2.4. Cultural component

"Culture" refers to the notion of homogeneity within a bounded group, which allows for comparison to another group (Hatala, 2012:56). Similarities can range from shared beliefs, morals and values. Cultural factors can influence the experiences and presentation of the disease (Shenoi & Prabhu, 2013:62). As established earlier, *nyaope* use has become quite common amongst black communities with a low socio-economic status (Mokwena, 2015:251). The cited prevalence may create a norm in communities whereby children born into them grow up to adopt such behaviour due to its commonality. The cultural component of the BPS model assisted the researcher to understand the causes of *nyaope* addiction concerning group behaviours and what is deemed 'acceptable' and 'normal' in a particular community and according to a shared culture.

A combination of both perspectives allowed for a broadened view of the causes of *nyaope* use among adults in the Eastrand. The researcher explored the participants' direct environment (i.e., easy access to drugs) and how it has influenced their onset of substance use, *vice versa* as per the eco-systems perspective. Having the BPS model allowed for analysis on an individualistic level by drawing focus on factors unique to each participant and their role in their *nyaope* addiction.

1.3. PROBLEM STATEMENT AND RATIONALE

There is a body of empirical evidence that points to the fact that men are more prone to substance misuse than women (Khine, Mokwena & Moodley, 2018:22; Ololade &

Mndzebele, 2017:121; Fernandes & Mokwena, 2016:154; Nevhutalu, 2011:2; McKenchie & Hill, 2011:694; Ramlagan et al., 2010:43). Inevitably, research conducted in the field of substance misuse has been focused on the male user. The referred male dominance is what informs the "gender-neutral" policies and programmes in the field of substance abuse (Covington, 2008:378). As a result, there is a need for more research dedicated to women's experiences (Lozano-Verdzo et al., 2016:8). It is often assumed that substance misuse is more male-related, and research on *nyaope* addiction confirmed that most users were male (Charlton, Negota & Mistry, 2019:17). There is therefore a gap for female narrations in the existing body of knowledge, and the collected data will contribute towards filling those gaps.

On average, the ratio of males to females amongst substance users is 3:1 (Ramlagan et al., 2010:43). The researcher failed to locate specific empirical evidence that accounts for this inclination. A holistic study is thus deemed necessary to explore and describe the causes of *nyaope* use according to the different coping philosophies employed based on sex and the known causes of substance misuse. The results of the present study have, therefore, helped provide a holistic understanding of the unique causes of *nyaope* use among males and females, respectively, specifically within the Eastrand of the Gauteng Province of South Africa.

The researcher remains cognisant of previous researches which highlighted the causes of *nyaope* addiction in general. However, having a study specifically located in the east of Gauteng, which takes into account conditions unique to the Eastrand, has offered an angle that had not yet been explored.

The study, therefore, endeavoured to answer the following **research question**: "What are the perceptions of male and female users, respectively, on the causes of *nyaope* use in the Eastrand, Gauteng?"

1.4. GOAL AND OBJECTIVES

The **goal** of the study was to explore and describe the perceptions of male and female users, respectively, on the causes of the use of *nyaope* in the Eastrand, Gauteng.

To achieve the goal, the following **objectives** needed to be met:

- To explore and describe female users' perceptions of causes related to *nyaope* use.
- To explore and describe male users' perceptions of causes related to *nyaope* use.
- To compare the perceptions of male and female users in relation to the causes of *nyaope* use to obtain a holistic overview.

- To recommend gender-sensitive interventions (i.e., prevention, early intervention, treatment and aftercare and reintegration services) based on the research findings.

1.5. OVERVIEW OF RESEARCH METHODS

In pursuing the present study, the researcher founded the study on the interpretivism paradigm. This paradigm is concerned with the uniqueness of people's narrations and interactions with their settings and acknowledges the different contexts these may generate (Chowdhury, 2014:434). As a result of this selected paradigm, qualitative research was adopted as an approach. This approach explores the experiences of individuals with their world, as this world is viewed in a subjective, socially constructed manner (Dean, 2018:3). The study focused on the perspectives of *nyaope* users and explored what they believed to be the cause of their addiction. Exploring their perceptions thus takes into account their lived experiences. Qualitative research was, therefore, the most suitable approach to achieve this objective.

The study was in line with the principles of applied research, whereby it "informs and enhances decision making on practical issues..." (Ulin, Robinson & Tolley, 2005:5). Through the completed study, the researcher was able to engage in detail with *nyaope* users and explore their experiences of what plays a crucial role in the onset of their SUD. The shared experiences highlighted shortfalls and pointed to areas of improvement in terms of services aimed at combating the crisis of substance misuse in the country. This component of the study thus lived up to one of the principles of applied research, which is providing solutions to problems.

A collective case study was considered the most suitable research design method as it allowed the researcher to select more than one case to explore, in-depth, a certain phenomenon over some time, as well as the meaning attached to it, which is one of the defining natures of a collective study (Harrison, Birks, Franklin & Mills, 2017:3). In this case, the phenomenon was the lived experiences of *nyaope* users residing in the Eastrand, Gauteng.

Where the study population and sampling are concerned, the researcher made use of service users approaching the Treatment Centre A (located in the Eastrand of Gauteng, outpatient treatment programme) as a study population, as well as those receiving in-patient treatment at Treatment Centre B (where participants from the Eastrand were recruited). Kumar (2011:66) notes that this criterion needs to be very clear and specific for appropriate participants to be selected.

Research participants had to meet the following inclusion criteria to be purposively selected:

- Using *nyaope* as a drug of choice.
- Aged 18 years and older.
- Residing in the Eastrand area.
- Male or female (the study did not exclude any participant with a different gender expression)
- Able to communicate in either basic English, isiZulu or Sesotho
- Service users attending out-patient treatment at Treatment Centre A, Eastern Gauteng office, or
- A six weeks in-patient treatment at Treatment Centre B.

Semi-structured interviews were used as a method for data collection. This is because it is known to be the most prominent way to collect data in the qualitative research field (Greeff, 2011:342). It would typically contain sections that are both structured (i.e., exploring the profile of the participant) and unstructured (exploring the causes of *nyaope* use) (Walliman, 2011:99). Thus, an interview guide (see Appendix A) was utilised for this purpose. One of the challenges with this method is that researchers usually find it difficult to record and manage large volumes of collected data (Greeff, 2011:342). As such, an audio recorder was used for the handling of large volumes of data. Permission for this was obtained from participants through a consent form (see Appendix B).

The qualitative data were analysed through a process of thematic analysis and data quality was ensured by implementing strategies to ensure the study's trustworthiness.

Before data collection, the present study received ethical clearance and permission was obtained from both treatment centres to recruit participants.

More details of research methods are provided in Section A of Chapter 3.

1.6. LIMITATIONS OF THE STUDY

When reading this mini-dissertation, the following limitations of the present study should be acknowledged and considered:

- The study consisted of six male and six female users of *nyaope*. This sample is small thus generalisation cannot be made.
- There is limited literature on female users of *nyaope*. This resulted in limited comparison to the findings that this study yielded or broad references to be made during the course of the study.
- The completed study was conducted during the COVID-19 pandemic, and also during a time when movement was restricted. As a result, the recruitment of

participants was a challenge and a sample was chosen on a basis of immediate availability. However, the researcher still made sure to keep to the set out inclusion criteria for participant recruitment.

- The present study only included African black users of *nyaope*. Therefore, other ethnic groups residing in the Eastrand are not represented. No ethnic group was deliberately excluded; the sample only represents the available participants during the time of data collection.

1.7 OVERVIEW OF MINI-DISSERTATION

The remainder of this mini-dissertation comprise the following chapters:

Chapter 2 will highlight the literature consulted by the researcher to contextualise the study. The review initially takes into consideration the current global trends in the field of substance misuse, before narrowing it down to the South African context. The South African narrative is regarding the prevalence of SUD in general, before focusing on the specific use of *nyaope* as a drug of choice. Data on the use of *nyaope* in the Gauteng region (Eastrand) is subsequently highlighted. Following this, the researcher turns focus towards different factors which are likely to contribute towards the onset of substance misuse. Reference is made to societal conditions, familial conditions and individual factors.

There is guiding legislation and policies in the field of substance misuse, to which attention is drawn. Reference is made to the National Drug Master Plan, the Prevention of and Treatment of Substance Abuse Act 70 of 2008 and the Drugs and Drug Trafficking Act 140 of 1992.

Furthermore, **Chapter 3** covers the research methods employed by the researcher in the fulfilment of the study. In the same chapter, the empirical findings, as well as the interpretation of these findings, will be discussed.

The last chapter of the report is **Chapter 4**. The chapter concludes and sets out the key findings and conclusions by the researcher. The conclusions inform the recommendations, which are in line with the primary objectives of the study.

CHAPTER 2:

A LITERATURE REVIEW ON THE PREVALENCE OF *NYAOPE* USE, THE CAUSES OF *NYAOPE* USE AND RELEVANT LEGISLATION AND POLICY INFORMING SERVICE DELIVERY

2.1. INTRODUCTION

SUD has been a challenge on a global scale for many years. Its problematic nature over the years has seen it become recognised and included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The DSM-5 identifies SUD's most essential features as being behavioural, cognitive and physiological symptoms indicative of continued use of substances despite presenting problems associated with use (American Psychological Association, 2013:483). The highlighted areas point to how SUD impacts one's overall functioning as a whole. Inevitably, the brain's functioning gets affected and the most noticeable effects of this are persistent, recurring relapse episodes and cravings (American Psychological Association, 2013:483).

South Africa, like many other countries, continues to battle with the scourge of SUD as it not only affects the victims but the communities at large. *Nyaope* is one of the most commonly used substances that have gained popularity over the years and has threatened the general functioning of society (Ololade & Mndzebele, 2017:127). Its use has continued to gain momentum since the early 2000s. Researchers have named it one of the deadliest drugs South Africa has ever had to face due to its dire effects on the user and highly addictive nature (Motsoeneng, 2018:6; Maboleka, 2018:30; Nkosi, 2017:13). An in-depth understanding of the risk factors associated with *nyaope* use is necessary for the development of accurate response strategies, treatment programmes, as well as preventative measures.

This chapter seeks to review the existing body of knowledge relating to the nature of SUD. The researcher then discusses the prevalence of SUD on a global scale, followed by a narrowed analysis of the South African context in an attempt to contextualise the study. The researcher then reflects on existing knowledge on *nyaope* use, as well as contributory factors already highlighted by previous researchers as well as relevant legislation and policy aimed at addressing the substance misuse scourge in South Africa.

2.2. THE NATURE OF SUBSTANCE USE DISORDERS

As previously stated, substance use disorder (SUD) affects one's brain circuit, making it hard to control cravings and increases the chances of repeated relapses (American Psychological Association, 2013:483). SUD is characterised, amongst others, by an individual who uses substances to an extent that it affects normal daily functioning, and they cease to lead their lives like they used to. Substance intoxication leads to a decline in judgement, poor health and low life satisfaction (Mulaudzi, 2018:8). One can therefore see the dire consequences of SUD in how it affects almost every single area of one's functioning.

In a study conducted by the Department of Social Development (DSD) in Limpopo, one of the most prominent effects of SUD included an interruption in the brain's function resulting in flawed decision-making involving the weighing of risk versus benefits (DSD, 2013:36). This explains why persons misusing substances struggle to make and stick to decisions that are beneficial to them, as opposed to those that are to their detriment. Over and above this, SUD can also be associated with many other negative behaviours. For instance, defiant behaviour such as dropping out of school and an increased likelihood to commit crime are some of the behaviours which can be observed (Mulaudzi, 2018:8). When referring to negative behaviours associated with substances misuse, it is almost impossible not to mention sexuality. It has been noted that when under the influence, users often engage in risky sexual behaviour, which ultimately contributes to unplanned pregnancies and an increase in Sexually Transmitted Infections (STIs) and Human Immunodeficiency Virus (HIV) infections (Khumalo, 2016:24).

Amongst some of the most enabling factors, the role of media is often noted. It is observed that the media tends to glorify the use of substances, more especially tobacco and alcohol (DSD, 2013:16). This glorification can thus lead young people to assume that the use of substances is normal and acceptable. Between 7.5% and 31.5% of the South African population has already been identified as having an alcohol problem (Nkosi, 2017:10). Easy access to alcohol also further perpetuates this situation. Furthermore, available data on these ratios suggests that males who reside in urban areas tend to use more alcohol than their counterparts in rural areas (Mulaudzi, 2018:12).

Those from dysfunctional backgrounds are also noted to be highly likely to be diagnosed with SUD (DSD, 2013:28). These dysfunctions include a history of domestic violence and SUD within the family. The family structure also tends to play a very specific role in the onset of SUD. For instance, in larger families, the children are more likely to use substances due to less parental supervision (Nkosi, 2017:12; DSD, 2013:34). The lack of proper

supervision means that the children often get away with bad behaviour as there is no one monitoring their activities.

Between the year 2014 and 2015, the number of children under the age of 13 years admitted to treatment centres increased by 3%, with those under the age of 17 years making up a total of 22% of people in centres (Nkosi, 2017:10). A lack of supervision can also be a result of a family dealing with one member who has an addiction, and in that process also neglect the needs of the children (DSD, 2013:28). The latter thus creates an environment whereby the use of substances becomes a vicious cycle in one family. Another way in which a lack of supervision manifests itself is when a household is headed by a single parent. Children growing up in households where divorce was experienced, or have always been raised by a single parent tend to become more prone to substance misuse (Kheswa & Tikimana, 2015:13).

One of the most intriguing aspects is that the gender ratios are almost always disproportionate. It is noted that the incidences of SUD amongst males are twice as much, in comparison to females (Mulaudzi, 2018:13). Many factors can be attributed to this. Perhaps one of them being the stigma that faces women when it comes to drug misuse. As a result, women tend to hide their drug problem to avoid stigmatisation (Mulaudzi, 2018:13). These hidden cases can potentially contribute to the misrepresentation of women users in the area of substance misuse.

In the next section, the researcher gives an overview of the prevalence of SUD on a global scale, in an attempt to put South Africa's challenges with substance misuse in context.

2.3. THE GLOBAL PREVALENCE OF SUBSTANCE USE DISORDERS

SUD affects all communities across the globe, and the number of people who use and misuse substances appears to be on the rise. One of the biggest contributing factors is globalisation, which has seen an increase in the illegal drug trade (Mulaudzi, 2018:5). A total of 271 million people of the global population (aged between 16-64 years) had experimented with drugs at least once in the year 2017, which is 30% more than it was in 2009, this is according to the 2019 World Drug Report (United Nations Office on Drugs and Crime [UNODC], 2019:7). In the same year, a total of 53.4 million people in the world had used opioids, which was 56% higher than the 2016 estimates (UNODC, 2019:7).

In the same report, the World Health Organization recorded a total of 585 000 deaths due to drug use in the year 2017 alone (UNODC, 2019:7). Such a high death rate points to the seriousness of drug misuse on a global scale.

Cannabis continues to be the number one drug of choice across the world. In Africa, a total of 64% of the entire drug-using population has cannabis as their drug of choice (DSD, 2013:30). On a global scale, the production of cannabis is estimated to be around 40 000 metric tons, with South Africa accounting for 3 000 of those tons (Nkosi, 2017:11). The popularity of cannabis remains, despite one of its biggest effects being an increased danger to develop psychotic disorders in adulthood (Mulaudzi, 2018:15). In the year 2018, a total of 188 million people used cannabis, as opposed to 53.4 million who used opiates in 2017 (UNODC, 2019:7). Previous estimations were about 50% lower than current numbers. The main reason for the increase is that new surveys in two of the most populated countries, Nigeria and India, have yielded better results and a better insight into the trends (UNODC, 2019:7).

2.3.1. South Africa's prevalence of SUD

The world trends are a mere reflection of what South Africa is also facing as substance misuse sweeps across the country and new drugs continuously become available. The end of Apartheid in 1994 saw South Africa opening up to the global community. Unfortunately, this also brought with it an influx of illicit drugs (Khumalo, Shumba & Mkhize, 2019:2). As a result, all kinds of drugs from around the world started making their way in due to this newly found ability to trade with other countries.

It is stated that there has been a significant increase in drug-related problems in South Africa since the 1990s, with the country being amongst the world's largest producers of some drugs, such as cannabis (Ramlagan et al., 2010:40). This growing prevalence continues to pose a national risk. According to the South African Medical Research Council (MRC) it is estimated that 11% of the country's population (over 5 million people) will, in their lifetime, suffer from a SUD (Keen, Sathiparsad & Taylor, 2015: 244). These numbers are an alarming indication of how common SUD has become, and the fact that more of the country's population remains at a risk.

The scourge of substance misuse in the country also appears to be area-specific. Out of the nine provinces, the prevalence of substance misuse amongst adolescents is noted to be the highest in the Gauteng province (Mathibela & Skhosana, 2019:88). Reasons for this are not clear, although one may be inclined to consider the fact that more people migrate in higher numbers towards Gauteng than any other province as being one of the contributing factors. Globalisation, in general, has been noted to have contributed significantly towards the increase in the illegal trade of drugs (Mulaudzi, 2018:5). As stated earlier, the end of Apartheid afforded South Africa the ability to start trading with the world. The increase in opium production in the Middle East resulted in a decreased demand in the original market,

which led to South Africa becoming the new “emerging market” (Khumalo et al., 2019:12). In the first half of the year 2015, Gauteng saw a total of 4 285 people being treated for drug-related problems (Mulaudzi, 2018:4).

SUD is noted to contribute greatly towards other social problems in South Africa. These social ills include high rates of crime, dysfunctional family structures, premature deaths and an increase in chronic diseases such as HIV (Khumalo, 2016:2). In a study involving individuals suffering from SUD conducted in Inkwazi (KwaZulu Natal) with participants aged between 15 and 49 years, 24.7% had previously tested positive for HIV (Khumalo, 2016:2). Such statistics attest to HIV being a prominent factor in the area of substance misuse.

With *nyaope* having first been introduced in Mamelodi (a township in the City of Tshwane, Gauteng Province) in its earliest conception, it has vastly spread across the country and into other communities. The next section will then highlight the prevalence of *nyaope* use in South Africa as a whole.

2.4. NYAOPE USE IN SOUTH AFRICA

With *nyaope* being a cocktail drug, it also means that the ingredients are not always ascertained, although low-grade heroin is always the main ingredient (Mokwena, 2015:251). Alongside the low-grade heroin, some components of it include household chemicals that are not intended for human consumption, such as rat poison and powdered soap in order to increase profits (Khumalo, 2016:15). Due to these chemicals being ingested, users of *nyaope* often suffer from physiological harm. It needs to be noted that the ingredients are alleged to differ from area to area, although Gauteng continues to lead the provinces in terms of prevalence (Mathibela & Skhosana, 2019:88). Despite this difference in prevalence and make-up, the experiences of the users appear to be the same across areas such as Gauteng, North West and Mpumalanga (Mokwena, 2019:13).

There is seemingly a difference between two types of *nyaope* users. These groups are referred to as habitual and non-habitual users (Charlton et al., 2019:20). Habitual users are said to smoke whenever they can, which, on average, can be three to four times a day. Non-habitual users are deemed to have more control, and smoke occasionally, which can be once a day or four times a week. *Nyaope* users are known to become highly dependent on the drug over time, thus this high level of dependency happens gradually with increasing doses as the body becomes more tolerant and requires higher doses (Masombuka, 2013:2). Perhaps then one can consider these habitual and non-habitual users to be at different levels of dependency, with no guarantee that they will not keep increasing their doses.

In the next section, the researcher explores the extent to which a *nyaope* user is affected by this drug. These effects vary from physical appearance, psychological capacity and physiological effects.

2.4.1. The various effects of *nyaope* on the user

Some of the most notable features of *nyaope* smokers include dazed looks, slow movement, unkempt appearance and are prone to infections which later lead to a compromised immune system (Mokwena, 2019:13). In a study conducted with various key stakeholders in the field of substance abuse around Gauteng, including *nyaope* users, one user is quoted as saying “*nyaope* and water do not mix” (Charlton et al., 2019:20). The quoted text highlights the level at which *nyaope* users will neglect their personal hygiene and overall self-care in their preoccupation with securing their next fix.

The damage extends far beyond the physical and what is noticeable to the eye. Persons who are addicted to *nyaope* tend to suffer severely from psychological effects as well. The most noticeable of these include irrational thinking, depression and anxiety, which subsequently leads to them wanting to use more to alleviate the discomfort (Khumalo, 2016:5). Their survival instinct also appears to be compromised. In the same study quoted above in the Gauteng region, users reported spending only 5% of the money they make on food (snacks), and the other 95% on *nyaope* (Charlton et al., 2019:20). The disproportion in how their money is spent points to the diminished importance of some of the activities necessary for one's survival. This may be because *nyaope* is known to change the mental functioning of its user and causes brain dysfunction (Motsoeneng, 2018:8; Mokwena, 2015:251), hence some of the most basic survival instincts may not function properly and end up taking a backseat.

One can argue in terms of what comes first. The psychological discomfort which then leads one to start using *nyaope* for its calming effect? Or the use of *nyaope* leads to psychological discomfort, which then leads to the user increasing their dose? Some users report that when under the influence of *nyaope*, they experience a peaceful, enjoyable, satisfying and stress-free feeling (Khumalo, 2016:18). In a study conducted in KwaZulu-Natal with *nyaope* users, the ‘escape’ is said to be from “a monotonous and squalid everyday existence in the township” (Khumalo et al., 2019:71). The latter may be key in understanding why some continue using *nyaope*, despite its dire effects.

In comparison to other drugs that used to be prevalent before, such as glue and mandrax, *nyaope* is considered a “hard” drug due to its severe effect on the user (Khumalo et al., 2019:12). Before its introduction, there had already been an increase in heroin use in

eastern and southern Africa since the 1990s (Motsoeneng, 2018:6). Pre-1994, heroin use was predominantly used by white males (Khumalo et al., 2019:14). However, it has been established that with the introduction of *nyaope*, there has been a shift as heroin is the main ingredient but the prevalence is now in poor Black African communities (Charlton et al., 2019:46; Motsoeneng, 2018:1; Mabileka, 2018:8; Mulaudzi, 2018:18; Nkosi, 2017:13; Mokwena, 2015:251).

The composition of *nyaope* has already been highlighted. However, the next section focuses specifically on the antiretroviral drug (ARVs) as being one of the ingredients. It becomes necessary to pay special attention to this particular component as its diversion threatens the health of many citizens who rely on these life-saving ARVs to survive, thus creating a crisis for the Department of Health in South Africa.

2.4.2. Antiretroviral drugs as an ingredient to *nyaope* composition

Alongside heroin, one of the most alarming ingredients in some parts of SA includes the ARVs. ARVs are often stolen and diverted to make *nyaope* (Chinouya, Rikhotso, Ngunyulu, Peu, Mataboge, Mulaudzi & Jiyane, 2014:114). The act of stealing ARVs, or robbing patients of this chronic medication, can be seen as a major setback in the government's effort to make available this vital treatment. In a study conducted in KwaDabeka, KwaZulu-Natal, it was discovered that there are syndicates who orchestrate the robbing of patients and hijackings of ARV distribution trucks (Shembe, 2013:3). This high level of criminal activity points to how the business of *nyaope* is booming, and extreme measures are taken to ensure a constant supply.

What makes ARVs particularly attractive to *nyaope* producers is the Stocrin component which is used to prevent the multiplication of HIV in the body, but also causes side effects such as drowsiness and vivid colourful dreams (Shembe, 2013:4). These effects help enhance the strength of *nyaope* or the feeling it gives the user after smoking or injecting it. Far beyond the implications of stolen ARVs on the health system, there is another identified danger in having ARVs as one of the components, particularly for the *nyaope* user. Due to the sharing of needles for those who inject the drug and often reported risky sexual behaviour, it has been established that *nyaope* users are highly exposed to HIV (Ololade & Mndzebele, 2017:122; Khumalo, 2016:23; DSD, 2013:28). Pre-exposure to ARVs through *nyaope* can lead to resistance if the user is diagnosed with HIV and antiretroviral therapy is initiated (Khumalo et al., 2019:49). Therefore, *nyaope* users are unknowingly exposing themselves to more danger which will likely lead to more health complications in future.

2.4.3. The youth as the main users of *nyaope*

Nyaope remains one of the most fast-spreading, common drugs in South Africa. An estimated 15% of the youth is predisposed to substance misuse, and exposure to *nyaope* specifically is common and continues to be on the rise (Fernandez & Mokwena, 2016:153). The increasing prevalence is directly proportional to the increase in the frequency of use, which then leads to the body building up a tolerance and necessitating higher doses (Khumalo, 2016:18). The country's socio-economic status, whereby most people continue to live in poverty, further complicates this problem as *nyaope* is noted to be the most common amongst poor black South Africans due to its low cost (Meel & Essop, 2018: 585).

In their study with 262 learners in Atteridgeville, Ololade and Mndzebele (2017:125) concluded that *nyaope* was the second most used drug (52.3%) after cannabis (81.3%). These statistics can be considered as a representation of the prevalence of *nyaope* use in the communities of South Africa. The latter study is also a reflection of findings made in Kwa-Zulu Natal, where it was discovered that drug lords now specifically target schools. This target is not just to get learners to use the substance, but they also use them as a means of transportation to supply other learners who are already users (Shembe, 2013:4). With such scenarios in mind, it becomes clear that the *nyaope* scourge is deep-rooted, and will continue to require multi-sectoral interventions at all levels.

In a report released by the South African Community Epidemiology Network on Drug Use (SACENDU), *nyaope* continues to pose a problem in South African communities (Dada, Burnhams, Erasmus, Lucas, Parry & Bhana, 2018:2). It is noted in the same report that 18% of persons in Kwa-Zulu Natal were admitted to a drug rehabilitation centre for *nyaope* use, with 9% in Gauteng.

2.4.4. *Nyaope* use in the Eastrand (Gauteng)

The Eastrand region is governed by the Ekurhuleni Municipality, which has been classified as a Category A municipality, also known as a Metro (City of Ekurhuleni Mayoral Annual Report, 2014:12). Towns that fall under this municipality include Benoni, Boksburg, Nigel, Springs and Daveyton. This area is said to cover 26% of the Gauteng province with a population of 3 453 603, and an unemployment rate of 32.4% (Annual Report Gauteng Province, 2018:22).

As highlighted earlier, *nyaope* continues to ravage through the communities of South Africa, and the Gauteng province is no exception. According to the SACENDU report of the first half of the year 2018, 9% of those admitted for SUD rehabilitation in Gauteng reported *nyaope* as their primary drug of choice (Dada et al., 2018:2). Earlier the researcher referred to the fact

that *nyaope* primarily affects the African black population. Sixty-three per cent of those admitted for *nyaope* use in the Gauteng region are African black (Dada et al., 2018:2). Gauteng, as a province, can, therefore, be considered as representative of the country's struggle with the scourge of *nyaope*.

With a specific focus on the Eastrand region, data supplied by the Eastern Gauteng SANCA office highlighted the fact that between the year 2019 and 2020, a total of 8 259 black Africans received substance misuse intervention (SANCA, 2020). This number is significantly higher in comparison to 370 Coloureds, 17 Asians and 235 Whites who received treatment in the same period. An interesting observation is in the decline in overall male representation (43.9%) compared to females (56.1%). Of these numbers; *nyaope* as a primary drug of choice, accounted for 61% of all cases (SANCA, 2020).

It is worthy to note that these statistics are inclusive of both persons referred for in-patient treatment, and those who attended out-patient and community-based services. The SANCA Eastern Gauteng office populates statistics from its offices situated around the Eastrand, such as Nigel, Palmridge and Boksburg.

Many contributing factors can be highlighted as being responsible for the scourge of *nyaope* in the country and eastern Gauteng. Social conditions are known to have a direct link to *nyaope* addiction (Nevhuthalu, 2011:3). These societal conditions are discussed below.

2.4.5. Socio-economic conditions and the causes of *nyaope* addiction

SUD is often associated with low education, poverty and unemployment (Laboy-Garcia et al., 2016:149). Other research studies have yielded the same conclusion. Substance users often resort to theft to feed their habit as they have no income (Kingsley, 2007:138). Crime is not the only social ill that is precipitated by poverty and unemployment in the context of *nyaope* use. Homelessness is also seen as a by-product of poverty, which then increases the chances of one using *nyaope* as a means of survival as it is easily available in the streets (Kheswa & Tikimana, 2015:13)

Nyaope is sold at about R30 a “bag” and is thus considered to be one of the cheapest and most affordable illicit drugs (Mabokela, 2018:20; Fernandes & Mokwena, 2016:153; Hosken in Masombuka, 2013:2; Nevhuthalu, 2011:5). The affordability of *nyaope* may be what makes it the primary drug of choice for those from impoverished and low socioeconomic backgrounds. However, pricing can be very much area-specific. In Berea (Johannesburg), a bag is priced at R20, R25 in Joubert Park and between R30-R40 in the township areas (Charlton et al., 2019:46). This sale of *nyaope* is alleged to extend far beyond individual persons who are addicted. There are spots around Johannesburg that are known for selling

at wholesale prices. One of these is the corner Fife and Prospect roads in Berea, whereby people outside Gauteng come and collect their stock at wholesale rates (Charlton et al., 2019:46).

Poverty-related factors contribute significantly to the onset of *nyaope* use (Moodley et al., 2012:2). Mokwena (2015:251) also noted that *nyaope* use was mainly prevalent amongst young, unemployed African black people. Ghosh and Ho (in Mabokela, 2018:7) claimed that *nyaope* was used almost exclusively by black people. Perhaps that may have been the case in its early inception, but there has been a shift in racial profiling as the drug started spreading across the country, though the prevalence amongst the black population remains high.

The community continues to play a significant role in the onset of *nyaope* use. As previously highlighted in respect of SUD in general, easy access to substances make it easy for potential users to start using. *Nyaope* is no different. Due to it becoming so common, sales are also seemingly starting to take place everywhere. Places such as liquor stores, spaza shops, supermarkets and taverns are now the new hotspots for *nyaope* sales (Charlton et al., 2019:46). The highlighted places are frequented by ordinary people, making exposure to *nyaope* even higher than before. To make matters worse, police are also known to collude with drug lords, which deem the interventions by the Department of Social Development such as “Ke Moja: No thanks, I am fine without drugs” ineffective (Charlton et al., 2019:49). Data from other researchers support these claims. Mulaudzi (2018:8) also noted that in some areas *nyaope* is sold near a police station, proving the latter alleged colluding between drug sellers and the police.

One cannot take away the impact of the physical environment on an individual's behaviour. However, the family system remains amongst the most influential system in anyone's life, and issues such as family breakdown are known to have a contributory role towards the onset of SUD (Masombuka, 2013:2). In the next section, the researcher highlights familial conditions relevant to the use of *nyaope*.

2.4.6. Familial issues and their contribution towards the use of *nyaope*

The nature of SUD is such that its causes can often be linked to the user's family circumstances. There is a direct link between children who grew up witnessing domestic violence, were neglected or experienced a harsh upbringing and the onset of SUD (Zimic & Jukic, 2012:173; Laboy-Garcia et al., 2016:150; Ahmed & Hossain, 2015:122). This alludes to the role primarily played by family circumstances in shaping the person's behaviour later in life.

Exposure to parents' use of illegal substances is also believed to have a significant role to play in the onset of addiction (DSD, 2013:19). With the home acting as the primary institute for socialisation, it is almost inevitable for one to grow up witnessing the use of illegal substances and not imitate such behaviour. In the same study by the Department of Social Development in the Limpopo region, children who grew up being shown positive affection by their parents tend to have a decreased chance of battling SUD later in life (DSD, 2013:29).

In the context of *nyaope* use, children who grew up with both parents were found to be 86% less likely to engage in addictive behaviour as opposed to those who grew up in single-headed households (Ololade & Mndzebele, 2017:121). However, this was highlighted in only one study with high school learners whereby *nyaope* was the second most used drug after cannabis.

There is a seeming scarcity of data that highlights the scourge of *nyaope* addiction and the user's family background. The researcher, therefore, hopes to bring more focus to familial risk factors through the present study.

Despite the highlighted external risk factors, there are other individual risk features that cause *nyaope* addiction, and these are discussed below.

2.4.7. Individual factors causing *nyaope* use/addiction

In this section, the researcher reflects on the existing body of knowledge concerning what causes *nyaope* addiction on an individualistic level.

2.4.7.1. Age-related factors

In a study conducted in Bangladesh, 56% of the participants reported that they had started using substances between the age of 11 and 15 years (Ahmed & Hossain, 2015:132). South Africa and the use of *nyaope* are no exception to this tendency. In a study conducted with high school learners in the township of Atteridgeville (City of Tswane), the average initiation age to alcohol, cannabis and *nyaope* was 14 years (Moodley et al., 2012:2). This finding is in line with another study conducted with 262 high school learners in Diepsloot (City of Johannesburg), an informal township in Gauteng, which revealed that 81% of the participants had tried substances for the first time around the age of 13 years (Ololade & Mndzebele, 2017:121).

In the same study, it is asserted that if there is no introduction to substance use before the age of 18 years, then chances of one using them later in life are significantly lowered. This seemingly common early-onset to substance use is complicated by the fact that adolescents usually have a difficult time connecting present actions with future consequences (Choate,

2015:463). This means that the negative repercussions of substance use may not be realised until later in life.

The early onset of SUD could be due to many reasons. Some of the reasons why young people would start using substances such as *nyaope* point to the need for one to prove their independence, as well as the ability to make their own decisions (Khumalo, 2016:19). Such decisions which are made earlier in life becomes the source of many problems later on in adulthood.

Due to the nature of the concluded study, in the next section, the researcher focuses on the implications of gender in the use of *nyaope*.

2.4.7.2. Gender-related factors

There is a consensus amongst researchers about the fact that women are less likely to be diagnosed with SUD as compared to men (Khine, 2018:22; Ololade & Mndzebele, 2017:121; Fernandes & Mokwena, 2016:154; Mokenchie, 2011:694; Seivenwright in Nevhutalu, 2011:6; Nevhutalu, 2011:2; Ramlagan et al., 2010:43). The use of *nyaope* is also much more prevalent amongst young, unemployed African black people, of whom the majority are male (Mokwena, 2015:251).

The ratio of males to females amongst substance users is believed to be 3:1 (Ramlagan et al., 2010:43). In a study conducted across the country with people suffering from SUD, the participants were generally men and the provincial breakdown is as follows: in Mpumalanga, this was 88% of the total number of participants, 81% in the Eastern Cape, 90% in Kwa-Zulu Natal and 88% in North West (Ramlagan et al., 2010:43). The same trends were noted in a study conducted with 262 learners in Atteridgeville, where it was noted that a girl child was less likely to use substances (including *nyaope*), compared to a boy child (Ololade & Mndzebele, 2017:121). In another clinical study conducted with 98 *nyaope* users, only three females took part, with the majority of the participants being male (Khine, Mokwena & Moodley, 2018:22). In line with such trends, a study conducted in Johannesburg with *nyaope* users had female users recruited from one facility which offered 20 beds for females, as opposed to 200 beds for males on offer (Morgan, Daniels & Subramaney, 2020:540). There was an alleged lower demand for female beds, thus narrowing the pool from which research can be conducted to balance the gender scales. The National Drug Master Plan (2019-2024) also noted that in the year 2017, between 73% and 90% of admissions for treatment were men (DSD, 2019:33).

2.4.7.2.1. History of violence and pregnancy

A study conducted in Mexico with women suffering from SUD revealed that over 70% of them had experienced gender-based violence and sexual abuse in childhood (Lozano-Verdzco et al., 2016:2). The said observation may be seen as a possible causal factor in the onset of women's exposure to drug dependence. In line with this, an online article ran by Sowetan in 2018 highlighted the same plight for women addicted to *nyaope*. The article reported that pregnant female *nyaope* users had often suffered years of sexual abuse and had found comfort in *nyaope* (Mahapo, 2018).

However, the violence appears not to be merely relevant as a causal issue only. Women are known to continue to suffer violence at the hands of men even long after being addicted to substances (Covington, 2008:318). In an article ran by Sunday Independent, one female *nyaope* user narrated how her friend was killed by a group of fellow users after they had shared a smoke with her and she refused to engage in sexual intercourse with them afterwards (Manyane, 2018). Such cases are evidence of how women, compared to men, remain at a high risk of violence and rape at the hands of their male counterparts. This is further worsened by the fact that women are often outnumbered in these groups, making them more vulnerable. As a result, most will resort to getting themselves a partner who also uses to offer them protection (Manyane, 2018).

The issue of pregnancy while using *nyaope* is a real and common one. In a longitudinal study in Johannesburg that featured both male and female service users, four of the female participants who were pregnant shared that they continued using *nyaope* despite their condition because there were no services specifically tailored for them (Morgan et al., 2020:544). Such cases further highlight the health-related problems associated with substance misuse, which extend far beyond the user and affects the unborn child. Infants born to mothers with a drug dependence problem are known to endure drug withdrawals once born, which makes them irritable, resistant to being held or unresponsive (Barnard, 2007:16). In the context of *nyaope*, the effects cause symmetrical growth reduction and neonatal abstinence syndrome on the unborn child (Ololade & Mndzebele, 2017:122). In light of this, the World Health Organization advocates that methadone ought to be used as maintenance therapy for mothers using heroin (Morgan et al., 2020:544).

2.4.7.2.2. Gender-specific effects of *nyaope* use

Due to the difference in the biological make-up between males and females, the physiological effects of SUD are thus also not the same. For example, when indulging in alcohol, women become intoxicated much quicker with less alcohol because of lower body water content, hormone fluctuations and reduced enzymes used to metabolise alcohol

(Nevhuthalu, 2011:7). Women then tend to experience physiological impairments much earlier than men when misusing substances. In addition, women tend to increase the rate of consumption much more rapidly than men and may progress to SUD at a faster rate too (DSD, 2019:33). Such findings are in line with evidence in studies with *nyaope* users. A female *nyaope* user tends to present with more severe clinical profiles as opposed to her male counterparts (Morgan et al., 2020:540). Therefore, *nyaope* does not affect men and women the same as far as biological effects are concerned.

Worthy of note is the fact that the difference in clinical profiles is not just limited to the physiological aspects. The majority of women with an SUD problem have been found to also have a co-occurring mental disorder which is often related to previous traumas (Covington, 2008:382). The said mental disorders and traumas could, to an extent, be related to the common issues of violence and long histories of sexual abuse referred to earlier. In the study with 44 female *nyaope* users, there was evidence that 75% of them had a mental disorder as co-morbidity (Morgan et al., 2020:544). Thus, the recommendation that all women undergoing any form of substance misuse treatment ought to have access to psychiatric care as their cause of illness is different, and therefore the treatment needs are also different. Such findings are supported by international studies which point to the need for gender-sensitive treatments in line with the unique, multi-dimensional issues faced by women in the context of SUD, as opposed to men (Covington, 2008:378). The same narrative was expressed at the United Nations General Assembly Special Session on World Drug Problem, which emphasised the specific needs of women. It called for a gender-sensitive drug policy that eliminates all forms of discrimination against women and a policy that takes into account the specific needs and circumstances they face (Morgan et al., 2020:540).

2.4.7.2.3. Gender-related modes of acquiring *nyaope* and representation in treatment

With the number of female *nyaope* users being on the rise, new survival dynamics are being employed. In 2014 a docu-series called “Cutting Edge” reported an increase in prostitution amongst female *nyaope* users (Khumalo, 2016:1). Whilst the male *nyaope* user is noted to turn to petty crimes to sustain their habit and providing cheap labour, female users resort to trading their bodies to feed their *nyaope* dependence. Sex work has therefore become one of the leading ways through which female *nyaope* users can secure their next “fix” (Khumalo et al., 2019:73). This, in turn, exposes them to dangers such as unplanned pregnancies and sexually transmitted diseases, including HIV. Users of *nyaope* who have tested positive for HIV tend to engage in unprotected sex and default on their treatment (Khumalo, 2016:23).

This negligence of their health further highlights peculiar health risks faced by female *nyaope* users in their attempts to feed their habit.

There is a possibility that the number of female users is higher than perceived, but they are hidden or not as forthcoming in seeking help (Khine, et al., 2015:50). Participants in one research study believed that fewer females used substances because parents were stricter on the girl child and that it was socially more acceptable for men to use substances as opposed to women (Ramlagan et al., 2010:43). Research on *nyaope* shows that beyond the physiological and mental challenges faced by the female user, they also tend to suffer severe social difficulties due to the stigma attached to them (Morgan et al., 2020:540). The said stigma then poses a challenge and barrier to women seeking and accessing treatment. Inevitably, the aforementioned can therefore present a possible explanation as to why there is such a low representation of females in studies focused on substance misuse, and *nyaope* use specifically.

2.4.7.3. Psychological factors

Substance use initially starts voluntarily. Over time the brain's functioning changes and it gets challenged as it loses its ability to self-control and resist (Rashid et al., 2017:11). This is in line with how *nyaope* affects its users. This deadly drug is said to be highly addictive, such that most users get addicted after trying it the first time (Maboleka, 2018:8; Mokwena, 2015:251; Fernandes & Mokwena, 2016:153; Masombuka, 2013:2). This poses a challenge as innocent experimentation at an early age can have dire, long-term effects. For example, users of *nyaope* find it hard to establish their identity, develop healthy relationships and emotional independence, as well as prepare for adulthood (Khumalo, 2016:17). These challenges later in life highlight the long-term effects carried by the user many years after the onset of their addiction.

Other commonly cited individualistic causes for the onset of substance misuse relate to issues of peer pressure, boredom, stress and curiosity (Ololade & Mndzebele, 2017:122; Khumalo, 2016:19; Nazari, Jamshidi, Rahim & Cheraghi, 2016:179; Ramlagan et al., 2010:44). Users of *nyaope* often report not knowing what to do with all the time they have in their hands as a result of being unemployed, nor being involved in any school activities.

Causes of a psychological nature also tend to extend far beyond what is easily visible. Some users of *nyaope* report that their onset is in line with the death of a loved one, or unresolved emotional traumas which they had no dealt with (Khumalo, 2016:75, DSD, 2013:97). The issue of bereavement and emotional traumas thus points to failed coping mechanisms, which deemed *nyaope* the next way out of feelings of discomfort for the user.

SUD has previously been classified by other researchers as a chronic, relapse brain disease that hampers an individual's ability to exercise self-control and resist cravings (Laboy-Barcia et al., 2016:164). Having the brain as the main organ for classification means this view places more emphasis on and limits the definition to medical premises. However, it has received a lot of criticism as it takes away factors relating to the social and psychological aspects of SUD (Khumalo et al., 2019:120).

Ivandić and Jukić (2012:173) also note that this early-onset may be due to cultural factors, personality features and genetic predispositions working together. This draws the attention back to unique, internal factors that influence the onset of substance use, as opposed to the external factors which are often cited.

It is, however, important to note that the above-detailed overview of the societal, familial and individual causes of addiction (including *nyaope*) is not Eastrand-specific. These trends should ideally be investigated within a specific context, such as the Eastrand.

Below, the focus of this literature review turns towards policy and legislation that guide South Africa's response to the high prevalence of substance misuse in the country, including *nyaope*. Likewise, the overview of policy and legislation provides an indication of directives to social service providers involved in the field of addiction.

2.5. POLICY AND LEGISLATION RELATED TO SUBSTANCE USE DISORDERS IN SOUTH AFRICA

In response to the ongoing drug problem facing the country, the South African government has had to come up with strategies in a form of policy and legislation to address the matter. These are briefly discussed below.

2.5.1. National Drug Master Plan (2019-2024)

The National Drug Master Plan 1999-2004 (NDMP) was the first social policy that was drafted and implemented to set out strategies to deal with substance misuse and other substance-related problems in South Africa (Geyer, 2012:3). This formulation was done under the then Minister of Social Development, Ms Geraldine Fraser-Moloketi. Following this initial plan, over the years there have been more reviews that have seen the original Drug Master Plan be adjusted to meet the needs of that particular time. Since 1999, there have been three reviews that have seen a total of three plans come to light, namely: 2006-2011, 2013-2017, and the current one being 2019-2024.

The current National Drug Master Plan 2019-2024 was formulated in response to the gaps identified in the 2013-2017 plan (DSD, 2019:13). The 2013-2017 plan was subjected to a

review between August 2015 and June 2017. The said review was also influenced by a United Nations General Assembly Special Session which took place in New York City in April 2016 (DSD, 2019:13). During this session, an outcome document was developed which was to be implemented by all countries in response to the global substance misuse problem.

The current NDMP highlights *nyaope* as being amongst the top four popular drugs in South Africa, alongside alcohol, cannabis and a mixture of mandrax and marijuana known as "white pipe" (DSD, 2019:15). Because *nyaope* only came to light in the early 2000s, the fact that it is already recognised as being one of the most popular drugs reiterates the seriousness of its effects across the entire country. Another observation is the fact that there is a noted increase in the consumption of drugs by women as compared to men (DSD, 2019:33). This means that the rate at which women are initiated to substance abuse has surpassed that of men. Even more concerning, is the fact that women are progressing to SUD at a faster rate too (DSD, 2019:33).

Some, to mention a few, of the key findings which necessitated a revised plan included the following (DSD, 2019:36):

- A lack of a balanced approach in the previous plan.
- There was no clear implementation plan.
- There were some unfunded activities in the plan.
- It was not clear in terms of how many Local Drug Action Committees (LDACs) were fully functional.

These shortcomings were instrumental in highlighting areas that needed improvement, and what could be deemed as hindrances in having the plan deliver on its mandate.

In response to the gaps identified, recommendations for an improved strategy were made. These are (DSD, 2019:15): *Firstly*, there is a need for a policy shift in the understanding of addiction in general as a serious health problem. More especially because the earlier understandings viewed addiction as a problem linked to one's immorality and lack of proper judgement. *Secondly*, stakeholder engagement is perceived as being important to the success of the plan. Some of the key stakeholders needed to work together for the success of the NDMP include government departments such as the Department of Health, Department of Social Development and the South African Police Services, to name a few, working hand-in-hand with Non-Governmental Organisations, Faith-Based Organisations and professional councils such as the South African Council for Social Service Professionals and the South African Nursing Council (DSD, 2019:39). *Thirdly*, the strategic intent of the NDMP needed to be better articulated, which includes its vision, namely a South Africa free

of substance abuse, a mission, goals and overriding principles. These principles primarily relate to the NDMP being rights-based, evidence-based, people-centred, multi-sectoral and multi-lateral, inclusive and participatory (DSD, 2019:45). With these in mind, the strategies and policies take into consideration all key components required for the plan to achieve its set goals. The current NDMP also takes into consideration and prioritises target groups and populations deemed to be at high risk. In the context of *nyaope* use, people who administer drugs through injection remain at a high risk of contracting HIV and have been prioritised (DSD, 2019:48). It has already been established that *nyaope* users make use of different modes to administer the drug and that through some of these behaviours, their health is compromised in such a manner that *nyaope* use has been specifically associated with non-adherence to HIV treatment (DSD, 2019:48). Another group that has been prioritised is female sex workers (DSD, 2019:48). These are women who have a history of using drugs within their field of work. With the current uptake of female *nyaope* users, and research which has proven that some of them make use of prostitution to feed their habit (Khumalo et al., 2019:79), their acknowledgement as a population at risk means that strategies specifically designed to address and respond to their plight will materialise. *Lastly*, another group that has been prioritised and remains relevant in this study is the youth. The use of *nyaope* by the youth has been described as alarming (DSD, 2019:48). Previous studies on *nyaope* place the youth as the main consumers, thus justifying the need to have them prioritised as being at risk.

The set goals are seven in total. These are what guide the implementation and overall success of the NDMP. However, for this paper, the researcher focuses on the three that are most relevant to the current study. Relevant to the high prevalence of *nyaope* in South Africa, *Goal 1* speaks to reducing the demand for drugs through education, treatment and rehabilitation strategies (DSD, 2019:49). The intention is to have fewer people seeking and acquiring drugs, thus collapsing the supply. In contextualising this to the battle against *nyaope* addiction, demand reduction can be attained by educating would-be users about the dire dangers of using *nyaope* as a means to deter their initiation to the drug.

Supply reduction is the *second goal* which intends to shift the focus from users of drugs, and rather deal with the manufacturers, distributors, suppliers and traffickers (DSD, 2019:58). *Nyaope* has been deemed highly accessible due to its low cost, thus making the fight against its scourge not only difficult to the user but to the government to manage and control its availability and access. The Drugs and Trafficking Act 140 of 1992 has been an effective tool in criminalising *nyaope*, thus making its dealing illegal. The assumption is therefore that the reduction in the availability of drugs will inevitably result in the demand reduction.

Goal 7 speaks to stimulating the country's economic growth to reduce poverty and unemployment (DSD, 2019:70). As established earlier, the use of *nyaope* has been linked to the most impoverished communities and is mainly used by the unemployed youth (Charlton et al., 2019:46; Motsoeneng, 2018:1; Mabileka, 2018:8; Mulaudzi, 2018:18; Nkosi, 2017:13; Mokwena, 2015:251). Therefore, this goal speaks to how economic empowerment may be one of the key drivers through which government may respond to the issue of substance abuse in the country.

2.5.2. Prevention of and Treatment for Substance Abuse Act 70 of 2008

The Prevention of and Treatment for Substance Abuse Act 70 of 2008 is a piece of legislation which was formulated by the Minister of Social Development in consultation with other Ministers in departments such as Health, Basic Education, Justice and Constitutional Development and Correctional Services.

The Act sets out the norms and standards in the country's fight against substance abuse in South Africa, including *nyaope* misuse. These norms and standards on guidelines such as those for early intervention services, the management of community-based services and management of treatment centres and halfway houses. Thus, the Act has different sections which speak to different matters on how substance use is to be approached. For instance, Section 32 of the Act sets out guidelines for the admission of voluntary service users which differs drastically from the admissions of involuntary service users, as highlighted in Section 33.

One of the most important sections of this Act is Section 4, which speaks to the principles according to which services need to be rendered to service users. It highlights the fact that services need to be structured such that (a) educational, cultural, social, economic and physical needs of the users are recognised, (b) there is access to information regarding the prevention of substance abuse, (c) exploitation of service users is prevented, (d) there is a promotion of the respect for human dignity and privacy of service users, and (e) there are prevention measures against the stigmatisation of service users, amongst many other guiding principles. These are to be referred to at all levels of service delivery, such as halfway houses and treatment centres.

The Act takes careful consideration in integrating different levels at which services can be delivered, and sets out specific areas of focus. On the issue of prevention, it clearly states that the focus needs to be on making sure that substance abuse programmes educate individuals and communities at large about the overall impact of substance misuse, as well as its effects not just on the user, but on the society too. The overriding purpose would be to

promote abstinence. With *nyaope* having been highlighted as being prevalent in most poor, township communities (Charlton et al., 2019:46; Motsoeneng, 2018:1; Maboleka, 2018:8; Mulaudzi, 2018:18; Nkosi, 2017:13; Mokwena, 2015:251), prevention strategies would help educate those who have not yet been initiated, perhaps also through making use of examples in their very own communities which are visible to them. The targets groups would take into consideration issues such as employment status, levels of education and gender, amongst some of the key components. Community assessments are also deemed a vital tool that will help highlight the prevalence of substance misuse, thus allowing for a needs-based approach in the programmes.

Chapter 11 speaks to issues of reintegration and aftercare. These programs need to target persons who have already received treatment, and seek ways to maintain abstinence/sobriety. One of the ways highlighted by the Act to ensure that those in recovery avoid a relapse is the provision of life skills. The use of *nyaope* has been linked to failed coping strategies (Khumalo, 2016:27). Thus through support groups aimed at life skills, former users can be taught new ways of surviving and coping with life's challenges and receive assistance in reducing conditions that might lead to relapse, such as unemployment. This is supported by results from a study to assess the aftercare needs of *nyaope* users in Hammanskraal, where the need for support groups was highlighted as an important part of recovery and helps the service users build new healthy relationships and learn how to function again in the community (Mahlangu, 2016:48). Equally important in ensuring success with aftercare and reintegration programs, the Act advocates for the provision of professional support and guidance to improve the well-being of families as they play a key support role in helping one maintain their sobriety (Mahlangu, 2016:48; Khumalo, 2016:17).

In cases where in-patient rehabilitation is not possible, provisions need to be made through out-patient or community-based programmes which will ensure that the user remains within the family structure and community. Research has proven that there are not enough treatment facilities to accommodate the high number of *nyaope* users in need of treatment (Shembe, 2013:4; Motsoeneng, 2018:9). Therefore, community-based outpatient programmes will bring the services to those who need them, and make up for the limited number of available beds in treatment facilities.

2.5.3. Drugs and Drug Trafficking Act 140 of 1992

Another piece of legislation relevant to the proposed study on substance abuse is the Drugs and Drug Trafficking Act 140 of 1992. This is an Act formulated to set out the legal premises for dealing with offences related to both legal and illegal drugs. Before 2014, *nyaope* had not

been classified as an illegal substance, thus the government was unable to do much in terms of taking legal steps against those who use or sell it.

To date, the Act has since been amended in 2014 and has seen *nyaope* being classified as an illegal substance, thus its dealers would also be subject to prosecution. Not just this, but the users of *nyaope* can also be referred for diversion programmes provided that they take responsibility for crimes committed concerning their habit (Mahlangu, 2016:15).

The above-mentioned legislation and policy guidelines are evidence of the government's endless efforts to contain the current substance misuse crisis in the country. However, the contents of the above documents still highlight the importance of constant, ongoing collaboration between government and communities at large as a key element in the country's pursuit of a drug-free society.

2.6. SUMMARY

Global trends on SUD continue to highlight the seriousness of this plight, and South Africa remains amongst the most affected countries. With the introduction of street drugs such as *nyaope*, SA continues to face a tough challenge in eradicating substance misuse, which now acts as one of the biggest social problems since the 1990s.

In this chapter, the researcher highlighted the nature of *nyaope* as a drug of choice and its dire effects not just on its users, but the communities within which it is rife. The said communities have been observed to pose risk factors such as unemployment, which inevitably worsens the problem. However, the family system and how it functions is documented to also play a pivotal role in the onset of *nyaope* use, in line with studies on SUD in general.

Reference to internal risk factors for *nyaope* use was also made in the chapter. These were conceptualised and included, amongst others, the role of psychological processes and peers. The differences in the experiences of male and female *nyaope* users presented another dynamic to the substance misuse plight. Women remain the most vulnerable by virtue of their gender and being the most severely affected by *nyaope* due to other social constructs, such as gender-based violence, but also their biological make-up. Lastly, the researcher explored policies and legislation that sets out guidelines and regulations for the fight against substance misuse in South Africa.

In Chapter 3, the researcher focuses on the research methodology employed in the study, as well as its subsequent findings and offers an interpretation of data.

CHAPTER 3:

RESEARCH METHODOLOGY, RESEARCH FINDINGS AND INTERPRETATION

3.1. INTRODUCTION

The current chapter seeks to bring into focus the research methods which were used in the study, as well as highlight the research findings and offer an interpretation thereof. The format is such that it is divided into two sections with each section covering a different focus area. **Section A** focuses on the methodology employed in conducting the study, while **Section B** is concerned with the outcome and findings of the data collected and the interpretation thereof.

SECTION A: RESEARCH METHODOLOGY

The researcher used the following methods for the present study.

3.2. RESEARCH QUESTION

The present study sought to answer and shed light on a specific research question, and the question was as follows:

“What are the causes of nyaope use amongst male and female users in the Eastrand, Gauteng?”

3.3. RESEARCH APPROACH

In pursuing this study, the researcher made use of interpretivism as a research paradigm, which is concerned with the uniqueness of people's narrations and interactions with their settings, and acknowledges the different contexts these may generate (Chowdhury, 2014:434). As a result of the selected research paradigm, the researcher adopted a qualitative research approach. Qualitative research is focused on exploring the experiences of individuals concerning their world, as this world is viewed in a subjective, socially constructed manner (Dean, 2012:3). The study focused on the perspectives of *nyaope* users about what they believed to be the cause of their addiction. Exploring these perceptions thus takes into account their lived experiences. Qualitative research was, therefore, the most suitable approach to achieve this objective.

Denzin and Lincoln (in Lietz & Zayas, 2010:189) also assert that "qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them". The researcher, therefore, located

participants in the communities where they live intending to understand the phenomena of *nyaope* use from their perspectives.

This particular study was exploratory in nature as it explored an area where little is known (Kumar, 2011:31). Studies on *nyaope* use have previously been conducted. However, none of these have been focused on documenting causal issues related to *nyaope* in the Eastrand of the Gauteng Province of South Africa, specifically. Furthermore, the research also adopted a descriptive research purpose as it "attempt[ed] to describe systematically a situation, problem phenomenon..." (Kumar, 2011:31) – in this study, the causal issues linked to the use of *nyaope*. The researcher is thus of the view that the data collected could produce unique, context-specific narrations which could potentially help the course of service delivery for the community of the Eastrand.

3.4. TYPE OF RESEARCH

The study was in line with the description of applied research, whereby it is concerned with advancing and expanding human knowledge about a certain phenomenon (Baimyrzaeva, 2018:6). Through the completed study, the researcher intended to engage in detail with *nyaope* users about their experiences of what they believe to have played a crucial role in the onset of their SUD. The shared experiences highlight possible shortfalls and point to areas of improvement in terms of services aimed at combating the crisis of substance misuse in the country. As alluded to, it is deemed to be applied research as that type of research is more concerned with providing solutions to problems and suggesting how things can be changed in social work practice as opposed to formulating new theories (Kumar, 2011:4).

3.5. RESEARCH DESIGN

A case study, specifically a collective case study, was considered the most suitable research design as it allowed the researcher to select several cases to explore, in-depth, a certain phenomenon over some time, as well as the meaning attached to it (Harrison, Birks, Franklin & Mills, 2017:3).

Other authors agree in terms of the nature of a case study and what it serves to do. Rule and John (2011:3) describe a case study as serving to "generate an understanding of and insight into a particular instance by providing a thick, rich description of the case and illuminating its relations to its broader contexts". Therefore, with case study as the research design, the researcher had an opportunity to collect *nyaope* users' narrations in terms of events in their lives which they believe led to their subsequent substance misuse, according to their interpretations.

The collective case study allowed the researcher an opportunity to draw comparisons in opinions between the male and the female participants (Fouché & Schurink, 2011:323). Through the use of triangulation, which refers to the process whereby validation of data is achieved through a cross-verification technique from two or more sources (Honorere, 2017:91), the findings were made more concrete.

As with any research design, case studies do tend to pose certain advantages and disadvantages. Amongst the biggest advantages of using case study as a research design is the fact that it allows for detailed consideration of contextual factors (Starman, 2013:36). Context matters in qualitative research, thus the value of case studies. These advantages can also be seen to spread across instances such as the ability for case studies to be useful in “closely examining the hypothesized role of causal mechanisms in the context of an individual case” (Starman, 2013:36).

3.6. STUDY POPULATION AND SAMPLING

A study population refers to people found to befitting the criteria specified for a study (Alvi, 2016:10). The study population for the present study comprised male and female users of nyaope residing in the Eastrand of the Gauteng Province, South Africa. The researcher planned to approach only service users at Treatment Centre A (located in the Eastrand of , outpatient treatment programme) as a study population. Kumar (2011:66) notes that this criterion needs to be very clear and specific for appropriate participants to be selected. However, due to the COVID-19 pandemic, the researcher was compelled to source some participants from Treatment Centre B, which is an in-patient treatment facility based in the west of Gauteng. This was done with a specific focus on participants hailing from the Eastrand to ensure that inclusion criteria are still maintained and the credibility of the study intact.

Sampling refers to a group of people, small in number, who have been selected from the identified study population for the investigation, and are then referred to as participants (Alvi, 2016:11). A non-probability sampling technique, purposive sampling was implemented in this particular study. This type of sampling involves selecting individuals who are either knowledgeable in the area of interest, or who have a lived experience with the phenomenon in question (Palinkas, Horwitz, Green, Wisdom, Duan & Hoagwood, 2015:534). A case is therefore chosen based on it being information-rich, thus it stands a better chance of answering the research problem.

The researcher prepared criteria for the sample to carefully choose participants who will best serve the purpose of the study. It is maintained that researchers have to put into

consideration many issues when selecting a sample, such as how many individuals to include in the study and the conditions under which this selection will take place (Omona, 2013:74). For this particular study, the criteria were set out in advance.

Research participants had to meet the following inclusion criteria:

- Using *nyaope* as a drug of choice
- Aged 18 years and older
- Residing in the Eastrand, Gauteng Province
- Identify as either male or female (the study did not exclude any participant with a different gender expression)
- Able to communicate in either basic English, isiZulu or Sesotho
- Service users attending out-patient treatment at Treatment Centre A, Eastrand Gauteng office, or attending a six weeks in-patient treatment at Treatment Centre B.

Six males and six females were recruited in total, making up a total of 12 participants. The total number of participants was informed by data saturation, this being a concept in research that refers to a situation whereby the ability to obtain new and additional information has been saturated (Fusch & Ness, 2015:1408).

3.7. DATA COLLECTION

The following section refers to all aspects relating to the process in which data were collected, and its subsequent analysis.

3.7.1. Data collection method

Interviewing, specifically semi-structured interviews was adopted as a method of data collection. This was because this method of data collection is known to be the most prominent within the qualitative research field (Greeff, 2011:342). It typically contains sections that are both structured (i.e., exploring the profile of the participant) and unstructured (e.g. exploring the causes of *nyaope* use) (Walliman, 2011:99). The researcher is of the view that this was the most applicable form of collecting data in a study where one sought to understand perceptions and experiences from the participants' point of views.

As semi-structured interviews were chosen as the data collection method and the researcher made use of an interview schedule (see Appendix A) which acted as a guide, whilst still allowing participants to be flexible in their responses (Greeff, 2011:348). The said schedule was used as a mere guide and comprised of questions that were posed to the participants,

allowing the researcher to maintain control of the interview whilst gaining detailed accounts of the participants' experiences.

One of the biggest challenges with this type of method is in establishing rapport and making sure that the participant is comfortable to open up to the researcher and share his or her experiences (Greeff, 2011:342). Establishing rapport was particularly difficult in this study as some participants took longer to "warm-up" during the interview, while some appeared to be in a hurry to get somewhere else. Some interviews were conducted under uncondusive circumstances, such as taxi ranks. These challenges were a result of conditions created by the COVID-19 pandemic, which proved difficult to embark on the research project.

Another challenge with using interviewing as a method is that researchers usually find it difficult to record and manage large volumes of collected data (Greeff, 2011:342). As such, the researcher made use of an audio recorder to ensure that the task of handling data is made easier, as well as to make sure that nothing is missed from the interviews. Permission for using an audio recorder was, amongst others, obtained from participants through the use of an informed consent form (see Appendix B).

3.7.2. Data analysis

The process of data analysis can be defined as "a non-numerical examination and interpretation of observation, to discover underlying meaning and patterns of relationships" (Schurink, Fouché & De Vos, 2011:399). This process is therefore instrumental in making sense of all data collected, which allows the researcher to draw conclusions and recommendations.

There are various methods of data analysis quoted in the literature. However, for the present study the researcher made use of *thematic analysis* which, according to Braun and Clarke (2012:58), is a "method for systematically identifying, organizing, and offering insight into patterns of meaning (themes) across a dataset". With this study being qualitative, the identification of themes and patterns formed a crucial part of the entire study, and thematic analysis was the most suitable method. The thematic analysis involved a total of six phases, and they were as follows:

Phase 1: Familiarising yourself with your data

This phase entailed that the researcher became familiar with all aspects of the data which have been collected. This included repeatedly reading back and forth transcripts, and listening to audio recordings in search of meaning and patterns (Braun & Clarke, 2012:61). Since data were collected using an audio device, the researcher followed this process by

transcribing as a way to become familiar with it. Following this transcribing, several hours were spent reading over the transcripts and making notes. With each reading, a new perspective on the collected data was realised.

Phase 2: Generating initial codes

This part of the process included organising data into meaningful groups. Data codes are considered the main building blocks of any researcher's analysis (Braun & Clarke, 2012:62). This process assisted the researcher by highlighting aspects of data that could potentially be useful in answering the research question at a later stage. At this point, the researcher made use of highlighters to code the data. This meant allocating a certain colour highlight to data that shared the same meaning. It happened that after identifying the first code, the next piece of data required a new code because the information identified did not fit into the initial code (Braun & Clarke, 2012:63). This compelled the researcher to generate many codes which, at the end of this phase, presented sub-groups of data sharing a pattern within which information collected from the interviews could be fitted.

Phase 3: Searching for themes

During this phase, the analysis started to take shape as the researcher moved from codes to themes (Braun & Clarke, 2012:63). The researcher thus went back to the coded data and identifying similarities and merging those into meaningful themes that answered the research question. In this particular analysis, the researcher made use of visual representation in a form of a table to separate these identified themes. Each theme was then allocated a column that contained data codes that represented a pattern or a shared meaning about the research question. During this phase, the researcher discovered that some codes did not necessarily fit into any theme, thus they were fitted into what is referred to as miscellaneous - a theme dedicated to codes not belonging anywhere (Braun & Clarke, 2012:64). These were not discarded as they had the potential to be used later on.

Phase 4: Reviewing potential themes

This phase entails a "recursive process whereby the developing themes are reviewed in relation to the coded data and the entire dataset" (Braun & Clarke, 2012:64). The reviewing of identified themes assisted in establishing which ones had or did not have enough data, as well as which ones needed to be merged or broken down further. The researcher made use of mind maps to establish this. During this process, some themes had to be discarded because they did not have sufficient data.

Phase 5: Defining and naming themes

At this point, the researcher defined and named the themes to highlight the essence of each, as well as what makes each unique (Braun & Clarke, 2012:65). The researcher needed to ask herself questions such as what is interesting about a specific theme and why to establish its essence and how it fits into the broader scheme of things. In naming these for this particular study, the researcher ensured that the themes are in line with the objectives of the study. This approach allowed the researcher to organise data in such a manner that it is easier to analyse for the purpose and nature of the research question.

Phase 6: Producing the report

Once the themes have been finalised, the final phase entailed producing the actual report. Braun and Clarke (2012:67) emphasise the fact that themes need to connect logically and tell a coherent story about the data collected. For this purpose, the researcher laid the themes out in a manner that one theme flows into the next one. For example, the first theme discussed is narrow (biological factors) and later extends to a broader theme (environmental factors). This system allowed for a logical flow of data.

3.7.3. Data quality

During and at the end of the study, the researcher needed to make sure that the data collected and findings made display a level of quality. Treharne and Riggs (2014:58) refer to Guba and Lincoln's concepts which can be used to define and investigate quality in qualitative studies, and these are as follows:

- Credibility

This concept seeks to ensure that participants feel that the findings presented are indeed a representation of their experiences (Treharne & Riggs, 2014:58). This can be ensured through prolonged engagements with participants, member checking, triangulation and member checks and peer debriefing with other researchers (Lietz, Langer & Furman, 2006:449). The researcher made use of member checking to validate the findings, which is a process that is used to confirm whether the researcher has accurately captured the participants' views by presenting the results back to them at the end of the study (Koelsch, 2013:168). One disadvantage was that because the researcher made use of participants attending (mainly) out-patient treatment, some were not available at the end of the study due to termination of services or other reasons. Thus the researcher had to actively incorporate member checking in the course of data collection by making use of paraphrasing to confirm what had been shared.

As a way to address the stated challenge, the researcher made use of peer debriefing with other professionals in the field in between and at the end of the study. Peer debriefing

involves sharing researcher discoveries with someone else who is an expert in the field but had no direct interest in the researcher project (Hail, Hurst & Camp, 2011:74). Through this technique, the researcher was able to test her findings against what is already known by the professionals who work directly with *nyaope* users and would have been exposed to similar stories shared with the researcher. The outcome of the analysis, coding and the development of themes was also discussed with the research supervisor. This became useful in providing an alternative perspective and formed part of peer debriefing.

- *Transferability*

The notion of transferability pertains to the question of whether or not findings can be applied in other contexts (Treharne & Riggs, 2014:58; Schurink et al., 2011:420). The researcher needs to be able to transfer his/her findings from one context to the next, allowing for a certain degree of generalisability. In the context of the present study, the researcher focused specifically on the Eastrand, Gauteng. Thus the findings may not be transferrable to other communities, but they help shed light on the context of *nyaope* use in the Eastrand region, specifically. In ensuring this, the researcher made use of purposive sampling. Purposive sampling allows the researcher to focus on key informants, who are most knowledgeable about the subject under scrutiny (Anney, 2014:278). This technique thus makes it possible for the study's findings to be transferred to another setting and context.

- *Dependability*

Dependability entails answering the question of whether or not similar findings would be reached if someone else undertook the study (Treharne & Riggs, 2014:58). On the other side Schurink et al. (2011:420) further state that the focus rests on whether or not the research process has been logical, was well documented and whether or not it has been audited. This points to the need for the researcher to keep check and note every step of the process. This will allow for the maintenance of logic and audits would be done along the way to make sure that the findings are dependable. Audit trail was the most suited strategy and was employed by the researcher. The said strategy involves documenting and keeping records of all stages and decision-making processes of the entire research (Anney, 2014:279). Audit trail therefore allows for a step-by-step audit of the entire process for reflective purposes, but also to make sure that the study is dependable.

- *Confirmability*

Confirmability, as a construct, relates to the finding's ability to be confirmed by someone else (Schurink et al., 2011:421). This construct, therefore, safeguards the study's ability to remain objective. Treharne and Riggs (2014:58) note that the findings need to be a reflection of the participants' responses, and not the researcher's interests, perspectives, motivations

and biases. Audit trail, as a strategy, was used to ensure confirmability of data collected. This strategy involved keeping and providing complete traces of every phase of the research process, including reflective thoughts, decisions made during the research process, research materials adopted and any meetings which took place in the process (Korstjens & Moser, 2018:122).

3.7.4. Pilot study

The pilot study is meant to assist the researcher in terms of ascertaining if the proposed study is feasible and guides planning for a large-scale investigation (Fraser, Fahlman, Arscotte & Guillot, 2018:261). Often a researcher may be under the impression that they have a good research project waiting, only to find out later that they do not, either because the data collection method is not sufficient to obtain the data required, or because the research topic has not been thoroughly thought through. Conducting a pilot study assisted the researcher to correct aspects that were initially overlooked. In the first instance, the researcher identified two *nyaope* users who represented the specified inclusion criteria for the study. They were chosen using purposive sampling, which is the same sampling technique used to select the rest of the participants. A semi-structured interview guide was used to collect data from one female *nyaope* user, alongside a male *nyaope* user. However, the data collected does not form part of the findings in the main study nor was the interview guide changed following the pilot study.

Fraser et al. (2018:263) continue to state that pilot studies can also help identify ethical issues that can act as an impediment for the main study. Therefore, one of the benefits of pilot studying is to also help the researcher ensure the minimisation of flaws and risks.

3.8. ETHICAL CONSIDERATIONS

In conducting this study, the researcher obtained permission from Treatment Centre A to recruit their service users in their community-based projects for a research population, as well as from Treatment Centre B to recruit service users hailing from the Eastrand. Ethical clearance was granted by the Faculty of Humanities' Research Ethics Committee, University of Pretoria (Appendix C). This clearance meant that the researcher had proven consideration for ethical matters relevant to this particular study, and participants. The following are the main ethical aspects taken note of in this study:

3.8.1. Avoidance of harm

This ethical aspect relates to being fully open to the participants about the potential impact of the study to allow them to withdraw from participating if need be (Strydom, 2011:115). This impact may be emotional. Kumar (2011:221) asserts that this harm could also possibly be

anxiety and the invasion of privacy and that it remains the responsibility of the researcher to minimise these. The researcher addressed this by fully disclosing to the participants what the potential emotional risks are when taking part in the study. For some participants, narrative events that led to the onset of their SUD may be traumatic. The researcher ensured to prepare participants for these dangers before the interviews. The researcher also made use of debriefing at the end of the study, which is a process focused on the participants' cognitive process during the study, or how the process itself may have affected them (Maritz & Jooste, 2011:974).

3.8.2. Voluntary participation

This ethical issue refers to "human research subject's exercise of free will in deciding whether to participate in a research activity" (Courser, 2008:132). Thus, voluntary participation addresses the issue whereby potential participants are made to feel that they do not have a choice but to take part in the study. Following the full disclosure of the details of the study, the participants were allowed an opportunity to choose whether or not they wished to take part in the study. On the informed consent form, the researcher made provision that allowed participants to withdraw from the study at any point during or after the interview, without giving reasons or any consequences. The researcher is a social worker at a treatment centre; however, she is not involved in direct social work service delivery. Hence, no participant was involved with the researcher other than in a participant-researcher relationship.

3.8.3. Informed consent

After participants were made aware of what the proposed study entailed, and were given the choice to voluntarily participate, they then had a chance to give consent to take part. Informed consent has therefore been defined as "a norm in which subjects base their voluntary participation in research projects on a full understanding of the possible risks involved" (Babbie, 2016:64). It is for this reason that the informed consent forms (Appendix B) were only signed after a detailed discussion of the study took place. This ethical issue is a matter of necessity, rather than choice, when it comes to any form of research done (Strydom, 2011:117). The researcher drew up consent forms with all the details of the study, with a specific focus on the risks involved, the rights of participants, the type of information required from the participants, what it is intended for and the procedure for collecting data.

3.8.4. Deception of subjects and/or participants

Deception refers to an instance whereby the researcher withholds or gives false information to the participants to get them to agree to be part of a study where they otherwise would have not agreed (Strydom, 2011:19). This is unethical because whatever consent would be

given, would have been based on false information. This does not just concern giving false information, but also the concealment of information (Babbie, 2016:68). The researcher gave full disclosure of the purpose of the study, the institution under which it is conducted, whether or not there will be any incentives and other matters which could potentially play a role in potential participants being part of the study or rejecting the invite. In this particular study, no incentives were offered to the participants.

3.8.5. Debriefing of participants

Debriefing sessions in research served two main purposes, that is to get feedback from the participants as well as to deal with any harm that may have been as a result of the study (Allen, 2017:45). This points to a crucial part of this study, whereby the researcher needed to have a debriefing session at the end of the study to reflect, together with the participants, on what transpired during the study and how that made them feel. This was to make sure that there are no “hanging issues” and that whatever impact the study might have had on the participants is addressed accordingly. Participants were also given an option to consult with the social worker from Treatment Centre A in case they deemed it necessary to have follow-up counselling. However, at the end of the study, none of the participants had requested counselling.

3.8.6. Confidentiality

This ethical aspect is closely related to, but is not synonymous with, anonymity as it guarantees participants that their identity will be hidden at all times (Kumar, 2011:221). However, confidentiality differs because the researcher would know which participant gave which response, but commits not to disclose that information publicly (Babbie, 2016:65). In the course of data collection, the researcher refrained from using identifying information such as names, dates of birth and so forth to make sure that confidentiality is maintained. Instead, a numbering system (e.g. Participant 1) was utilised. This guaranteed that the reader of the findings is unable to link responses to any participant. This is also enclosed in the consent form which was signed at the beginning of the study.

The focus of the chapter shifts to the research findings and an interpretation thereof.

SECTION B: RESEARCH FINDINGS AND INTERPRETATION

3.9. RESEARCH FINDINGS AND INTERPRETATION

As previously highlighted, the nature of the study was such that it covered two groups of participants, namely female users of *nyaope*, as well as male users of *nyaope*. The two

groups were interviewed using semi-structured interviews. This section of the report gives an account of the data collected. The data were analysed separately according to the two groups, and later through triangulation, was analysed to highlight differences and similarities between the two groups. The researcher first reports on the data collected from female participants, and then turn the focus to male participants.

3.9.1. Section 1: Female *nyaope* users

Sub-section 1: Biographical information

The following section highlights the biographical information presented by the group of female *nyaope* users, as well as an interpretation of their accounts.

TABLE 1: BIOGRAPHICAL INFORMATION OF FEMALE *NYAOPE* USERS

Participant	1	2	3	4	5	6
Age	22 years	21 years	24 years	26 years	28 years	20 years
Racial group	Black African	Black African	Black African	Black African	Black African	Black African
Religion	Non-religious	Ancestral practices	Christian	Roman Catholic	Christian	Christian
Number of children in the family of origin	2	1	4	2	5	3
Position in the family of origin	First born	Only child	Last born	Last born	Last born	First born
Home language	IsiZulu	isiZulu	isiZulu	seTswana	isiZulu	Tshivenda
Employment status	Unemployed	Unemployed	Unemployed	Unemployed	Unemployed	Unemployed
Relationship status	Single	Single	Single	Single	Single	Single
Highest level of education	Grade 7	Grade 9	Grade 8	Diploma	Grade 8	Grade 8
Current round of treatment	Second	First	Second	Sixth	Second	Second
Previous treatment received at a government/private institution	Government	No	Government and private (NPO)	Government and private (NPO)	Government	Government

The above biographical information highlights a high level of homogeneity. All the participants are noted to have been in their mid-20s and unemployed at the time of data collection. However, there is a great variety in terms of the structure of the family of origin. The number of children in each family ranged from one participant being an only child to

another being the last born out of five. Only one participant completed matric/Grade 12 and went on to pursue a higher qualification, while the others did not manage to complete high school. All participants were unmarried and most of them had tried to obtain treatment for SUD from an in-patient treatment facility at least once in their life.

In the next section, the researcher discusses the different themes and sub-themes which recurred during the interviews.

Sub-section 2: Themes and sub-themes

There were a total of five themes that emerged during the interviews. These are subject matters that are shared amongst the participants concerning factors that contributed to the onset of their addiction to *nyaope*. These are depicted in Table 2 below and then discussed in detail.

TABLE 2: FEMALE NYAOPE USERS THEMES AND SUB-THEMES

Themes	Sub-themes
1. Pattern of substance misuse in the family as a biological factor contributing to the onset of <i>nyaope</i> addiction	
2. Psychological contributions to the onset of <i>nyaope</i> addiction	2.1. The death of a loved one (bereavement) 2.2. History of sexual violence (rape)
3. Social factors as a cause for <i>nyaope</i> addiction	3.1. The absence of a father figure 3.2. Conflict with family members 3.3. The influence of being raised by relatives
4. Easy access to <i>nyaope</i> as an environmental cause for <i>nyaope</i> addiction	
5. Gender-specific experiences of <i>nyaope</i> use	5.1. Heightened experience of stigmatisation 5.2. Rapid physical deterioration due to the use of <i>nyaope</i> 5.3. The use of prostitution as a means to feed the habit of <i>nyaope</i> use

Theme 1: Pattern of substance misuse in the family as a biological factor contributing to the onset of *nyaope* addiction

The collected data showed that the onset of *nyaope* use by female users could be linked to biological/physiological factors. The issue of biological predisposition in the onset of substance misuse has been covered at great lengths in previous research studies. Most persons with a SUD problem often come from families where there is a history of substance misuse (Zimic & Jukie, 2012:174). This is in line with the data collected from female users of *nyaope* as they related the fact that in their families there had been a history of substance misuse.

The biological component of the BPS model refers to the role of genetic predisposition in conditions such as SUD. It acknowledges that there are physiological factors in one's family that contribute towards the development of disease (Havelka et al., 2009:306). This would explain why one would note a pattern of SUD running in one family, even across different generations. Some of the participants shared the following in relation to a pattern of substance abuse in their own families:

"I think he (father) is a fully functional alcoholic. When my parents were married he lost his job because of his drinking. After they were divorced, he had another job but would still drink a lot on weekends. But, he's an alcoholic. He's a Monday to Monday alcoholic."

"Growing up [with] my mother [who] has always been a drinker; a heavy drinker."

Furthermore, research specifically on *nyaope* use highlights this dimension amongst its users. Exposure to parents' use of substances or history in the family has been deemed a risk factor that increases the likelihood for a child to use *nyaope* (Moodley et al., 2012:2). Another participant is quoted as saying:

"I think it runs in the family. This smoking thing runs in the family. Once one person smokes a particular drug, there is bound to be someone who copies them and smokes the same thing too. Like there is another cousin-brother of mine who lives in the Vaal [referring to the Vaal Triangle in the North West Province] and also smokes."

Theme 2: Psychological contributions to the onset of *nyaope* addiction

There are varying degrees and coping mechanisms when it comes to dealing with any major life event. One's psychological well-being has a bearing on many other areas of their life, such that certain psychological experiences have the potential to lead to the development of a health crisis or disease, such as SUD (Borrell-Carrio et al., 2004:576). In the process of collecting data from female *nyaope* users, two examples of these major life events featured in the narrations, namely a history of sexual violence and the death of a loved one. These are discussed in greater detail below.

Sub-theme 2.1: The death of a loved one (bereavement)

The death of a loved one can have life-altering effects on those affected. Research highlights how this kind of loss can lead to failed coping mechanisms, which subsequently result in emotional and psychological strain on the affected individual (Khumalo, 2016:19; DSD, 2013:16). This assertion is in line with findings from this particular study. Participants

reported that the death of a loved one played one of the biggest roles in the onset of their substance misuse. One of the participants can be quoted as saying:

"Well, the first thing is the death of my grandmother. That is the one thing that had the biggest impact. I feel as though if she did not die at the time she did, my life would have turned out better."

This view is also reiterated in an article that was featured in the Sowetan newspaper, which focused on female *nyaope* users. One of the interviewees shared the fact that she started smoking *nyaope* as a means to escape reality after the death of her mother (Mahapo, 2018). This points to the severity of the link between bereavement and the onset of SUD. These sentiments are also captured in the quote below from one of the participants:

"The main reason for me is the fact that I could not deal with the death of my aunt, I experienced a lot of stress."

Sub-theme 2.2: History of sexual violence (rape)

The experiences of men and women, respectively, differ in relation to SUD. One of these unique experiences is that of sexual violence on the side of female substance users. In a longitudinal study conducted in Johannesburg with women suffering from heroin dependence, 80% of them reported having a lifetime experience of traumas, the majority of which were related to sexual violence (Morgan et al., 2020:544). In line with this, female participants during this study reported a link between their onset of substance misuse and sexual violence. There was a common theme of how being sexually violated affected them to the extent that an alternative coping method became imperative. One of the participants shared the following experience:

"I feel like I was robbed of my integrity. Something was taken from me that I will never get back. That has pushed me to date women because I feel safer with women. Even if I like a guy, I will never do anything about it because I just think that what if this guy is just like that other guy."

The findings are not restricted to South African studies. There seems to be a global trend where women have reported being initiated to substances as a result of traumas emanating from sexual violence. This scourge is covered in one of the studies conducted in Mexico where over 70% of the female participants reported having experienced sexual abuse at least once in their lifetime, which is linked to the onset of their substance misuse (Lozano-Verdzco et al., 2016:2). Such research findings make it hard to ignore the possible link between the psychological trauma of sexual abuse and its link to the onset of substance

misuse by women. These sentiments were shared by other participants who are quoted as follows:

"But then there was this other guy I met once on my way to the shops. Before we could get there, there was a bush we would have had to pass. As we were about to pass there, he just pulled out a screwdriver and told me to go towards the bush. He told me that if I screamed he was going to stab me with that screwdriver. And then he raped me."

"It started when I was 15 years old after I was raped by six men."

Theme 3: Social factors as a cause for *nyaope* addiction

The next theme covers social issues considered to have played a role in the onset of *nyaope* addiction for female *nyaope* users. In this instance, the eco-systems perspective refers to the microsystem, which is a systematic level where one interacts with their immediate environment and is influenced by components such as family circumstances (Krishnan, 2010:7). In the context of this study, these were identified as the absence of a father figure, conflict with family and the influence of being raised by relatives.

Sub-theme 3.1: The absence of a father figure

One's family is considered the primary institution within which children are socialised. This structure thus has a direct influence on one's behaviour over some time. In a study conducted in Atteridgeville with primary school-going children, it was discovered that children raised by both parents were 86% less likely to indulge in substances (Ololade & Mndzebele, 2017:35), in line with a conclusion from a different study which places single-parenthood as a risk factor for the onset of SUD (Mulaudzi, 2018:18). Combined, these reflect a pattern in the narrations of the participants in this particular study, whereby the majority of them shared that they were raised in a single-parent household, predominantly headed by a woman. Some of these experiences are quoted below:

"My father left me with my mother when I was 5 years old until he appeared now when I was around the age of 15 years."

"I have never spoken about what bothers me. I think ...not I think. I know because of my dad's rejection it leaves me feeling like I am not worthy of much. I resent him a lot for that."

The quotations are in line with other research findings in the field of substance misuse. In a study on familial risk factors, it was concluded that mothers are almost always viewed as the primary caregivers, thus they are more responsible, involved and attached to those battling an SUD as opposed to and in the absence of fathers (Zimic & Jukic, 2012:173). This lack of

a father figure continued to emerge in this study as female users of *nyaope* shared their stories. One of these is captured below:

"My father had me with my mother and then left her."

Sub-theme 3.2: Conflict with family members

Another social factor identified was where the participants referred to conflict with family as one of the causes they believed contributed to their experimentation with drugs, *nyaope* in particular. They believed that spending time away from home to avoid conflict exposed them to high-risk situations, including illegal substances. Two of the participants shared the following:

"I don't care about them. I visit them sometimes and talk to them out of necessity."

"The abuse I experienced at home. The fact that my mother abandoned us and cared more about her boyfriend. Even when something happened to us, she didn't care. Instead, she gave her boyfriend the power to swear at us. She would tell us to go look for our fathers because he was going to leave."

In line with these experiences, a stressful family environment has been highlighted as being one of the biggest contributors towards one experimenting with illegal substances (Rashid et al., 2017:15). The source of the stress can be broad. For instance, a harsh upbringing, what is deemed as poor communication and a lack of trust amongst family members are considered possible causes for a stressful home environment (Rashid et al., 2017:15). Data collected from the participants continued to highlight the link between the onset of substance misuse and the environment within which one is brought up. These views are captured below:

"Well, it was the situation at home. The way my mother treated me. The things she said. So the person I went to gave me a place to sleep. She was sitting smoking. And that is how I ended up here."

Sub-theme 3.3: The influence of being raised by relatives

In the course of the study, one of the sub-themes identified was how the participants felt that being raised by people other than their nuclear families had somehow influenced the direction they took in life, including experimenting with *nyaope*. Being raised by relatives often sees one move from one setting to the next. This inconsistency in upbringing and what can potentially be considered neglect from parents is a risk factor towards the onset of

substance misuse (Ahmed & Hossain, 2015:131). Participants who shared this experience had the following to say:

“Well growing up I was raised by my grandmother. After my grandmother died, I became a person who smokes nyaope.”

“I was raised by a single mother. She used to work and would leave me with my grandparents. So in essence I was raised by my grandmother and grandfather.”

Furthermore, when one interprets their interaction with those raising them as lacking in acceptance and understanding, they are more prone to go seek it elsewhere, and often in the streets that expose them to high-risk situations (DSD, 2013:34). This observation means that an individual seeking a sense of belonging is likely to find themselves in situations that make them prone to substance misuse. Therefore, how one's family is structured is considered a strong determinant for risky behaviour, which includes experimenting with substances, in the long run (Ololade & Mndzebele, 2017:123). Other participants had the following to say:

“It just felt the same, like I did not belong there. Like I wasn't loved much.”

“It was better because my grandmother was alive. But still, even with her, I felt like her love was not enough or the way I needed it to be. That is when I went looking for it from a boyfriend. But it was the same, things actually got worse there.”

Theme 4: Easy access to nyaope as an environmental cause for nyaope addiction

The fourth theme is that of the environment and the role it played in the onset of addiction to nyaope – specifically access to nyaope and the role this played in the participants' experimentation with it. The social component of the BPS model highlights the significant role played by one's environment in illness, and how this exchange between the individual and their surroundings can affect them and act as a determinant for conditions such as SUD (Borrell-Carrio, 2004:576).

The participants felt that easy access to the drug made it that much easier to develop their habit. These assertions are well in line with other research findings. In most of the studies conducted in the field of substance misuse, the fact that nyaope is easily accessible and affordable was listed as one of the biggest contributors to the scourge (Charlton et al., 2019:46; Mulaudzi, 2018:20; Nkosi, 2017:10). Below are some of the statements made by the participants in this regard:

“Yoh! Ah. A lot of them; too much. Everywhere you go there are nyaope people. But it is rare to find a girl who uses nyaope compared to guys.”

“There is a lot of people and it is very easy to get it. At every corner you find a group of people smoking it.”

“Yoh! It’s very common. As soon as you step out of the gate you will meet someone who uses it. Even the dealers are right next to your gate.”

Theme 5: Gender-specific experiences of nyaope use

While collecting data, it became apparent that there are certain experiences related to *nyaope* use which differed considerably between males and females. This homogeneity is better understood by making references to the cultural component of the BPS model. Cultural norms and beliefs in society influence how an individual experiences a disease or illness (Shenoi & Prabhu, 2013:62). Equally so, this research highlights how male and female users of *nyaope* experience *nyaope* use differently. Below the researcher discusses the experiences of female *nyaope* users which can be linked to societal norms and accepted standards. These range from how *nyaope* affects them, stigmatisation and the different modes of acquiring the drug.

Sub-theme 5.1: Heightened experience of stigmatisation

The field of substance abuse has revealed how there is general stigmatisation against those who have SUD. South African research focused on *nyaope* use has revealed the same, whereby *nyaope* users are often reported to be ostracised by communities they live in due to behaviours associated with the use of *nyaope*, and thus are often treated as outcasts (Masombuka, 2013:110). Data collected from female users of *nyaope* revealed that the stigma against them is perceived to be greater than that suffered by male users. The participants felt that because they are female, they were judged more than their male counterparts, and harshly so. One of the participants had the following to say:

“I don’t know. It’s like it’s okay for people to see guys dirty, scruffy and struggling. But when it’s a woman it’s like “ah shame”. There is a perception that this is a drug for guys, what are you doing with it as a woman.”

This gender-based stigmatisation is believed to be one of the reasons why female *nyaope* users are not as keen to seek help, and thus hide their battles in the fear of being judged (Mokwena, 2019:13; Mulaudzi, 2018:13). Based on this, female *nyaope* users are not well-represented in treatment programmes as numbers that come forward to seek help are not a

true representation of the population that uses drugs (Khumalo, 2016:17). More participants shared the following experiences:

"They complain and as to why we smoke. They sometimes ask who has bewitched us for us to act this way."

"Well, my younger brothers don't respect me as their older sister. They call me "nyaopes" because of this nyaope that I am smoking."

Sub-theme 5.2: Rapid physical deterioration due to the use of nyaope

The use of *nyaope* has been documented to cause serious harm to one's health and general well-being. Despite the feelings of euphoria the drug has been said to give, its effects are noted to be quite severe (Mulaudzi, 2018:19). These range from weight loss, kidney and liver failure to immune suppression. The female users of *nyaope* reported that this physiological deterioration took place at a faster pace for them in comparison to their male counterparts. This difference is because women tend to have a lower body water content, thus they are intoxicated quicker, which could then explain why the effects of *nyaope* would show much quicker than for men (Nevhuthalu, 2011:6). The following is representative of this assertion:

"I think the males are physically stronger. They don't lose as much weight."

"Guys are physically strong. I say this because I can start smoking long after a guy has been smoking nyaope; yet, I am the one who will show first because nyaope eats away my body faster than it does a guy. I would lose weight so quick and look like a stick. Men are stronger."

"I think guys are stronger than girls. Us girls, we are very weak."

Sub-theme 5.3: The use of prostitution as a means to feed the habit of nyaope use

The use of *nyaope* has been linked to young people with low socio-economic background (Mokwena, 2019:12). This high prevalence in African Black communities has seen *nyaope* become a drug directly linked to class. As a result, its users have to find alternative ways to make money to feed their habit. Female users of *nyaope* from this particular study reported that prostitution/sex work remains the most dominant mode of acquiring money to feed their habit. Thus, the increase of *nyaope* use in South Africa has also contributed towards the increase in prostitution (Mathibela & Skhosana, 2019:88; Khumalo, 2016:2; DSD, 2013:36). This method of making money further increases exposure to other risky situations, such as exposure to STIs, HIV and possible rape. Some of the participants narrated the following:

“Yes. I gave him a blowjob; he shared his smokes with me. But it was a once-off thing because that one deed paid off for a week’s worth of getting high.”

“I slept with different people for money. Some were old, some young, some were my peers or people I smoked with.”

In a study conducted in the streets of Johannesburg and documented by Sowetan with female users of *nyaope*, one user reported having used sex in exchange for money for over 14 years to support her habit, as well as that of her intimate partner (Mahapo, 2018). In line with this data, the female participants in this study felt that they do not possess the needed physical strength to engage in some of the activities prevalent amongst male users of *nyaope*, such as collecting scrap metal and stealing. The following was shared by other participants:

“Also, guys would never offer you a smoke for free. They openly tell you that if they let you smoke; you must sleep with them afterwards.”

“With the girls, we are not the same. Some opt to sell their bodies in exchange for money.”

“They go and sell their bodies. They don’t mind sleeping with ten men in one day. That is why I am so thankful to God for saving me from certain risks, including that one.”

The attention of this chapter now shifts to male *nyaope* users.

3.9.2. Section 2: Male *nyaope* users

Sub-section 1: Biographical information

The following section highlights the nature of the biographical information presented by the group of male *nyaope* users (see Table 3), as well as an interpretation of their accounts.

TABLE 3: BIOGRAPHICAL INFORMATION OF MALE *NYAOPE* USERS

Participant	1	2	3	4	5	6
Age	29 years	37 years	23 years	31 years	45 years	30 years
Racial group	Black African	Black African	Black African	Black African	Black African	Black African
Religion	Christian	Christian	Christian	Roman Catholic	Non-believer	Roman Catholic
Number of children in the family of origin	4	2	3	5	8	2
Position in the family of origin	Second born	First born	Last born	Fourth born	Sixth born	Last born
Home language	isiZulu/seSotho	isiZulu	isiZulu	isiZulu	isiZulu	seSotho
Employment status	Unemployed	Unemployed	Unemployed	Unemployed	Unemployed	Unemployed
Relationship status	Single	Single	Single	Single	Married	Single
Highest level of education	Grade 11	Grade 7	Grade 9	Grade 10	Grade 11	Grade 12
Current round of treatment	Third	First	First	First	Second	Second
Previous treatment received at a government/private institution	Government	No	No	No	Government	Government

The data above reveal that all the male participants were unemployed at the time of data collection, which is in line with other researcher trends in the field of *nyaope* use. Half of them were seeking help for the first time, meaning that they had never sought help previously for their *nyaope* addiction. Thus, the majority (five out of six) had never been admitted to a treatment facility, though some had previously received treatment from an outpatient programme.

Their families of origin differed. One participant came out of a family of eight children, another from a family of five and two more participants were from a family with two children. This variety also cut across their positions in these family structures. Two were last borns, while others ranged from being firstborns and second borns. Out of all six participants, one was married while others were single. Lastly, unlike with female users of *nyaope* who were all in their 20s, there appeared to be a diversity in terms of age representation with the oldest being 45 years old, and the youngest being 23 years of age.

Sub-section 2: Themes and sub-themes

Interviews with male users of *nyaope* users revealed a total of five themes that highlight some of the causes for their use of *nyaope*. Out of all these five themes, two are broken down further into sub-themes, namely social factors and gender-specific experiences. These are represented in the table below (see Table 4).

TABLE 4: MALE NYAOPE USERS' THEMES AND SUB-THEMES

Themes	Sub-themes
1. Pattern of substance misuse in the family as a biological factor contributing to the onset of <i>nyaope</i> addiction.	
2. The death of a loved one (bereavement) as a psychological contributor to the onset of <i>nyaope</i> addiction.	
3. Social factors as a cause for <i>nyaope</i> addiction	3.1. The absence of a father figure 3.2. The role of peer influence
4. Easy access to <i>nyaope</i> as an environmental cause for <i>nyaope</i> addiction	
5. Gender-specific experiences of <i>nyaope</i> use	5.1. Delayed physical deterioration due to the use of <i>nyaope</i> 5.2. The use of crime as a means to maintain the habit of <i>nyaope</i> use

The researcher discusses the tabled themes in detail below.

Theme 1: Pattern of substance misuse in the family as a biological factor contributing to the onset of *nyaope* addiction

One's family plays a big role in socialisation, general upbringing and provides a sense of belonging. This environment is believed to be the most influential in shaping an individual and their behaviour (Zimic & Jukic, 2012:174). In the context of *nyaope* misuse, male participants also placed considerable value on how their families shaped who they later became in life. There was a common experience of having grown up in an environment where there was a history of substance misuse. Two of the participant's said the following:

"My mother used to have an addiction to alcohol. You see my mother used to drink and smoke."

"There was a time my mother had stress. You see my father drinks a lot too, every day. And so when I started smoking this thing, her stress doubled."

There was seemingly a pattern in the sense that most of the participants had at least one family member that either was currently using substances or had a history of misusing

substances. Some participants narrated the following about their siblings' experience with substances:

"You see when he (brother) started I was not fully aware. He used to smoke with other people. And I told him that as long as he smoked 'zol' there was no stress. Only to find that when I was not with him and he went to school, he found a chance to smoke. Do you get that thing? So I felt guilty because when I found out, he was having withdrawals."

"Well both of them (brothers) smoke. They are smoking dagga."

Theme 2: The death of a loved one (bereavement) as a psychological contributor to the onset of *nyaope* addiction

Psychological challenges present themselves in different forms, usually linked to one's ability to cope with emotionally challenging situations. In this context, male users of *nyaope* reported having had the death of a loved one around the same time that they started using *nyaope*. As highlighted through the BPS model, psychological turmoil challenges one's coping mechanism and can lead to the development of disorders such as SUD (Borrell-Carrio et al., 2004:576). Thus, the participants attributed their inability to deal with these losses as one of the reasons they turned to *nyaope* to help them cope. Some of the views were as follows:

"That is when my father passed on. When he died, I was never myself again."

*"I started smoking *nyaope* heavily at the time of my mother's passing."*

Research in the field of *nyaope* use has previously highlighted bereavement as one of the most significant contributing factors towards the onset of *nyaope* use (Mulaudzi, 2018:17). Usually, an individual would struggle to cope with the negative emotions presented by the passing away of a person close to them, and *nyaope* is believed to offer an "escape" from the harsh reality of grief (Khumalo, 2016:20). These sentiments are further highlighted in the narration quoted below:

"The thing my sister is that it is the only thing that helps me get my mind off things. It helps me not think about the fact that both my parents are no more. That is what I was trying to get rid of. To avoid stress. You see it helps me forget and not think too much."

Theme 3: Social factors as a cause for *nyaope* addiction

Amongst the different causes of *nyaope* use, social factors have been noted to play an important role in the onset of *nyaope* use. These social factors are found in the mesosystem

of the eco-systems perspective. At this level, one's behaviour is deemed to be a result of connections between two or more components in the microsystem (Ahmed et al., 2017:49). These can range from what happens in one's family, to what happens with friends. The researcher discusses the influence of the absence of a father figure and the role played by peers in the onset of *nyaope* use amongst male users.

Sub-theme 3.1: The absence of a father figure

Being raised in a single-parented household has been documented as posing a high risk towards the development of delinquent behaviour, including the use of substances (Khumalo, 2016:5; Nevhutalu, 2011:16). In line with this, the first social factor which was evident in the interviews with male users of *nyaope* was that of an absent father. There was a general experience in that most of the users had grown up in a single-headed household. There was a common theme of having been raised by a single mother and a sense that the presence of a father figure in their lives may have made a difference concerning their choice of whether to use *nyaope* or not. Some of the participants' experiences are reflected below:

"Well, we never lived with my father. He separated with my mother while we were still young."

"Well when I grew up, I grew up with my mother only. My father was not there, and we lived with my mother."

"When my father was still alive I was a much-disciplined child. I listened. But after his passing, that is when I started doing funny things, such as smoking and mixing up with bad company."

Sub-theme 3.2: The role of peer influence

Peer influence is another cause that became a recurring theme as far as social causes of *nyaope* use are concerned. Male users of *nyaope* noted the role played by friends in the onset of their *nyaope* addiction. It became apparent that the peers with whom they spent the most time had a negative influence in their choice to smoke *nyaope*. These views are captured as follows:

"Yeah. The thing is like I told you that I also like church and music. So we would be in a choir and you need to face the audience. So we would lie to each other. We would get high before performing."

*"I would point at my friend. It's my friend, my sister. If it wasn't for him, I would not be smoking *nyaope*."*

These experiences are a reflection of data that is already available which reveal that friends are often influential in one choosing to use substances or not (Maboleka, 2018:20; Masombuka, 2013:92; Nevhutalu, 2011:12). Thus, a lot of time spent with peers may result in the adoption of certain behaviours, including the use of *nyaope*.

Theme 4: Easy access to *nyaope* as an environmental cause for *nyaope* addiction

The BPS model refers to the social setting to highlight the influence one's environment has in shaping behaviour (Borrell-Carrio et al., 2004:576). Equally so, the role of the external environment in the onset of *nyaope* use is noted in the data collected from male users of *nyaope*. The participants were of the view that their ability to access *nyaope* without any challenges made it easy for them to start the habit. One participant shared the following experience:

“A lot of people are smoking nyaope here. And most of them its people you know.”

The ability to easily access *nyaope* has been documented as one of the leading cause of *nyaope* misuse (Charlton et al., 2019:46; Mulaudzi, 2018:20; Khumalo, 2016:5). *Nyaope* has become rife in most black communities as compared to the earlier years of its inception. This shift has contributed significantly towards a heightened exposure, making it a common habit. Thus these findings are in line with the shared experiences of male *nyaope* users who believe that the East Rand communities are so infested with *nyaope*, to an extent that it can be listed as one of the leading causes for their habit. Another one of the participants narrated the following:

“It is very common, especially here. Everywhere you turn, you will find nyaope. Sometimes I even wonder that maybe it would be better for me to move from this place and go live elsewhere. It’s very common in Duduza [a township situated in the East Rand] because now it looks like fashion. It’s like fashion now. Small kids and grown men.”

Theme 5: Gender-specific experiences of *nyaope* use

The fifth theme covered is about varying factors between the two genders. As highlighted earlier, certain differences separate the experiences of male and female *nyaope* users. In this section, the researcher goes further to discuss, in detail, the different experiences as experienced by male users.

Sub-theme 5.1: Delayed physical deterioration due to the use of *nyaope*

As noted earlier, female users of *nyaope* reported a quicker physical deterioration as a result of *nyaope* use. This happens in a shorter space of time as opposed to their male

counterparts. Male users of *nyaope* were able to confirm this, as there was a consensus to the fact that they were not quickly affected by the use of *nyaope* as far as their physical health was concerned. Some of the narrations are as follows:

"And also something else, if you look at a girl's body compared to the guy's, it's not the same. Guys are stronger than girls. A girl can smoke, and we start at the same time. In two months, you will not be able to tell that the guy is smoking. But it would be visible for the girl."

"Yoh! With women, you can take one who's only been smoking for 2 months or 2 weeks and put her next to me, or a guy who has more than 6 years of smoking. It will look as if the girl is the one who has been smoking the longest, only to find that she started recently."

Despite the severe physical pain, which has been noted as the biggest challenge to users of *nyaope* quitting (Mokwena, 2019:13), the physical deterioration is recorded as being quite delayed amongst male users of *nyaope*. This difference in effect still needs to be investigated in detail. However, other studies highlight that women generally are more prone to experience more physiological impairment earlier in comparison to men once they start misusing substances (Nevhutalu, 2011:6).

Sub-theme 5.2: The use of crime as a means to maintain the habit of *nyaope* use

The use of *nyaope* has almost always been linked to a poor socio-economic background. Black African youth has been noted to be the most users of the drug, thus they are the most dominant in research studies. In line with these findings, all of the participants interviewed for this study were young, African Black and unemployed. When probed on means they use to obtain *nyaope*, they cited crime as the leading method through which they can feed their habit. Two of the participants shared the following:

"Yes. There are. Maybe like I can see a person is carrying a phone and I'm walking alone. He's also alone in the street. Do you understand? And I'd decided to take it."

"I would steal groceries as well. If they bought 10kgs of rice and 10 kgs of maize meal and some chicken; I would steal all of that just to satisfy my needs."

Such narrations are in line with research findings that are already in the domain. Male users of *nyaope* have been noted to often resort to stealing from their immediate families and surrounding communities (Maboleka, 2018:8; Mokwena, 2015:251; Masombuka, 2013:2). This in contrast to female *nyaope* users who often shy away from such crimes, and resort to other means. Some users of *nyaope* resort to forming gangs who collude and work together

to rob people (Maboleka, 2018:2). Some of the participants shared that most of the stolen goods' value is lowered to guarantee a quick sale. This means that something of higher value can be passed on for less than a fraction of what it is worth. Another one of the participants shared the following input:

"Without money, it's a problem. I have to make a plan. Maybe steal some steel and take it to the scrapyard because there is no way I can sleep without smoking. Scrapyard is fast money. They don't ask too many questions. You give them what you have, they give you the money."

In the next section of this chapter, the researcher triangulates the data to highlight key similarities between the two groups of participants, as well as differences.

3.9.3: Section 3: Triangulation of research findings

There were two groups of participants from whom data were collected. One was a group of male *nyaope* users, the other was a group of female *nyaope* users. The differences and similarities derived from their data are discussed in detail below.

3.9.3.1. Sub-section 1: Similarities in data collected from male and female users of *nyaope*

The first visible similarity between male and female users of *nyaope* is how both groups had suffered a loss of a loved one around the same time that they started using *nyaope*. The trauma and inability to cope in that situation were acknowledged by both groups. This is followed by the striking pattern of both groups reporting having grown up with absent fathers. In both groups, there was a prevalent theme of being raised in a single-parent headed household, more specifically, a female-headed household. This phenomenon cut across both male and female users of *nyaope*.

Easy access to *nyaope* also highlighted similarities in terms of the environments where both groups come from. *Nyaope* was reported by both males and females to be easily available, and they shared how that exposure was one of the contributing factors towards the onset of their addiction to *nyaope*. Both groups did not downplay the role played by heredity as several participants from both genders reported having at least one family member currently or previously suffering from SUD.

3.2.9.2. Sub-section 2: Differences in data collected from male and female users of *nyaope*

One of the most striking differences between the two groups is how the majority of female users of *nyaope* had suffered unique types of trauma in the form of sexual violence (rape) in the past, and the role this played in the onset of their addiction to *nyaope*. This is a theme that never emerged in the interviews with male users. Female users of *nyaope* also reported

having conflict with their families, and how this is one of the contributing factors to them spending more time in the streets, and subsequently getting exposed to *nyaope*. However, male users reported more peer pressure from friends in their onset of *nyaope* abuse, while female users barely acknowledged the role peer influence had on their use of *nyaope*. More female users acknowledged the role played by being raised by relatives in relation to their addition to *nyaope*. Most felt unloved and unwanted by these relatives, thus they sought a sense of belonging elsewhere.

Stigma also became a discussion point only with one of the two groups. Male users of *nyaope* did not report any peculiar discrimination based on them using *nyaope*. However, some female participants acknowledged the stigma they have had to endure as a result of being a female that smokes *nyaope*. One went as far as describing how her family believed she was bewitched. Interesting to note is how *nyaope* affects its users differently based on gender.

Female users reported deteriorating faster than their male counterparts. Male users also shared this observation and believed that they were physically stronger, thus the physical damage was delayed for them. There was also a striking difference in terms of how both groups secured their money to feed the habit of *nyaope*. Females appeared to resort to sexual favours, while male users preferred criminal activity to secure money to buy *nyaope*.

3.10. SUMMARY

This chapter covered all the research methodology used in the study. It then presented data collected from both male and female users of *nyaope*. Both groups shed light on factors they believed played a role in the cause of their addiction to *nyaope*. The identified factors ranged from easy access to *nyaope*, the influence of peers, bereavement, and a history of sexual violence. The data were triangulated to assist the researcher draw differences and similarities between these two groups of *nyaope* users. Some of the similarities noted included how being raised in a female-headed household was prevalent across both genders, as well as the impact of the death of a loved one on them. Some differences included a history of sexual violence suffered by most female users of *nyaope* as opposed to their male counterparts. Data also revealed that female users experienced more stigma for their use of *nyaope*, as opposed to male users who barely reported any perceived stigma based on their gender.

In the next chapter, the researcher highlights the key findings of the study, as well as discusses the conclusions and recommendations

CHAPTER 4:

KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1. INTRODUCTION

In this chapter, the researcher reflects on the entire study ranging from Chapter 1 through to Chapter 3. This chapter then highlights the key findings, the conclusions drawn and aligns those with recommendations to relevant role players in the field of addiction, as well as recommendations for future research.

4.2. GOAL AND OBJECTIVES

The **goal** of the study was to explore and describe the perceptions of male and female users, respectively, on the causes of the use of *nyaope* in the Eastrand, Gauteng.

This goal was realised through the achievement of the objectives initially set. These objectives are as follows:

4.2.1. Objective 1: To explore and describe female users' perceptions of causes related to *nyaope* use

In relation to this objective, the researcher conducted interviews with six female users of *nyaope* to obtain their perceptions on what they believed to be causes of *nyaope* use. These narrations are highlighted in Chapter 3 (Section 3.9.1) whereby the researcher gives an account of the empirical findings from female participants who reside in the Eastrand. Through an in-depth review of literature in Chapter 2, the researcher also highlighted causes among female users. Sections 2.4.5 through to section 2.4.7 focused primarily on data currently available on the causes of *nyaope* use. In the same chapter, section 2.4.7.2, explored gender-related dynamics in the experiences of *nyaope* use whereby the plight of female users relating to issues such as the history of sexual violence in relation to the use of *nyaope* is highlighted. As such, Objective 1 was achieved.

4.2.2. Objective 2: To explore and describe male users' perceptions of causes related to *nyaope* use

The researcher interviewed six male users of *nyaope* who shared their experiences about what they believed to be what caused the onset of their *nyaope* use. These interviews formed the basis for conclusions made in terms of leading causes of *nyaope* use by males in the Eastrand. Chapter 3 (Section 3.9.2) highlights the account of male users of *nyaope* in terms of the causes of their addiction. Section 2.4.7.2 of Chapter 2 highlights the extent of male representation in current research studies, thus a majority of existing data about

causes of *nyaope* has been collected primarily from male users. Sections 2.4.5 through to section 2.4.7 deals in detail with data collected from these studies which highlight matters such as one's socioeconomic status, age (the younger the individual, the more at risk they are) and familial issues as high risks for the onset of *nyaope* use. Thus, Objective 2 was achieved.

4.2.3. Objective 3: To compare the perceptions of male and female users about the causes of *nyaope* use to obtain a holistic overview

After the collection of data from both groups of participants, the researcher then triangulated the data to draw a comparison between the two groups. This process is discussed in section 3.9.3 of Chapter 3. Based on the data triangulation, some similarities became apparent in terms of the lived experiences in relation to the cause of addiction among both males and females. Equally so, there were also differences realised through the comparison of data. The triangulation process became a key point in the entire research process as it allowed the researcher to draw contrasts between the two groups of participants. As such, Objective 3 was achieved.

4.2.4. Objective 4: To recommend gender-sensitive interventions (i.e., prevention, early intervention, treatment and aftercare and reintegration services) based on the research findings

At the end of this chapter (i.e. Chapter 4), the researcher makes recommendations that fulfils the fourth and last objective of the study. Take note: In the outline of this chapter, prevention and early interventions services are combined in the discussions.

4.3. KEY FINDINGS

Different stages of the research process highlighted different key findings. The researcher discusses the main key findings below regarding the literature reviewed, and key findings from both the male and female users of *nyaope*'s narrations. By implication, the reporting of the **key findings (specifically Sections 4.3.4 and 4.3.5) answers the research question** of the study, namely "*What are the perceptions of male and female users, respectively, on the causes of nyaope use in the East Rand, Gauteng?*"

4.3.1. Key findings from the literature

Chapter 2 of this study is a reflection of the literature reviewed. This literature highlights different aspects of *nyaope* use within South Africa. Some of the key findings are as follows:

- *Nyaope*, as a cocktail drug, does not have one formula. Its contents are highly dependent on the area. Thus, *nyaope* found and used in Gauteng is likely to differ from those used in KwaZulu-Natal and other areas.

- The use of *nyaope* has various effects on its users. Most effects are physiological in nature, meaning that *nyaope* use is known to cause significant damage to one's physical well-being. This damage ranges from internal organ failure to a suppressed immune system.
- The physiological damage caused by the use of *nyaope* varies according to gender. Male users are noted to deteriorate at a slower rate in comparison to their female counterparts.
- Literature reflects that the youth forms the majority of the people who use *nyaope*. These are usually people from disadvantaged black communities who are often unemployed.
- The Eastrand region is no exception to the scourge of *nyaope* use. Data revealed that between the year 2019 and 2020, a total of 8 881 people received intervention for substance use disorder in the Eastrand, of which 61% were *nyaope* users.
- The use of *nyaope* has been highly linked to poor socio-economic conditions in most communities. The most prevalent of these conditions is unemployment. This, in turn, increases other social problems such as high rates of criminal behaviour and homelessness.
- Community factors, such as the easy access of *nyaope*, continue to be amongst the most leading high-risk conditions which increase the prevalence of *nyaope*.
- Family, as the primary role player for socialisation, continues to play a role in the onset of *nyaope* use. Such familial conditions include domestic violence, a history of substance misuse in the family and single-parenthood.
- Some individual factors have been deemed as high risk and play a contributory role towards the onset of *nyaope* use. Such factors include age (the younger the person, the more likely that they will use *nyaope*), one's gender (male users still outnumber female users) and history related to trauma (such as the history of sexual violence and bereavement).
- There are psychological factors that increase the likelihood for one to develop the habit of *nyaope* use. These include stress, bereavement and a history of mental illness, such as depression.
- Male users of *nyaope* remain higher in numbers in comparison to female users. As such, there is a low representation of female users of *nyaope* in treatment facilities.
- The majority of users of *nyaope* are unemployed and use criminal activities to support and sustain their habit. However, female users are more prone to sex work to generate money to buy *nyaope*.
- South Africa's fight against the scourge of *nyaope* use, and substance misuse in general, is guided by policy and legislation. The National Drug Master Plan (2019-2024) is one of

the policies drafted to act as a guideline in providing strategies to face the challenge of substance misuse in South Africa. Alongside this policy document, the Prevention of and Treatment for Substance Abuse Act 70 of 2008 sets out the norms and standards for early intervention services, the management of community-based services and the management of treatment centres and halfway houses. The last piece of legislation relevant to South Africa's fight against *nyaope* is the Drugs and Drug Trafficking Act 140 of 1992. This mentioned Act sets out legal premises for dealing with *nyaope* in communities and through its amendment in 2014, *nyaope* was classified as an illegal substance.

4.3.2. Key findings from female users of *nyaope*

Interviews were conducted with female users of *nyaope*. This was to explore their perceptions of what they believe to be the causes of their *nyaope* use within the context of their residence in the Eastrand. These findings are reflected below:

- A pattern of substance misuse in the female's family of origin was evident with most participants. This pointed to the biological factors' contribution towards the onset of substance misuse, and in this instance, *nyaope* use.
- Psychological factors are acknowledged as having played a role in the onset of *nyaope* use. These psychological factors are, specifically indicated by female users included the death of a loved one and a history of sexual violence (rape).
- An absent father figure was prevalent whereby most female participants grew up in female-headed households.
- Conflict with family played a role in the onset of *nyaope* use among female participants as they felt that they are misunderstood by their loved ones and pressed them to seek validation elsewhere.
- Being raised by relatives fostered a sense of rejection and a need to belong among the female participants. This led to them seeking acceptance from external structures, such as friends and male romantic partners, thus their exposure to *nyaope*.
- Easy access to *nyaope* is one of the leading contributors towards the onset of its use.
- Female users of *nyaope* experience more stigmatisation as a result of their use of *nyaope*.
- Physiological deterioration is noted to progress at a faster rate in female users of *nyaope* as opposed to their male counterparts.
- Due to them being unemployed, female users often resort to sex work in an attempt to feed their habit.

4.3.3. Key findings from male users of *nyaope*

Male users of *nyaope* formed the second group of participants. They were also interviewed to explore their perceptions on causes of *nyaope* use in their lived experiences in the Eastrand. The findings are represented below:

- There is a noted pattern of substance misuse in the male participants' families of origin - thus pointing to the biological contributions towards the onset of their *nyaope* use.
- The death of a loved one was highlighted as having played an important role as a psychological contributor towards the onset of *nyaope* use among male users.
- There are two kinds of social factors which were prevalent in the group of male users of *nyaope*. Firstly, an absent father was deemed as a high-risk factor. The second social factor which presented a high-risk in the onset of *nyaope* use is the role played by friends. Peer pressure was acknowledged as quite influential in shaping behaviour, and some of the group's behaviour, including their choice to start using *nyaope*.
- Their immediate environments were thought of as having contributed towards the onset of their *nyaope* use as *nyaope* is easily accessible.
- In comparison to their female counterparts, male users reported that physiological damage caused by the use of *nyaope* was delayed for them.
- Due to their low socio-economic status, male users of *nyaope* often resort to criminal activities to feed their habit. Such activities mainly include theft.

From the above overview of the key findings, and the embedded answers to the research question of the present study, the attention shifts to conclusions emanating from the study.

4.4. CONCLUSIONS

Based on the above key findings, conclusions are drawn. These are conclusions drawn from the literature, female users of *nyaope* and the male user of *nyaope*. They are discussed in detail below:

4.4.1. Conclusions based on the literature

Following the comprehensive review of available literature, the following conclusions are made:

- The use of *nyaope* in South Africa remains a challenge across different communities and provinces, not only the Gauteng Province.
- The Eastrand region is equally affected by the fast-moving spread of *nyaope* use, with 61% of all persons who received treatment for a SUD between 2019 and 2020, being users of *nyaope*.

- Despite its criminalisation in 2014, *nyaope* remains easily accessible in most communities in the Eastrand.
- Users of *nyaope* remain predominantly male. However, over the years there has been a constant rise in the number of female users. Despite this increase, female users are still under-represented in treatment facilities.
- The typical profile of a *nyaope* user is often young, Black African people with a lower socioeconomic status.
- *Nyaope* use is linked to different causes, such as peer pressure and being raised in a single-parent household.
- *Nyaope* use has severe effects on its user. These include organ failure and a suppressed immune system, amongst others.
- The increase of *nyaope* use in communities has increased criminal behaviours as its users often resort to crime to feed their habit.
- The National Drug Master Plan (2019-2014), the Prevention of and Treatment for Substance Abuse Act 70 of 2008 and the Drugs and Drug Trafficking Act 140 of 1992 are all used in collaboration by the South African government, alongside other role players, to fight the scourge of *nyaope* use in South Africa and to guide social service delivery.

4.4.2. Conclusions based on data from female users of *nyaope*

After all data were collected from female users of *nyaope* use, the following conclusions are drawn.

- There is a notable history of substance misuse in the participants' families of origin. This pattern substantiates theoretical assertions that substance use disorders can be hereditary in nature.
- Psychological well-being has a role to play in the onset of *nyaope* use. Both the death of a loved one and a history of sexual violence present traumas that are linked to the use of *nyaope* for females.
- The role of social factors in the onset of *nyaope* use is noteworthy. Such social factors include being raised in the absence of a father figure, being in conflict with family and being raised by relatives.
- The environment from which one comes has a major bearing in shaping behaviour. As such, easy access to *nyaope* is an environmental factor that is contributory to the onset of *nyaope* use for females.
- Despite the use of the same drug, the experiences of female users of *nyaope* differ from those of male users. These differences are as follows:

- Female users of *nyaope* tend to experience more stigma as a result of their use of *nyaope*, as opposed to male users.
- The physiological effects of *nyaope* use are more visible and in a shorter space of time in female users of *nyaope* in comparison to their male counterparts.
- Sex work is amongst the most leading methods through which female users of *nyaope* generate money to feed their habit.

4.4.3. Conclusions based on data from male users of *nyaope*

Based on the interviews conducted with male users of *nyaope*, the researcher reached the following conclusions:

- Substance misuse is prevalent in the male *nyaope* users' families of origin. This conclusion is in line with the biological predisposition of SUD which is well-documented in other research.
- The death of a loved one challenges one's psychological functioning. This psychological component is a high-risk factor for the onset of *nyaope* use among males.
- The absence of a father figure and the role played by peers are social factors that are highly influential in the onset of *nyaope* use for male users.
- Easy access to the drug is a vital environmental factor that contributes to the onset of *nyaope*.
- In comparison to the female users of *nyaope*, male users' experiences differ in the following ways:
 - Due to their physiological make-up, male users of *nyaope* experience delayed physical damage as a result of using *nyaope*.
 - Male users often resort to crime to feed their habit. These crimes mainly involve stealing from their families and neighbours.

4.5. RECOMMENDATIONS

Based on empirical evidence generated from the present study, the researcher makes the following recommendations to relevant stakeholders, for policy formulation and the training of social workers, as well as about future research in the field of substance misuse:

4.5.1. General recommendations to relevant stakeholders

The nature of *nyaope* use is multi-dimensional in nature, thus it will take more than one government department or sector to fight the scourge of *nyaope* addiction. It is therefore important that relevant stakeholders collaborate and work together in attaining the goal of a *nyaope*-free society. The researcher makes the following recommendations in this regard:

- Community-based organisations need to work together with the South African Police Services to reduce the rampant accessibility of *nyaope* in the Eastrand.
- The Department of Basic Education in the Gauteng Province needs to implement more school-based programmes to raise awareness and address the number of young, school-going children who are being initiated into the use of *nyaope*.
- The Department of Small Business Development and other youth agencies, such as the National Youth Development Agency, need to get involved in skills development facilities to assist the youth in obtaining skills for income generation in light of unemployment being one of the most prevalent causes for the initial (often recreational) experimentation with *nyaope*.
- There needs to be more effort from relevant departments, such as the Department of Public Works, to link users of *nyaope* who are in recovery with projects such as the Expanded Public Works Programme to minimise the amount of free time and subsequently avoid potential relapse.
- The Department of Sports and Recreation needs to come up with community-based strategies to help the youth engage in constructive recreational activities, such as tournaments, to minimise the amount of time that the youth wanders in the streets.
- Social workers, DSD, SAPS and other community-based organisations need to work together in prioritising community awareness to not only educate members of the community about how to support users of *nyaope* returning from treatment facilities but also as a preventative measure.
- The DSD needs to consider establishing more treatment facilities as the number of *nyaope* users is on a constant rise; thus, there is an increased demand for treatment services.
- Aftercare services need to focus on the restoration of the family to strengthen the support needed by users of *nyaope* post-treatment. This will also be key in mitigating circumstances likely to contribute towards a relapse.

4.5.2. Social services to be rendered to female users of *nyaope*

As reflected on the collected data, certain issues can be linked directly to female users of *nyaope* as being high-risk factors to the onset of *nyaope* use. In this section, the researcher uses these factors to formulate recommendations for the delivery of social services to females. The recommendations are based on three main levels of service delivery, namely early intervention, treatment and aftercare services.

4.5.2.1. Early intervention services

On an early intervention level, the following recommendations are made for females:

- Community-based social services need to identify young girls coming from families where substance misuse is rife, to capacitate them with coping skills.
- DSD ought to work hand-in-hand with the South African Police Services to identify rape cases to provide trauma counselling. If done soon enough, these counselling sessions can be used to deter potential *nyaope* users from experimenting with the drug as a coping mechanism.
- DSD needs to establish services specifically designed and equipped to deal with the emotional aspect of bereavement as a high-risk factor for potential *nyaope* use.

4.5.2.2. Treatment services

The following strategies are proposed at the treatment level for females:

- Family reunification services need to be prioritised for the restoration of the family structure from where female users of *nyaope* originate.
- A more holistic approach that includes adequate attention to the restoration of the female user's physical health relative to the damage caused by *nyaope* use. The former should be supplemented with health education on the dangers of *nyaope* use.
- A gender-sensitive approach to treatment needs to be adopted by organisations, such as Treatment Centre A and Treatment Centre B. This approach is to eradicate the current “one size fits all” approach and instead have programmes suited for female users of *nyaope* focused on the exceedingly common trauma brought on by the history of sexual violence.
- Due to the nature and extent of causes related to *nyaope* use, as well as the severity of *nyaope* addiction as reflected in literature, the six weeks recommended treatment period needs to be extended to allow social workers and service users time to work through all areas of concern.

4.5.2.3. Aftercare services

Concerning services that ought to be provided to female users of *nyaope* post-treatment, the following recommendations are made:

- On-going family support needs to take priority as families navigate the recovery process together with the service user in recovery.
- As a focus area, coping with stigmatisation needs to be addressed continuously as part of aftercare services. This is to mitigate possible relapses. Awareness campaigns

designed for community education on the use of *nyaope* and its effects can also be used to dispel the stigma carried by female users of *nyaope*.

- Social service programmes should be combined with income generation projects to teach income-generating skills to female users of *nyaope* as a way to discourage the use of sex work to generate money.

4.5.3. Social services to be rendered to male users of *nyaope*

As with the female users of *nyaope*, in this section, the researcher makes recommendations specifically suited for male users of *nyaope*. These are concerning social services provided at three levels, namely early intervention, treatment and aftercare services. They are as follows:

4.5.3.1. Early intervention services

The following early intervention strategies are recommended for males:

- Social services ought to focus on life skills aimed at tackling issues around peer pressure and peer influence quite early and with individuals who are yet to experiment with *nyaope*.
- DSD needs to run campaigns alongside SAPS as a way to raise awareness of the dangers of crime and its implications on an individual in the long run.
- In collaboration with the Department of Basic Education, those at high-risk of *nyaope* use due to drug use at home, should be identified and be capacitated with coping mechanisms.

4.5.3.2. Treatment services

Where treatment services are concerned, the researcher makes the following recommendations for males:

- Social services need to reinforce life skills as an educational component in treatment programmes, which is focused on the significant role played by peer pressure on the onset of *nyaope* use.
- Due to a large number of male users of *nyaope* being raised with absent fathers, there needs to be an intentional effort through support groups to address the issue of male role modelling and behaviour modification.
- Health education on the dangers of *nyaope* use needs to be incorporated into social services for the duration of programmes, as opposed to them forming a small part of the entire treatment programme (i.e. detoxification phase).

- More awareness needs to be raised on the implications of criminal activity. This can be done as a way to deter past offenders from returning to a life of crime post-treatment.
- With *nyaope* being dominant among male users, social services targeted at this group ought to focus on dispelling the narrative of normality of *nyaope* use amongst males.
- The six weeks programme needs to be extended to allow enough time for service users in recovery to work through a diversity of issues that they present with.

4.5.3.3. Aftercare services

With respect to aftercare services aimed at male users of *nyaope* in recovery, the following recommendations are made:

- Families need to be supported and capacitated to be able to render support to the individual in recovery.
- Social services ought to incorporate income-generation skills as part of their programmes to deter service users from returning to a life of crime.
- As a way to keep service users in recovery off the streets, awareness programmes need to utilise them for educational purposes in schools and other community-based establishments. Their lived experiences can be shared to deter would-be *nyaope* users.

4.5.4. Training of social workers

Social workers are often at the forefront of service delivery and are the link between *nyaope* users and treatment services. As such, the researcher recommends the following training areas for currently registered social workers in the field for ongoing professional development, as well as those still undergoing the Bachelor of Social Work (BSW) 4-year programme.

4.5.4.1. Training of social workers for ongoing professional development (i.e. Continuous Professional Development)

- As a preventative measure, the training of social workers needs to focus on capacitating them to identify and manage high-risk cases related to trauma and bereavement before clients turn to substances as a coping mechanism.
- Training of social workers on effective early intervention to prevent users of *nyaope* progressing to ultimate addiction and treatment at treatment centres.
- There is a need for school-based social workers to be trained and capacitated to address peer pressure as a high-risk factor for the onset of *nyaope* use, especially amongst its male users.

- Social workers working with female users of *nyaope* ought to be capacitated to run community-based awareness programmes targeted on the destigmatisation of the female *nyaope* user.

4.5.4.2. Training for student social workers enrolled for the BSW programme

- Due to the rapid increase in the number of people diagnosed with SUD, BSW programmes, in addition to generic approaches, ought to offer modules specifically focused on equipping students with the skills set necessary to deal with the subject of addiction, especially in terms of prevention, early intervention and aftercare services.
- In helping student social workers understand the effects of SUD on an individual, curriculums ought to have a holistic approach to the subject by focusing on other effects (i.e. physiological effects) and not restrict learning to psycho-social and emotional effects only. In so doing, social workers in the field will be better equipped to address the problem of SUD in a multifaceted way and incorporate health education in their programmes, which is often left to the medical personnel at treatment facilities.
- As a response to how the family structure has been found to play a significant role in the onset of *nyaope* use, social work training needs to incorporate family reunification and restructuring methods as a specialised component in the curriculum.
- With the majority of *nyaope* users being from poor economic backgrounds, the social work curriculum needs to intensify socio-economic methods as a viable approach during an intervention. This will enable social workers to not only be equipped to deliver services on a psycho-social level but will also sharpen their skills in facilitating income-generating projects meant to mitigate poverty-related social problems, such as drug use.
- The current curriculum needs to dedicate a significant amount of time to the study of mental illness, such as depression, and the role that such disorders play in the onset and maintenance of substance misuse.
- As highlighted in the findings, the use of *nyaope* does not always affect male and female users in the same way. As such, the curriculum ought to be sensitive to these differences (where SUD is the subject of discussion) and capacitate students to be able to handle a variety of cases and equip them with relevant approaches which take into cognisance these differences.

4.5.5. Recommendations for policymakers

In relation to policy matters, the researcher makes recommendations for the following improvements:

- The Drugs and Drug Trafficking Act 140 of 1992 needs to be amended to make provision, where *nyaope* dealing is concerned, for harsher sentences and to have

punishment strengthened as a deterrent to its dealers. As highlighted in literature and findings from this study, *nyaope* use is currently one of the biggest social problems the country is experiencing. As such, the establishment of at least one in-patient treatment facility in each metropolitan area needs to be made mandatory as a strategy to respond to the high demand for treatment.

- The Prevention of and Treatment for Substance Abuse Act 70 of 2008 provides for the establishment of halfway houses to strengthen aftercare services. The budget should allow for more halfway houses to be established to ensure proper aftercare services could be rendered.

4.5.6. Recommendations for future research

The following recommendations are made for future research:

- A similar study to be extended beyond the Eastrand to other regions in the Gauteng province.
- Future research with a specific focus on female users of *nyaope* to explore causes related to the onset of their *nyaope* use due to very low representation in present data collected from previous studies.
- There is a need for research to focus on the female users of *nyaope* who have a history of sexual violence in comparison to women who share a similar history but do not use *nyaope*. The goal of this study would be to explore the differences between these two groups to inform social work services.
- There is a need for research that explores the differences in the effects of *nyaope* use beyond the physiological level. This research should be focused on the difference in effects on a mental and psychosocial level where male and female users are concerned.

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APPENDIX A

INTERVIEW SCHEDULE

Semi-structured interview: Causes of *nyaope* use: The perceptions of male and female users in the Eastrand, Gauteng

SECTION A: DEMOGRAPHIC INFORMATION

1. Gender: _____
2. Age: _____
3. Religion/spirituality (if any): _____
4. Home language: _____
5. Number of children in the family of origin: _____
6. Position in the family structure: _____
7. Employment status: _____
8. Relationship status (i.e. single, married, engaged, cohabitate): _____
9. Highest education (e.g. school grade completed): _____
10. The current treatment is your [Tick appropriate box]
☐ 1st round
☐ 2nd round
☐ 3rd round
☐ 4th round
☐ 5th+ round
11. Where did you MOSTLY receive your previous treatment for drug abuse (e.g. private/public [government] treatment centre): _____

SECTION B: ECO-SYSTEMIC EXPLORATION OF NYAOPE USE

1. How do you think **cultural** factors contribute to your *nyaope* use?

Macro/chronosystem

- Please describe the role you think your culture (e.g. norms, values, rituals, and habits) might have played in the onset of your *nyaope* use.
- How acceptable is *nyaope* use with your cultural norms and values?

2. How do you think **environmental** factors contribute to your *nyaope* use?

Macrosystems

Domains to explore:

- Please describe the role you think your immediate community environment might have played in the onset of your *nyaope* use.
- How acceptable is *nyaope* use in your community? Do you think the norms of your community played a role in your own onset of *nyaope* use?

3. How do you think **social** factors around you contribute to your *nyaope* use?

Meso/exosystem

Domains to explore:

- Please describe if you think your upbringing might have contributed to your *nyaope* use.

- Please describe if you think your peers might have played a role in your *nyaope* use.
- Please describe if you think your way of socialisation/recreation might have played a role in your *nyaope* use.

4. How do you perceive **psychological** factors to have played a role in your *nyaope* use?

Microsystem

Domains to explore:

- How do you manage challenging emotional situations?
- Are there any positive/negative emotions you would associate with the time you started using *nyaope*? Please tell me about these.
- Please tell me about any life event/crisis you would associate with the onset of your *nyaope* use.

5. Please tell me more about your *nyaope* use

Possible probes:

- Please describe your first experience with *nyaope* (where, how, when, with whom).
- How you were initially introduced to *nyaope*?
- How long have you been using *nyaope*?
- Were there any major life events happening during that time which you would associate with *nyaope* use?

6. The role of **biological/physical** factors in the onset of *nyaope* addiction.

Microsystem

Domains to explore:

- Other than yourself, please describe other people's experience of addiction in your family.
- Describe any physical condition/disease/discomfort which you think might have contributed to your *nyaope* use.

SECTION C: GENDER-SPECIFIC QUESTIONS

Male participants' questions:

1. As a man (identifying as a male), please describe what you perceive to be the main causes for your *nyaope* use.
2. Do you believe that your experience of *nyaope* use/misuse as a man/male identification differs from that of a woman? Explain.

Female participants' questions:

1. As a woman (identifying as female), please describe what you perceive to be the main causes for your *nyaope* use.
2. Do you believe that your experience of *nyaope* use/misuse as a woman/female identification differs from that of a man? Explain.

APPENDIX B



INFORMED CONSENT FORM

Researcher: Mbali Londiwe Nkabinde

Tel. Numbers: Cell: 076 879 898 0

Office: 011 817 6902

Participant's name: _____

Title of the study:

Causes of nyaope addiction: Male and female users' perceptions in the Eastrand, Gauteng

- 1. Purpose of the study:** The goal of the study is to explore and describe the perceptions of male and female users, respectively, on the causes of nyaope in the Eastrand, Gauteng.
- 2. Procedures:** I agree to take part in this study. I expect to be interviewed by the researcher one-on-one and my responses will be recorded and later transcribed, documented and analysed. I am aware that the interview will not take more than an hour of my time.
- 3. Risks and harm:** There are no physical risks in participating in the study; however, I am aware that the information I am going to share with the researcher may cause emotional distress for me. I will inform the researcher if I experience any distress. I understand that the researcher is obliged to refer me to Treatment Centre A, Eastrand Gauteng office for counselling (should I require further counselling).
- 4. Benefits:** I understand that there are not financial benefits for participating in this study. However, the result of the study will assist the researcher to gain a better understanding of the causes of nyaope use in the Eastrand region.
- 5. Participant's rights:** I am aware that participation in the study is voluntary and that I can withdraw at any point should I wish to do so without any negative consequences. I understand that should I withdraw from the study; the interview will be destroyed. I am not coerced by the researcher to participate.

6. **Confidentiality:** I am aware that the interview will be recorded with an audio recorder. The recording will only be listened to by the researcher (Mbali Nkabinde) and she will not disclose my name or identity in her research findings.

I am well aware of the aim of the study and that the researcher will use the research findings for her master's degree in Social Work. The findings of this study may be published in a journal or presented at a conference.

I am aware that, in accordance with the University of Pretoria policy, the data will be archived for a period of 15 years in the Social Work and Criminology Department. I agree that the data originating from this study, may be used for follow-up studies.

I hereby consent voluntarily to participate in the above project.

Signed at _____ on the _____ day of _____ 202_.

Signature of participant

Signature of researcher

APPENDIX C



21 May 2020

Dear Miss ML Nkabinde

Project Title: Causes of nyaope use: Male and female users' perceptions in the Eastrand, Gauteng
Researcher: Miss ML Nkabinde
Supervisor: Prof LS Geyer
Department: Social Work and Criminology
Reference number: 04428560 (HUM032/0320)
Degree: Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 7 May 2020. Data collection may therefore commence. Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

1. Permission is required from the International Office to use their database to recruit participants.
2. Further permission is also required from the Dean and Registrar as students will be involved in the study.

The Committee will request these permissions on your behalf.

We wish you success with the project.

Sincerely,

Prof Innocent Pikirayi

Deputy Dean: Postgraduate Studies and Research Ethics

Faculty of Humanities

UNIVERSITY OF PRETORIA

e-mail: PGHumanities@up.ac.za

Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Research Ethics Committee Members: Prof I Pikirayi (Deputy Dean); Prof KL Harris; Mr A Bizos; Dr A-M de Beer; Dr A dos Santos; Ms KT Govinder; Andrew; Dr P Gutura; Dr E Johnson; Prof D Maree; Mr A Mohamed; Dr I Noomé; Dr C Puttergill; Prof D Reyburn; Prof M Soer; Prof E Tjallard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa