

**THE LIVED EXPERIENCES OF YOUTH RESIDING IN ELIAS MOTSOALEDI
MUNICIPALITY AT SEKHUKHUNE DISTRICT ABOUT *NYAOPE***

BY

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MINI-DISSERTATION

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DECLARATION

I declare that the mini-dissertation “ **The lived experiences of youth residing in Elias Motsoaledi Municipality at Sekhukhune District about *Nyaope***” hereby submitted to the University of Limpopo, for the degree of **Masters of Public Health** specializing in **Health Promotion** has not previously been submitted by me for any degree at this or any other university; that is is my work in design and in execution, and that all the material contained herein has been duly acknowledged.

A handwritten signature in black ink, appearing to read 'E. MAMUKEYANI', written over a light blue rectangular background.

14 OCTOBER 2021

MAMUKEYANI E. (MR)

Date

DEDICATION

This work is dedicated to my wonderful family; my wife, Mrs. Mamukeyani Lindelani Lorraine, my two daughters, Nhlulo and Nhlohlotelolo, and my son, Nhluvuko. I love you so much.

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ABSTRACT

The purpose of this study was to determine and describe the lived experiences of youth residing in Elias Motsoaledi Municipality at Sekhukhune District about *Nyaope*. A qualitative research was applied using the Phenomenological research design to explore the lived experiences. The purposive sampling technique was used to select the participants at Rite Substance organization between the age of 18 and 35, and also the convenient sampling applied to select key informants. The study revealed that the youth *Nyaope* users experienced; the lived physical effects such as ;bodily weakness and strenght, bodily pains, drowsiness, loss of appetite and poor hygiene, the psychological effects such as mental relaxation, regret and worry, drug dependency and addiction, and the social effects such as family rejection, community stigmatization, relationship failure, engagement in crime, and economic and educational failure. As such, more funds, staff and resources are needed to assist in dealing with the *Nyaope* crisis.

Keywords:

Nyaope, Youth, Illicit, Substance abuse, Psychoactive

ABBREVIATIONS AND ACRONYMS

ABBREVIATIONS

AA	-	Alcoholics Anonymous
DSD	-	Department of Social Development
DOH	-	Department of Health
KZN	-	KwaZulu-Natal Province
MA	-	Methamphetamine
NGO	-	Non-Government Organization
SA	-	South Africa
SAPS	-	South African Police Service

ACRONYMS

SANCA	-	South African National Council on Alcoholism and Drug Dependencies
SACENDU	-	South African Community Epidemiology Network Drug Use
UNODC	-	United Nations Office of Drugs and Crime
WHO	-	World Health Organization

DEFINITION OF KEY CONCEPTS

Lived experiences

Lived experiences refer to the participants' perspectives on the life events that they encountered including; physical, emotional, and social relations (Staal & Jespersen, 2015). In this study, lived experiences refer to physical, psychological, and social impacts on the youth after using the *Nyaope* drug.

Nyaope

Mahlangu (2016) defines *Nyaope* as a cheap drug cocktail comprising of heroin, marijuana, and other elements like rat poison, cleaning detergents, and even crushed pills like Antiretroviral pills (ARVs). In this study, *Nyaope* refers to any combination of several substances desired by the user to make a cocktail to inhale with Heroin being the main ingredient.

Youth

Youth are people between the age of 15 and 35 years (National Youth Policy 2015-2019). For this study, youth refers to a drug user who is between the age of 18 and 30 to fit the criteria of inclusion.

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CHAPTER 1: INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

This chapter provides the introduction and background of the study, also the problem statement, aim, and objectives of the study. Furthermore, it reflects on the lived experiences of youth involved in drug use and the situational analysis of the problem in a global, Sub-Saharan and South African context.

Substance abuse is a huge health problem facing the world. It is one of the global health problems which are difficult to deal with (Maluleke & Manu, 2017). The United Nations Office on Drugs and Crime report (UNODC, 2018) indicates that substance abuse statistics in the world are incredibly shocking. From 2016 to 2017, 40% of the people who mostly used drugs around the world were younger than 25 and 25% of these people were between 0-14. This shows that globally, the highest prevalence of substance abuse is among young people compared to adults.

In all the continents, Africa has the highest proportion of drug use, seating at 60%. In Kenya, the highest peak of drug use was between the ages of 18-25 during the year 2016-2017. In terms of lifetime usage, Cannabis and *Khat* are the highest used drugs in Kenya (UNODC, 2018). In South Africa, the substance abuse problem is predominantly among the youth (Tshitangano & Tosin, 2016). According to Dada, Burnhams, Erasmus, Parry, Bhana, Pretorius, and Weimann (2018), dagga and alcohol are the most used types of substances among youth in South Africa. It is indicated that Gauteng had 57% of admissions to treatment centers and KwaZulu-Natal had 24% during 2016 to 2017 whereby the primary problem was dagga.

According to Peltzer and Phaswana-Mafuya (2018), substance use among the youth in South Africa is usually caused by various factors such as poverty, peer pressure, unemployment, and other environmental factors such as family exposure to drugs. As a result of substance use and abuse, the youth find themselves committing crimes and displaying abnormal behaviour which end up harming the communities (Ongwae,

2016). The youth *Nyaope* users often engage in theft to buy *Nyaope*, they usually cause family conflicts, neglect children, and cause a burden in the community because of their troubling lifestyle (Nkosi, 2017).

Despite all the damage which the drugs or substances such as alcohol and dagga are causing in the lives of the youth today, there is a new type of drug affecting the lives of the youth called *Nyaope*. *Nyaope* is defined as a cheap drug cocktail comprising of heroin, marijuana, and other elements like rat poison, cleaning detergents, and even crushed pills like Antiretroviral. It can be smoked with or as a cigarette or it can be inhaled by pipes (Mahlangu, 2016).

The users of *Nyaope* experience devastating physical effects on their lives, for example, seizures, choking, asphyxiation, abdominal cramps, and more (Poole, 2016). In terms of the psychological aspect, they experience dizziness, intoxication, hallucination, and sometimes it might lead to mental illness (Mokwena, 2015). In terms of the social aspect, they experience ruining of relationships, make them engage in crime such as theft and so forth (Mahlangu, 2016).

This study sought to understand the lived experiences of youth residing in Elias Motsoaledi located at Sekhukhune District about *Nyaope* drugs. It focused on the physical, psychological, and social experiences of youth regarding the use of the *Nyaope* drug.

1.2 THE PROBLEM STATEMENT

According to Pardede (2018), a research problem is an issue being addressed in a study. The issue can be a difficulty or conflict to be eliminated; a condition to be improved; a concern to handle; a troubling question, a theoretical or practical controversy (or a gap) that exists in scholarly literature.

The local municipality of Elias Motsoaledi in Sekhukhune District has many young people who are affected by illegal drug use, particularly *Nyaope*. This *Nyaope* drug

affects their health and wellbeing in such a way that they become a burden to their families and communities (Mokwena, 2015).

The affected families and other community members usually report many problems in the local social work offices. The most commonly reported problems associated with *Nyaope* users include abandoning children, criminal activities such as theft, violence, robbery and house breaking, and mental disturbances in the communities (Motsoeneng, 2018). This study was interested in exploring and describing the lived experiences of young *Nyaope* users focusing on the physical, psychological and social experiences.

1.3 THE RESEARCH QUESTION OF THE STUDY

- What are the lived experiences of youth drug users after smoking the *Nyaope* drug residing in Elias Motsoaledi Municipality at Sekhukhune District?

1.4 THE AIM OF THE STUDY

The aim of this study was to determine the lived experiences of youth residing in Elias Motsoaledi Municipality at Sekhukhune District about *Nyaope* drug by focusing on the physical, psychological and social experiences.

1.5 THE OBJECTIVES OF THE STUDY

The researcher's objectives were as follows:

- To find out the lived physical experiences of youth residing in Elias Motsoaledi municipality at Sekhukhune District about *Nyaope*.
- To explore the lived psychological experiences of youth residing in Elias Motsoaledi at Sekhukhune District about *Nyaope*.

- To describe the lived social experiences of youth residing in Elias Motsoaledi at Sekhukhune District about *Nyaope*.

1.6 THE SIGNIFICANCE OF THE STUDY

The study is significant in the discipline of Public Health because substance abuse is a global phenomenon and a difficult problem that affects the youth in all of South Africa. This study provides significant information to understand in detail the seriousness or the deadly effects of the *Nyaope* drug and the damage it is causing to the youth. It also helps the Public Health discipline and the public as a whole to understand the challenges of the youth brought by the use of *Nyaope* and to take necessary actions to save the young people who are in the abyss of the terrible addiction and also who are crying out for help (Mokwena, 2015).

1.7 CHAPTER OUTLINE

Chapter 1: Introduction and background

This chapter addresses the introduction and background of the study. This chapter contains the background of the study, aims, and objectives, the problem statement, and the significance of the study.

Chapter 2: Literature review

This chapter addresses the literature review of the study. It deals with the theoretical framework and legal framework of the topic being studied. It also reviews other researchers' contributions to the subject being studied.

Chapter 3: Research methodology

This chapter addresses the research methodology followed in conducting the study. It addresses the qualitative research approach and Phenomenological research design by exploring, contextualizing, and describing the phenomenon. The sampling method was also clarified that it used purposive and convenient sampling. The data collection

methods such as focus group discussion and key informant interview, and thematic data analysis were indicated in this chapter as well as the ethical considerations which were applied to this study.

Chapter 4: Presentation, analysis, and discussion of the findings

This chapter is about the data findings and presentation. This chapter addresses the findings of the study. Data collected from participants and key informants is presented and also verified with the literature of previous research.

Chapter 5: Discussion of the findings

This chapter is about the discussion of the findings, whereby the data collected from participants are interpreted and explained. The discussion is structured according to the themes and sub-themes of the findings of the data gathered from participants. The data is then discussed and verified by the data collected from key informants and the previous research.

Chapter 6: Summary, recommendations, and conclusions

This chapter is about the summary of the findings of the study, conclusions, and recommendations. The study summarized all the findings and discussions, it also made conclusions on those findings and outlined the limitations of the study which impeded further findings.

1.8 SUMMARY

This chapter explained the background of the study about the problem of substances in a global, African, and South African context. It also discussed the problem statement of the study, as well as the aim and objectives of the study. The next chapter will present a literature review about the substance abuse problem related to the topic of this study.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter is about the literature related to the topic of this study. It contains the overview of the substance abuse problem in the world, in Sub-saharan Africa, as well as the contextualization of the plight of *Nyaope* drug in South Africa. It also discusses the lived experiences of youth about *Nyaope*, and the legislative framework of substance abuse in this South Africa in relation to literature.

2.2 OVERVIEW OF SUBSTANCE ABUSE PROBLEM IN THE WORLD

According to Ongwae (2016), substance abuse is a serious conundrum faced by the entire world at large. The use of illicit drugs poses a huge public health problem to the world because it contributes to the burden of diseases such as lung cancer, heart diseases, TB, stroke, liver, kidney failure, brain damage, mental illnesses, and escalation of death rate in the world (Peltzer & Phaswana-Mafuya, 2018).

The United Nations Office of Drugs and Crime (UNODC) report published in 2018 indicates that the highest prevalence of substance abuse is among young people under 25 years of age. Between 2016 to 2017, 40% of people who abused more substances were youth under the age of 25. This shows that the highest prevalence of substance abuse is among young people compared to adults. The report further indicates that Africa is the highest in drug use prevalence, sitting at 60% during the years 2016 and 2017 with approximately 9.5 million people using illicit drugs, whereby Europe is the lowest, sitting at 27%.

In terms of illicit drug use prevalence per world regions for the year 2018, East Asia and Pacific are the highest sitting at 27% with approximately 16 million people using illicit drugs, followed by South Asia sitting at 25% with 14.5 million using illicit drugs, and thirdly Sub-Saharan Africa sitting at 16% with 9.5 million people using illicit drugs.

The lowest are Middle East and North Africa sitting at 7% with approximately 4 million people using illicit drugs (Donnenfeld, Welborn & Bello-Schunemann, 2019).

Donnenfeld et al. (2019) further indicate that by the year 2050, Sub-Saharan Africa will increase to 26% with 23.2 million people, whereas East Asia and the Pacific remain stagnant at 27% with 16 million people, Europe and central Asia will decrease from 15% to 10%. South Asia will also increase from 25% to 27% of people using and distributing illicit drugs. This report indicates that changes in economic, political, and cultural factors are the ones that will influence the potential change in the trends of illicit drug use and distribution in the global market.

2.3 OVERVIEW OF SUBSTANCE ABUSE PROBLEM IN SUB-SAHARAN AFRICA

The World Health Organization African Regional office for Africa (WHO, 2021) indicates that currently Cannabis (Marijuana) is still the most widely used illicit drug in the African Region. Furthermore, West and Central Africa have the highest prevalence and increase seating between 5.2% and 13.5%. The stimulants such as Amphetamine-type stimulants (ATS) such as ecstasy and methamphetamine rank as Africa's second most widely abused drug types especially among youth. Another problem is the injecting of drugs into the blood system and the sharing of contaminated needles. These practices carry a high risk of disease infection with blood-borne diseases such as HIV, hepatitis B, and hepatitis C (Smith, 2015).

According to Olawole-Isaac, Ogundipe, Amoo and Adeloje (2018), the overall prevalence of substance use in Sub-Saharan Africa between the year 2000 and 2016 was 41.6%, with the highest prevalence in Central Africa with 55.5%. The use of caffeine-containing products (including coffee or kola nut) was most predominant at 41.2%. Furthermore, alcohol was seating at 32.8%, followed by tobacco products which were seating at 23.5%. The traditional drug called *Khat* was seating at 22.0%, and cannabis was seating at 15.9%. The other abused substances included depressants were seating at 11.3%, amphetamines 9.4%, heroin 4.0%, and cocaine 3.9%.

2.4 OVERVIEW OF SUBSTANCE ABUSE IN SOUTH AFRICA

In South Africa, substance abuse is one of the major problems facing the country, and it has always had terrible effects especially among young people. Many problems that occur such as high crime rate, domestic violence, community protests, child abuse, and road accidents are always associated with substance abuse. This shows how problematic substance abuse is in the country (Kimanthi & Thinguri, 2014).

According to the study conducted by Hakansson and Jesionowska (2018), there is an association between drug use and violent crimes among the youth. The study found that illicit drugs such as amphetamine, heroin, and cocaine were more frequently reported by clients sentenced for drug crimes. There was a clear association of these drugs more especially fatal violence. The study, therefore, concluded that sedative drugs were at least more prevalent among substance users involved in violent crimes than they were among substance users involved in other crimes and that the use of sedative drugs either contributed to the violent behaviour or shared common characteristics with the risk factors of people committing violent and fatal violent crimes.

According to Dada et al. (2018), alcohol remains the predominantly used type of substance in South Africa, followed by dagga or marijuana. This is proven by admission evidence at various hospitals whereby many patients who were admitted had alcohol problems. For example; in Eastern Cape, there were 45% and 24% of youth in KZN were younger than 20 years of age. Furthermore, substance abuse remains the highest in terms of dagga prevalence. This is indicated by data collected for patients who were admitted for drug problems. It is indicated that 57% of patients for dagga were admitted in Gauteng hospitals, 29% were admitted at Eastern Cape, 19% at Western Cape. Males are the highest in terms of prevalence surpassing the female users. Black people are the ones at the top of the prevalence compared to other races.

According to the study that was conducted by the Department of Social Development and the University of Limpopo in 2013 in Limpopo province about the use of drugs, it was indicated that cannabis was the highest used drug in Limpopo seating at 49%, followed by inhalants at 39.3%. Waterberg was the highest in terms of drug use while Vhembe and Capricorn were at the least (Department of Social Development, 2013).

In addition, Peltzer and Phaswana-Mafuya (2018) state that Limpopo was having drug prevalence of 9.9 % compared to other provinces in terms of the survey conducted in 2012. Furthermore, it was indicated that the use of any drug, probably the alcohol was seating at 6.1% whereas the cannabis was seating at 2.2% followed by other drugs such as cocaine which was 0.7%, and inhalants which was 0.3%.

According to the study conducted by Tshitangano and Tosin (2016) in Venda, the prevalence of substance abuse in local schools, the majority of learners who were using substances were males whereby the female students reported to have stopped abusing substances. Furthermore, the study showed that only 6% of male learners abused substances whereas only 2% of female learners used substances. In conclusion a low prevalence in Limpopo school was detected by the study.

2.4.1 Contributory factors to substance abuse among youth in SA

There are major contributory factors to the substance use and abuse among the youth in South Africa such as peer pressure, accessibility of substances, family environment, or exposure to substance abuse by family members and unemployment and poverty.

- *Peer pressure*

Peer pressure is one of the biggest contributory factors because one can be influenced by others to use illegal drugs ng beloto belong to a certain group and create self-worth (Anderson, Dodd & Ross, 2016). The interests and expectations of peer pressure have

a significant and profound influence on the individual. Friends or peers have a source of information about the availability of drugs. The peers tend to emulate each other and use drugs to fit in or develop a sense of belonging. Others may have the curiosity to use drugs when other peers or those older than them use drugs (Department of Social Development (DSD), 2013). The idea or belief in terms of using drugs as a result of peer pressure is that the drugs give a certain status in the community. It is believed that when they use drugs as a group they are on top and they feel 'cool' as a group hence there are gangs of youngsters in the communities. The sense of belonging is important to them (Nkosi, 2017).

- *Accessibility of substances*

Drugs are easily accessible to young people. For example, school kids can access them through purchasing from older people on the fence. These young people find these drugs so extremely cheap to purchase, now this enables them to be always exposed to harmful drugs (Maluleke & Manu, 2017). Mabasa (2018) indicates that there are various scenarios in which the youth find themselves exposed to drugs which eventually tempts them to use drugs. The exposure includes parties, cultural events, weddings, and many more occasions. During these gatherings, lots of alcohol is used by many people for the sake of fun and enjoyment, and it becomes inevitable for young people to find themselves indulging in substance abuse. The use of drugs among youth is exacerbated by the availability of drugs, including the sellers wanting to benefit financially. The environment where young people find themselves also has a huge influence on the usage of drugs for example in schools some may sell through fences, or the availability of taverns nearer can influence the use of drugs (DSD, 2013).

- *Family environment*

Anderson et al. (2016) indicate that the family environment also plays a very pivotal role in exacerbating substance abuse among young people, for example, some of the family members are not considerate of their children, they usually smoke in front of them which makes them try those substances. In other words, children may imitate

the behaviour, attitudes, and perceptions of their parents using drugs at home. Children learn much by what they observe happening around them and try the actions (DSD, 2013).

- *Unemployment and poverty*

Unemployment is another contributory factor to substance abuse among the youth, as young people have no jobs; as a result, they resort to substance abuse and crime (Matsoeneng, 2018). There is a huge association between drug use and crime among youth. Drug use has a direct influence on criminal activities happening in the community especially violence and car accidents on the roads (Hakansson & Jesionowska, 2018).

2.4.2 Symptoms of substance abuse

The Akeso group (2018) indicates that people who are struggling with substance abuse display symptoms such as weight loss, skin colour change, intense urges or cravings, isolation, depression, paranoia, neglecting responsibilities such as work and personal hygiene.

Mabasa (2018) adds that continuous substance use leads to psychological and physical dependency, in other words, it is called addiction. This means that a person reaches a stage where he will be unable to function properly without using the drugs. The person may display the following symptoms: withdrawal, strong cravings, and shivering.

According to Kimanthi and Thinguri (2014), substances are believed to bring ecstatic and euphoric experiences when used hence the youth find themselves using them. Despite the results that come with utilizing these drugs, the youth are still unaware or are ignorant of the deadly effects it has on their health and wellbeing.

2.5 RESPONDING TO THE SUBSTANCE ABUSE PROBLEM IN SOUTH AFRICA

2.5.1 Treatment and solution for drug addiction problem

There are several types of treatment options for people with drug addiction such as outpatient programs offered by organizations like the South African National Council on Alcoholism and Drug Dependencies (SANCA) and Alcoholics Anonymous (AA) including short-term inpatient programs 21-30 days, and detoxification as well as longer programs which cover 90 days and more (Akeso group, 2018).

The Limpopo Member of Executive Council (MEC) of the Social Development, Mrs. Nkareng Rakgoale indicated in her address at the International Day Against Drug Abuse and Illicit Trafficking in Mopani District held on the 30th July 2019 that in terms of responding to the drug problem in South Africa, all the stakeholders should participate according to their roles and mandates such as Department of Health, Department of Education, South African Police Service (SAPS) and many other stakeholders to successfully combat this problem (Rakgoale, 2019).

She mentioned during her address that stakeholders should play a significant role in combating the drug problem in this country. However, among these stakeholders, there are those departments that are at the forefront in responding to this problem such as SANCA, Department of Social Development, and Department of Health. These entities play various roles in trying to solve the drug addiction problem in South Africa (National Drug Masterplan for 2019-2024, 2019).

- *The role of SANCA*

SANCA stands for South African National Council on Alcoholism and Drug Dependencies. It is a non-governmental organization that was established in 1956 as an entity to assist the government in the battle of drugs and alcohol. SANCA as an organization consists of 29 organizations across the country where there is atleast one

in each province alcohol and drug help centers providing over 76 service points across the country (Nkosi, 2017).

According to Mahlangu (2016), SANCA plays a significant role in terms of drug treatment and prevention in South Africa by reducing the workload of the government. Its services includes; out-patient services for those who are struggling or addicted to drugs in the form of counselling and support, and also making necessary referrals to rehabilitation centers for those who are struggling and highly addicted. Furthermore, it provides necessary skills and training in terms of information fighting the drug and alcohol dependency in South Africa (Mahlangu, 2016).

- *The role of the Department of Social Development*

The Department of Social Development in the fight against substance abuse is multifaceted, it funds organizations that are part of fighting the epidemic such as SANCA and other drug prevention care and treatment programs in many communities (Mokwena, 2015). The department also comes up with preventive strategies which are done in the form of awareness campaigns (Department of Social Development, 2019).

After unsuccessful previous programs of substance abuse prevention, DSD came with a better strategic program on the 26th June 2003 called “*Ke-moja*” launched by the Minister of Social Development, the late Mr Zola Skweyiya. “*Ke-moja*” is a Northern-Sotho phrase meaning “I am fine without drugs”. The program was eventually embraced by parliament in the same period to start operating to meet its departmental goals (Khosa, Dube, & Nkomo, 2017),

According to Thobeka, Priscalia, and Nkosiyazi (2017), many schools seem to have been benefitting exponentially well from the programme as it educates the children about the dangers of drugs and the goodness of staying away from them. However, these authors stress that there has not been any evidence indicating the success of the programme in curbing the substance abuse problem in this country since its inception.

The rationale for starting this campaign was based on the fact that substance abuse became a huge problem facing the youth in South African. It was taken with an understanding that drugs mainly affect those who are most vulnerable, such as the youth. It was also realized with great sadness that the drugs were ravaging the lives of people especially young people; therefore, something had to be done to try to curb the pandemic of substance abuse among youth in this country (Chames, Norushe & Wessels, 2009).

- *The role of the Department of Health*

The main role of the Department of Health is to offer treatment for drug addicts in terms of the tertiary prevention strategy (Mthembi, Mwenesongolea & Coled, 2018). Though the Department of Health's policy is still evolving to tackle this problem, it aims to ensure greater access for clients to treatment through primary care, general hospitals, and existing treatment centers. The Department of Health is also involved with the WHO's Programme on Substance Abuse in an initiative funded by ODC to develop a five-year community-based project, aimed at the primary prevention of substance abuse among young people (WHO, 2020).

Tetarwal, Yengopal, Munshi, and Meel (2019) indicate that it is not easy for drug addicts to afford private rehabilitation services because they usually come from poor backgrounds. It is further indicated that there is no sufficient infrastructure or resources to provide services in public sectors for drug users, so that brings a huge problem because the people who are addicts are quite many and they usually relapse.

2.5.2 Policy framework in dealing with substance in South Africa

- *The National health promotion policy and strategy for 2015-2019*

This policy is about the plans and strategies outlined by the government to encourage health promotion and action of the South African citizens. The policy indicates that the youth of this country will be targeted in the promotion of a healthy lifestyle to combat

substance abuse and other related diseases. One of the strategies indicated to successfully combat substance abuse among the youth is to advocate for health promotion lifestyles by establishing health teams even in schools which will empower young people and prevent healthy living by including physical and fun activities. It also seeks to develop a partnership with different stakeholders in combating the issue of substance abuse among the youth (Mahlangu 2016).

- *Prevention and treatment for drug abuse Act 70 of 2008*

The Prevention of and Treatment for Substance Abuse Act no 70 of 2008 states that the Minister of Social Development must develop an intervention plan in the fight against substance abuse in cooperation with other sister departments such as the National Youth Commission, Education, Health, Justice, and Constitutional Development, Arts and Culture, Sports and Recreation, Local and Provincial Government, Correctional Services and Safety and Security. In addition, the National Drug Master Plan of 2012-2016 has mandated the Central Drug Authority to facilitate the integration of the work of different stakeholders including the provincial, departmental, and organization in substance abuse intervention (Mpanza, 2014).

In following the mandate by the drug master-plan, the following have to be fulfilled:

Demand reduction is concerned with services aimed at discouraging the abuse of substances by members of the public;

Supply reduction refers to efforts aimed at stopping the production and distribution of liquor, illicit substances, and associated crimes through law enforcement strategies as provided for in applicable laws.

Harm reduction, which for this Act is limited to the holistic treatment of service users and their families, and mitigating the social, psychological, and health impact of substance abuse (DSD, 2019).

- *The National Drug Master Plan for 2013-2017*

The drug master plan is a strategic plan which was formulated by the Central Drug Authority (CDA) based on the Prevention and Treatment of drug dependency Act 20 of 1992 as amended and the Prevention Treatment for substance abuse Act 70 of 2008. It seeks to address the drug problem haunting South Africa. The drug master plan outlines the approach in responding to the drug abuse crisis in this country which is detailed as follows (Nkosi, 2017):

Demand reduction

This refers to policies and programmes directed at reducing the demand for drugs. There must be preventive programs that seek to reduce the risks and likelihood of drug use in the communities. The initiatives include education and awareness programs and conscientize people with skills to be able to avoid engaging in drugs (Mabokela, 2018).

Supply reduction

Supply reduction is about reducing the availability of drugs in the community such as destroying the crops and criminalizing drug possession and use. There must be policies and programmes are aimed at stopping the production, distribution, and use of drugs. The law enforcement agencies must also intervene to arrest and prosecute drug dealers and users to reduce the supply of drugs (Motsoeneng, 2018).

Harm reduction

Harm reduction refers to the treatment offered to drug users who are addicted. The aim is to minimize the harm already caused by the drugs on both individuals and families. It is a fact that the use of the drug has devastating impacts on the family unit as it leads to disintegration (Mahlangu, 2016).

According to the drug master plan, all relevant stakeholders must play their part in fighting the scourge of drug abuse. This includes civil society organizations, government departments, and the business sector, which ought to implement

prevention programs within their mandate and scope of responsibility to deal with this problem (Mpanza, 2014).

2.6 THE PLIGHT OF NYAOPE AMONG YOUTH IN SOUTH AFRICA

According to Mabokela (2018), *Nyaope* is classified as a psychoactive drug characterized by concoctions of different ingredients which some of those ingredients includes heroin, cocaine, methamphetamine (MA), and dagga. This drug is often smoked as a cigarette or using pipes. This drug is common among black youth and it is said to have serious harmful effects on the health and wellbeing of users which include physical effects like chronic diseases, muscle pains and cramps, hygienic problems, and destruction of the immune system; psychological effects like mental illnesses; addiction, and social effects family breakdowns, high crime rate (Motsoeneng, 2018).

According to Mokwena (2015), *Nyaope* originated in Soshanguve and Mamelodi townships in Pretoria during early 2000, and it is called *whoonga* in other places. It is said to be used mostly by black people in black communities. This type of drug is common among the youth especially males and it is highly addictive. The exact ingredients of *Nyaope* drug are not fully known but certain most important ones have to be there, for example heroin, rat poison, dagga and sometimes ARV pills.

2.6.1 The prevalence of *Nyaope* use in South Africa

There is dearth information or studies on *Nyaope* as it is still a new concoction type of local a drug ; this means that even its statistical data is not available in this country (National Drug Masterplan for 2019-2024, 2019). However, admission to rehabilitation canthers data indicate that 8% of patients were admitted in Gauteng province, and 6% in provinces such as Western Cape, Kwazulu-Natal, Eastern Cape, Mpumalanga and Limpopo (Mahlangu, 2016).

The study conducted by Fernandes and Mokwena (2016) shows that treatment for *Nyaope* addicts is a huge challenge in the country as dropout rates are between 2% and 40%. The study shows that the successes of rehabilitation in the centres is less indicating that 71% relapsed after being rendered rehabilitation services, and 10.1% who managed to stop for a period longer than a year but eventually relapsed.

2.6.2 The lived experiences effects of youth in South Africa about *Nyaope*

According to Motsoeneng (2018), *Nyaope* as a drug produces hostile effects on the users themselves, because they tend to encounter various experiences in their lives. The lived experiences of youth about the usage of the *Nyaope* drug which they encounter include the following:

- *The lived physical experiences of youth about Nyaope*

Fernandes and Mokwena (2016) indicate that there are quite numerous physical effects of *Nyaope* which the users experience. The users often experience poor hygiene problems such as not taking bath and smell. Mabokela (2018) concurs that the users experience hygienic problems as a result of using *Nyaope* whereby they are always dirty and unbathed.

Mabasa (2018) argues that people who use drugs encounter physiological experiences such as muscular relaxation, auditory perceptions. Furthermore, the users also experience lung damage, increased appetite, bloodshot eyes, dry mouth and lethargy, muscle aches, restlessness, sweating, abnormal cramps, runny nose, increased perspiration rate, vomiting, headaches, insomnia, back pains, and diarrhoea.

Nkosi (2017) indicates that *Nyaope* causes the user to experience excruciating muscle and bone pains, vomiting, and insomnia. Furthermore, it causes its users to often experience physical pain when they attempt to quit or when they do not get to use it, as a result, their lives revolve around getting the next booze. In other words, this

persistence they feel when they attempt to quit or when they do not get the smoke drives them to want to use *Nyaope* even more. However, after taking *Nyaope*, they reach a pleasurable state of relaxation which they enjoy, and want to pursue *Nyaope* more to maintain this pleasurable state (Mokwena, 2015).

According to the study done by Tetarwal, Yengopal, Munshi, and Meel (2019), *Nyaope* users experience poor dietary practices, which means that they do not eat well. This study showed that *Nyaope* users were eating more processed and sugary food such as biscuits, chips, and sugary drinks than heavy meals. It was also indicated that this had a negative impact on their health (Mokwena, 2015).

According to Thomas and Velaphi (2014), the health consequences of the *Nyaope* drug are not yet proven scientifically but in their study, a certain study which they conducted upon *Nyaope* mothers giving birth certain physical defects in two neonates were discovered. As far as this study is concerned, there is a belief that *Nyaope* has certain consequences and physiological effects on pregnancy and birth.

- *The lived psychological experiences of youth about Nyaope*

Nyaope is a psychoactive drug, this means that it contains various chemicals which have the potential to change the user's mental state by affecting the way the brain functions (Mthembi et al., 2018). As a result of using this drug, the users are often likely to experience psychotic behaviours such as hallucinations and mind relaxations (Mahlangu, 2016). Mabasa (2018) concurs that people who use drugs often encounter euphoria and carefree mood. However, in the contrast, they can also experience anxiety, paranoia, impaired judgment, and even psychotic behaviour.

Nyaope also has an impact in causing psychological problems such as drug dependency, addiction, and mental illnesses to the users because *Nyaope* is a strongly addictive drug in nature. Its addictive powers cause the user to always depend on it for survival, meaning that without using *Nyaope*, the users always experience severe withdrawal symptoms such as physical pains and mental restlessness. These

youth users end up being addicted to *Nyaope* in such a way that it now becomes part of their lives and they cannot live without it. At this stage, it is very hard to quit, because the cravings overwhelm them (Mokwena, 2015).

- *The lived social experiences of youth about Nyaope*

According to Mahlangu (2016), the *Nyaope* drug has negative effects on the community and families of the users. As a result of using the *Nyaope* drug, the users are likely to engage in criminal activities which disturb the entire community leading to the community members ostracising and excluding them. The users can't always afford to buy *Nyaope* and they resort to robbery, stealing, and theft (Matsoeneng, 2018).

Tshitangano and Tosin (2016) indicate that the youth who use illicit drugs are likely to experience low school performance and end up dropping out of school. They also end up becoming unemployed and this culminates in the escalation of poverty in the society. Furthermore, these users resort to troublesome lifestyles such as crime to pursue *Nyaope* as they are addicted to it because they do not find employment (Substance use, misuse, and abuse amongst the youth in Limpopo province, 2013).

The users of *Nyaope* experience family problems whereby they have poor relationships with family, the community at large. This family problem is brought by the stigma attached to *Nyaope* and their misbehaviour which becomes a burden to the families. In fact, *Nyaope* causes disintegration of the family by ruining the relationships amongst the family members. It also causes stress for a family to have a *Nyaope* user because it ends up draining them financially sometimes to seek treatment for their addicted family member (Nkosi, 2017).

There is a significant growing number of youth in our country who are indulging in drugs especially *Nyaope*. The number of black youth who are addicted to this drug is very shocking, yet the government in its response has not been able to cater to enough needs of these youth in terms of the availability of its resources. Not only that the

resources are limited but even if they get admitted to the treatment facilities they tend to relapse and be readmitted which shows less success in solving the problem by the government (Tetarwal et al, 2019).

2.7 SUMMARY

This chapter indicated in detail the literature review of the plight of substance abuse in the whole world, Sub-Saharan and South Africa. This chapter revealed that *Nyaope* is a new type of drug ravaging the youth especially in townships and it is easily accessible because it is very cheap. *Nyaope* also has devastating effects on youth such as physiological problems like diseases, hallucinations, and social consequences such as crime and ostracization. This chapter also highlighted the legal framework in dealing with the drug crises in South Africa as well as the roles played by the government entities or departments such as Department of Social Development Development, Department of Health, South African Police Service (SAPS) and Department of Education.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter is about the methodology used to conduct the study. The study followed the qualitative research approach and applied the Phenomenological research design to be able to explore, contextualize and describe the phenomenon of *Nyaope* used by the youth residing in Elias Motsoaledi Municipality at Sekhukhune District. It also shows the data collection methods; focus group discussion and key informant interview used to collect data. The ethical considerations observed by the researcher such as informed consent, confidentiality and voluntary participation have been stressed.

3.2 RESEARCH APPROACH

According to (Ingwenagu, 2016), research methodology refers to the blueprint of how to go about conducting a research study to obtain intended objectives. In this study, a qualitative research approach was followed to yield the desired results.

3.2.1 Qualitative research approach

According to O'Leary (2017), qualitative research is a type of unquantified research approach that relies on images, experiences, observations, words and narrations. The qualitative research approach was chosen by the researcher because the intention was to explore, contextualize and describe the lived experiences of youth residing in Elias Motsoaledi Municipality at Sekhukhune District about *Nyaope* drug. This approach enabled the researcher to gain more details and explanations from the participants concerning their lived experiences about the use of the *Nyaope* drug by dwelling deeply on their world. In other words they managed to explain plainly what they experience in relation to the usage of the drug and how it affects their lives.

3.3 RESEARCH DESIGN

A research design is a plan of how one intends to conduct the research study to solve the research problem (Mudavanhu & Schenck, 2014).). In this study, the Phenomenal research design was applied;

3.3.1 Phenomenological research design

According to Flick (2018), Phenomenological research design entails studying the essence of human experience about the phenomenon being studied. In this study, a Phenomenological research design was used to explore, contextualize and describe the experiences of the youth residing in Elias Motsoaledi municipality at Sekhukhune District about the *Nyaope* drug. This phenomenon was studied in a natural setting without any alterations, and also the researcher managed to delve into the world of the participants about the *Nyaope* drug and was able to describe the phenomenon from their own perspective.

This research design also allowed the researcher to sample the participants using purposive sampling because the participants met the qualifications of directly experiencing the phenomenon. Furthermore, the researcher was able to apply the focus group discussion as a data collection tool in order to enable the participants to express in depth their experiences of the *Nyaope* drug.

3.4 STUDY AREA

Study area refers to the location of study or a place or settlement where the researcher conducted the study (Rule & John, 2011). This study was conducted at the Rite Substance Abuse Programme Non-Governmental Organisation (NGO) in Tafelkop village, on the R574 road to Groblersdal located at Elias Motsoaledi Municipality at Sekhukhune District, Limpopo Province South Africa (see appendix 4 for map).

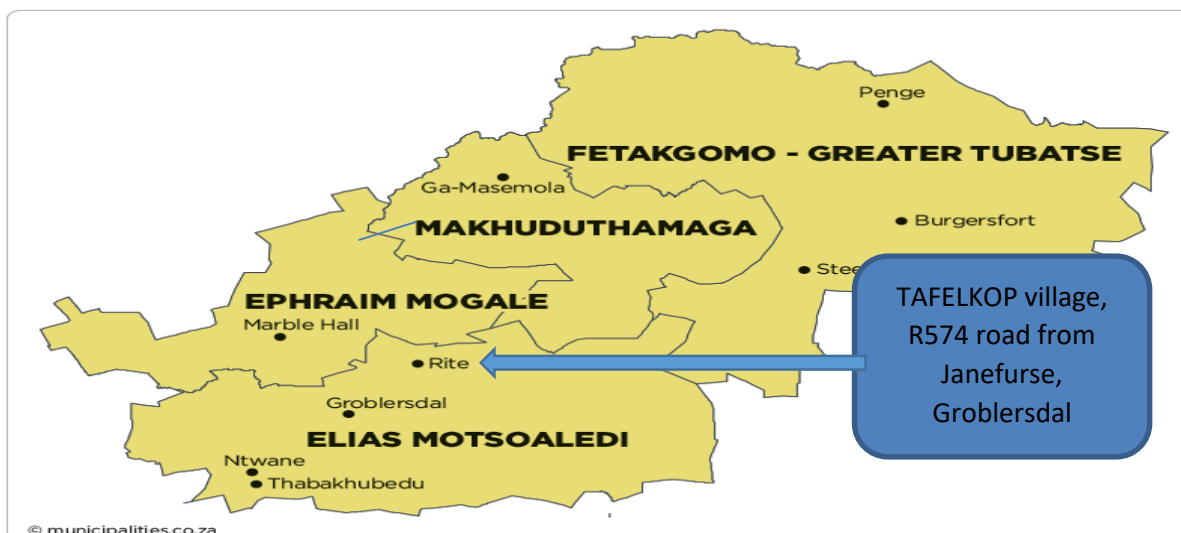


Figure 3.1: Sekhukhune District Map

<https://municipalities.co.za/map/127/sekhukhune-district-municipality>

The Rite Substance Abuse Organization is a registered NGO under the Department of Social Development. It is also supported by the South African National Council on Alcoholism and Drug Dependencies (SANCA). The organization helps those who are struggling with drug use to receive outpatient rehabilitation services and to make appropriate referrals to rehabilitation centers for those who need further assistance. It caters mainly to Tafelkop village and other neighbouring villages around Elias Motsoaledi municipality (District Rural Development Plan, 2016). The organization currently has had numerous clients since 2019, the majority of them are *Nyaope* related. Among these clients, few had been to rehabilitation centers and recovered and there are those who relapsed.

3.5 STUDY POPULATION

Population refers to the total membership of a defined class of people, objects, or events (O’Leary, 2017). In this study, the population was the youth *Nyaope* users, both males, and females, from 18 to 35 years of age, who were receiving services from Rite Substance Abuse Organization in Tafelkop village. The study also included key informants who were members of the community, who were involved in the

community, who knew about the plight of *Nyaope* in the community, and who were adult males and females.

3.6 SAMPLING AND SAMPLE SIZE

Sampling refers to the elements of the population considered for the actual inclusion in the study, or it can be viewed as a subject of measurements drawn from a population in which we are interested (Devlin, 2018). In this study, a non-probability sampling technique called purposive sampling was used to select participants

3.6.1 Purposeive Sampling

According to Kumar (2014), purposive sampling has to do with the researcher's judgment and selection of participants for the study. The researcher sampled the youth who provided the best information to achieve the objectives of the study. These youth *Nyaope* users were identified purposefully in the community through the help of the Rite Substance Abuse Organization practitioners.

3.6.2 Convenient Sampling

According to Leavy (2017) Convenient sampling has to do with indentifying participants who are easily accessible to the researcher. In this study the researcher applied this sampling technique by starting in the Rite organization and included a practitioner who was easily available and who worked directly with *Nyaope* users. The researcher also accessed and identified the community headman of the village who knew about the plight of *Nyaope* and also a home-based carer in the community who had knowledge.

3.6.2 The sample size

According to Rule and John (2011) the sample for a Focus Group Discussion can be from six to twelve members. In this study, the sample size consisted of nine members.. Which were eight males were eight and one female. This sample was constructed due to the availability of participants and data saturation which were reached The sample size for the key informants was three in number, consisting of two females and one male.

3.7 INCLUSION CRITERIA

For this research, only the young *Nyaope* users between the age of 18 to 35 who were receiving services from January 2019 until December 2020 at the Rite Substance Abuse Organisation were included in the study. Only those who were available and willing to participate in the study took part in the study.

3.8 EXCLUSION CRITERIA

The young *Nyaope* users who had been severely affected by the *Nyaope* drug, and were not mentally capable to participate in the study. Those who had relapsed and needed further intervention were excluded from the study.

3.9 PILOT STUDY

A pilot study refers to a small trial before the major investigation is conducted, intended to test the level and efficiency of a research method and data collection tool (Wild & Diggins, 2013). Before the actual data collection, a pilot study was done with four participants in the same organization as this is the only substance abuse organization in the municipality. The pilot study was done to test the data collection methods, tools, and recording devices.

After the piloting of data collection methods, few changes were made to the questions in the interview guide (Annexure 6). There was no need to ask some questions because as the interview was unfolding those questions were automatically answered by the main questions asked. The recording device was also changed. It was not effective in recording the interviews because it had noises in the background. A Samsung Galaxy A10 cell phone was then used to record the interviews after permission was obtained from participants. Those voice notes were then converted to mp3 audios for transcription.

3.10 DATA COLLECTION TOOLS

A focus group discussion guide which was designed in English and translated into Sepedi language was used to guide the discussions. The interview guide was divided into three sections namely: Section A: Demographic data, Section B: Introductory questions, and Section C: The main research questions (see Annexure 2). The researcher also used an interview guide to interview key informants. The interview guide was written in English, it had the following sections; Section A: Demographic data, Section B: Introductory questions, and Section C: The main research questions (see Annexure 3).

3.10.1 Data collection methods

Data collection method refers to procedures specifying techniques to be employed, measuring instruments to be utilized and activities followed to implement the study (Devlin, 2018). In this study, a focus group discussion (FGD) was used to collect primary data from participants and a key informant interview was used to collect data from people who know what is going on in the community (Allen, 2017).

3.10.2 Focus group discussion (FGD)

Devlin (2018) defines focus group discussion as interviews of a small group selected to discuss a particular topic with the leader that keeps the group focused on the

particular topic. In this study, this data collection method was used because it had the advantage to save time that individual interviews would have consumed. It was also helpful in that the method stimulated the interaction among participants during the data collection process to reveal more about their experiences regarding *Nyaope* drug use.

- *The structure of the focus group discussion*

According to Rule and John (2011), a focus group discussion must consist of 6-12 participants, and in this study, the FGD had nine members. A suitable place was arranged for the FGD. During the focus group discussion, the participants were seated in a circle to face each other for easy interaction and discussion.

- *Preparations and the setting*

The study was conducted in the hall of the Rite substance abuse organization. The hall was requested by the researcher before the data collection date. It was prepared and cleaned whereby the chairs were put in a circle with one chair in between participants to maintain the two-meter social distance, everyone was wearing a face mask and we were all sanitizing after every 30 minutes observing Covid-19 protocols.

A Samsung Galaxy A10 phone was used to record the interviews. Assistance was acquired from the Rite substance abuse organization by two female practitioners who volunteered to assist. The practitioners were responsible for recruiting participants, preparations, and arrangement of the venue for the focus group discussion.

Before the actual data collection session, there was a briefing session that outlined the nature of the study, the ethical rights of participants such as right to withdraw if no longer feel interested, and the responsibilities of the researcher such as to gather data and analyse it. The building of rapport was done in the form of the game to stimulate active participation and remove anxiety among members of the group. An ice-breaking game called "Simon says" was played. The game was about instructing the participants to touch a certain area of their body and if they do not listen well and

touched somewhere not instructed they are then out one by one. The purpose of the game was to improve listening and observation skills. This was to prepare them to participate attentively in the study.

The FGD was conducted in Sepedi which is the locally spoken language. During the data collection process, the researcher began by asking the participants introductory questions to open free participation and conversations (see Annexure 2 for focus group interview guide in Sepedi). After those questions, then more questions followed according to the research objectives as stipulated in the interview guide. Follow-up questions were used when the responses were not clear enough to answer the question or when the answers were vague (Leavy, 2017).

- *Recording of data*

According to Ingwenagu (2016), it is important to record interviews when collecting data. As such, a Samsung Galaxy A10 phone was used to record data during FGD. Before the FGD started, the device was fully prepared, charged, and tested to ensure that it was fully operational. The researcher asked permission from the participants to do a recording and they gladly agreed. During the data collection process, the device was placed in the middle to record the conversations. The FGD lasted approximately two hours, the audio recordings were converted into five playable mp3 files.

3.10.3. Key informant interview

According to O'Leary (2017), a key informant interview is a one-on-one interview that allows the researcher to obtain deeper insight about a particular topic of study from the community role players. In this study, the main purpose of these key informant interviews was to collect information from people who had first-hand knowledge about the youth experience about the *Nyaope* drug. The three key informants who were used included; two females, one from the Rite organization, the other from was a home-based carer and one male who is a community headman. All these key informants sampled were involved in the community and they knew the plight of the *Nyaope* drug.

3.11 DATA ANALYSIS

Data analysis refers to the process of systematically arranging the interview transcripts, field notes, and other materials that the researcher received from participants to understand them and be able to present the findings (Bertram & Christiansen, 2014). In this study, thematic data analysis was applied following steps by Rule and John (2011) indicated below:

3.11.1 Organize the Data

After collecting data, the researcher organized data by transcribing the interviews from the recorded audio in a verbatim form. The transcripts were later combined with the observation notes made and then translated from Sepedi to English. Cleaning of the data was also done by arranging the transcripts in order. A comparison was then made between the transcriptions and the notes taken to verify accuracy.

3.11.2 Coding and analysis of Data

Data were coded using different coloured highlighters to represent a certain point or objective. Different categories were assigned and represented by different colours of highlighters, meaning that the themes in the interviews were highlighted by certain colours and were cut off by pair of scissors and pasted under a particular category represented by a certain colour.

The following themes and sub-themes were coded: 1. the lived physical experiences of youth residing in Elias Motsoaledi at Sekhukhune District about *Nyaope* (bodily weakness and strength, bodily pains, drowsiness, loss of appetite, and poor hygiene), 2. the lived psychological experiences of youth residing in Elias Motsoaledi at Sekhukhune District about *Nyaope* (mind relaxation, regret, and worrying, drug dependence and addiction), 3. the lived social experiences of youth residing in Elias Motsoaledi at Sekhukhune District about *Nyaope* (describing *Nyaope*, family rejection,

community stigmatization, relationship failure, engaging in crime, economic and educational failure, barriers to overcoming *Nyaope* in rural communities). Themes were also verified by a professional coder using ATLAS software version 9.0.3(1743), see proof on Annexure 12.

After data was coded and arranged and the respective themes were created as responses were arranged in categories, recurrent themes and sub-themes were identified and patterns were noticed in the data. Deductive reasoning was applied, meaning that the researcher started with a set of categories, which were then used to categorize and organize data by arranging them under the main objectives of the study (Bertram & Christiansen, 2014). The language style was examined and non-verbal language was observed and analyzed.

3.11.3 Interpreting data and reporting

In this stage, the researcher used a hermeneutical approach whereby he carefully examined the responses of the participants and gave meaning. Each meaning was checked against the existing literature and previous research on the subject of the study. This stage also involves writing up a concise and logical report, with themes that are aligned to and answer research questions. The data from key informants also played a secondary supportive role to explain *Nyaope* use practices at Elias Motsoaledi District.

3.12 TRUSTWORTHINESS OF THE STUDY

Trustworthiness is the concept that promotes values such as scholarly rigor, transparency, and professional ethics in the interest of qualitative research gaining levels of trust and fidelity within the research community (Rule & John, 2011).

3.12.1 Credibility

Credibility is the extent to which the study's findings and interpretations match the meanings of the research participants (Daher, Carre, Jaramillo, Olivares & Tomicic, 2017). To ensure credibility, the researcher conducted a debriefing session with the participants before the actual data collection session and he made them understand the nature of the study, its implications, and the purpose of being recruited in the study. All participants responded to the same questions during the focus group interview. The interviews were recorded using a mobile device and were saved and transcribed later for analysis.

3.12.2 Transferability

Transferability refers to the ability of the findings or results of the study to be transferred from one context to another (Leavy, 2017). The findings of the study can be applicable and useful to the other *Nyaope* youth population because the sampling method used was clear and indicated, as well as data collection methods and analysis. As a social worker by profession, the researcher adhered to the social work professional code of ethics such as confidentiality, self-determination, and respect for participants in the research study.

3.12.3 Dependability

Dependability in research is about ensuring consistency, which entails replication of the study in a similar context or with similar participants that will produce the same results (Wild & Diggins, 2013). A clear description of the methodology used in the study and how data was collected was made transparent step by step.

All the interviews were recorded in an mp3 file and saved. The transcripts and documents of collected data were scanned and saved in the computer. These records have been kept safe and confidentially and will be used only for academic purposes because the researcher is ethically obliged to honour and respect the study he conducted.

3.12.4 Confirmability

According to Kumar (2014), confirmability refers to the degree to which the results could be confirmed or corroborated by others. Confirmability was ensured because the findings were reported honestly without any manipulation. The methods used to collect data were displayed and the research instrument was utilized as well as data analysis, and management steps. The interpretations of the findings were derived from the collected data. The information given by the key informant was used to compare the accuracy of the data received from participants. The supervisor also did audit trial of the verbatim descriptions, categories, and themes done by the researcher in this study.

3.13 BIAS

Bias refers to the error in research influenced by pre-existing knowledge or other confounding factors that may arise in the study (Kumar, 2014). In this study, few potential biases were likely to occur such as selection participant bias, leading question bias, analysis bias, and confirmability bias (Smith & Noble, 2014). The following was done to eliminate bias in the study:

The study used people who were not related to the researcher or who had neither a personal relationship with him nor the cases being facilitated in the office. The researcher did not use any bribes nor incentives to offer the participants to influence them to yield preconceived results (This was also clarified in the consent form). The study applied different methods of data collection such as focus group interviews and key informant interviews to triangulate and verify the data received from participants. The study was honest as everything was explained clearly to participants, and neither deception nor promises were made to participants in favour of participating in the study as permission was asked through voluntary participation. The study was also as objective as possible about the findings because interpretations of the findings were derived from data collected from participants without manipulation.

3.14 ETHICAL CONSIDERATION

According to Bertram and Christiansen (2014), ethical consideration involves the act of considering what is wrong or right. In applying ethics of the study, the following were applied:

3.14.1 Voluntary participation

Voluntary participation entails that participants must not be forced or intimidated to participate in the study, they must participate of their own volition (Devlin, 2018). The participants were never forced or tricked into participating in the study, but their voluntary participation was asked after explaining what the study was all about. The participants were informed of their rights to withdraw from the study if ever they were no longer feeling comfortable without being intimidated or punished.

3.14.2 Avoidance of harm

Avoidance of harm means that the researcher or the research project must not directly or indirectly cause emotional, psychological, and physical injury to the participants (Kumar, 2014). Neither harm nor injury arose during the study because everything was transparent about the study and their rights and freedom to participate were stressed accordingly.

3.14.3 Informed consent

Informed consent is about seeking the explicit and unconcerned agreement from a participant to participate in a research project based on their full understanding of the procedure involved and its effects (Taylor, Bogdan & Devault, 2016). Ethical clearance from the University of Limpopo was obtained on the 21st of October 2020 (see Annexure 7). Ethical clearance and permission from Limpopo Provincial Research Ethics Committee (LPREC) were obtained on the 17th December 2020 (see Annexure 8 and 9). The written approval from the Provincial Department of Social Development

was obtained on the 22nd December 2020 (see Annexure 10) and written permissions from the Rite organisation were obtained on the 23rd December 2020 (see Annexure 11).

All the participants agreed to participate in the study out of their free will and voluntarily. All the participants signed consent forms to indicate that they agreed with everything which the researcher explained to them and that they understood the nature of the study, their rights, their contribution as well as their consent to record the interviews during data collection (see Annexure 4).

3.14.4 Confidentiality and privacy of information

Confidentiality and privacy of information entail that the researcher should protect the data given by participants confidentially and make sure that their identities remain anonymous (Pardede, 2018). Confidentiality and privacy were ensured by keeping the identities of participants or by not revealing their names but using alphabets such as participant A or participant B. The data which was given by participants were kept in private, meaning that it was used only for academic purposes. No data is used for commercial or self-satisfaction purposes.

3.14.5 No deception to subjects

Deception involves withholding information or offering incorrect information to ensure the participation of subjects when they would otherwise have refused (Ingwenagu, 2016). No participant was deceived to participate in the study. All the participants were given choice of whether to choose to participate or not.

3.15 SUMMARY

This chapter was about the plan or blueprint of conducting the study. It showed that the study used a qualitative research approach, and it applied explorative, descriptive research approach following the Phenomenological research design. It also showed

that the study used purposive sampling to select participants in the organization and also convenience sampling to access the key informants. A focus group discussion was used as a primary data collection method followed by the key informant interview. Data were analysed and presented scientifically. The Ethical considerations such as confidentiality, privacy, and voluntary participation were applied in the study.

CHAPTER 4: RESULTS AND PRESENTATION

4.1 INTRODUCTION

This chapter presents the results of the study. It discusses the demographic information of participants who participated in the study, the demographic information of key informants and the thematic presentation of data analyzed.

4.2 DEMOGRAPHIC DETAILS OF PARTICIPANTS

4.2.1 Demographic information of the participants

Table 4.1: Demographic information of the participants

No. of Participants	Gender	Age range	Period of <i>Nyaope</i> use
6	Males	26 – 35	More than 5yrs
1	Male	30 -35	3 -5 years
1	Male	30 -35	1 – 2 years
1	Female	26-30	Less than a year

A total of 09 participants took part in the FGD. They were all recruited from Rite Organisation for drug use prevention. Of the participants, 08 were males and only 01 was female. The participants were all African youths and they were all in the age group of 26-35 years who spoke the Sepedi language. Six of the participants used *Nyaope* for more than five years while two used *Nyaope* for less than five years and the only one used *Nyaope* for less than a year.

4.2.2 Demographic information of key informants

A total number of 03 key informants took part in the study. Of these participants, two were females while only one was male. They were all between the age of 38 and 64. The key informants comprised of community leader, community health worker, and the Rite Organisation for drug prevention worker. The Rite substance abuse worker

has been providing the services for more than 05 years in the organization, the community headmen have been in position for almost 20 years and the community health worker has been in the same position for more than 05 years.

4.3 THEMES AND SUB-THEMES OF THE STUDY

The results of the study are presented using themes and sub-themes derived from the analysed data. The themes and sub-themes are summarised in Table 4.2. This section of this study presents and discusses the themes and sub-themes.

Table 4.2: Themes and sub-themes of the study

Themes	Sub-Themes
Theme 1: The lived physical experiences of youth residing in Elias Motsoaledi at Sekhukhune District about <i>Nyaope</i>	1.1 Bodily weakness and strength 1.2 Bodily pains 1.3 Drowsiness 1.4 Loss of appetite 1.5 Poor hygiene
Theme 2: The lived psychological experiences of youth residing in Elias Motsoaledi at Sekhukhune District about <i>Nyaope</i>	2.1 Mind relaxation 2.2 Regret and worrying 2.3 Dependency and addiction
Theme 3: The lived social experiences of youth residing in Elias Motsoaledi at Sekhukhune District about <i>Nyaope</i>	3.1 Defining and describing <i>Nyaope</i> 3.2 Community stigmatization 3.3 Family rejection 3.4 Relationship failure 3.5 Engaging in crime 3.6 Economic and educational failure 3.7 Barriers to overcoming <i>Nyaope</i> problem among youth.

4.3.1 Theme 1: The lived physical experiences of youth residing in Elias Motsoaledi at Sekhukhune District about *Nyaope*

Under this theme, the participants indicated that the youth *Nyaope* users experience differently bodily weakness and strength, drowsiness, bodily pains, loss of appetite, and poor hygiene.

4.3.1.1 Sub-theme 1.1: Bodily weakness and strength

Data accentuate that participants indicated different experiences when it comes to the body. The two participants expressed that they experience weakness in their body if they do not smoke *Nyaope*, forcing them to increase the intake of *Nyaope* to relieve the physical weakness. They confirmed that without *Nyaope* they cannot do anything, rather they become weak in their bodies as a result; this was confirmed by the following statements below:

“If I don’t smoke, I feel very weak and inside me”. (PE)

*“If you don’t smoke *Nyaope*, you feel very weak”. (PI)*

In contrast, the other two participants indicated that they gain strength when they smoke *Nyaope*. This was confirmed by the following phrases:

“When you smoke you have more energy to do things at home, basic things like gardening”. (PH)

*“What I can say is that before I started smoking *Nyaope* I was capable of doing lots of things like chores but after I started smoking *Nyaope*, and if I don’t smoke *Nyaope* I can’t be able to do any of those things. It forces me to smoke first so that I can do work”. (PF)*

Mokwena (2015) supports these findings that if these people refrain from smoking they become very weak and they seek the drug more to smoke, after smoking they regain strength.

4.3.1.2 Sub-theme 1.2: Bodily pains

Data indicate that all participants expressed and agreed that they experience bodily pains such as stomach cramps, muscle, and joint pains if they do not smoke *Nyaope*. Furthermore, these bodily pains are severe and hard to bear forcing them to seek the drug even more. This is confirmed by the statements below:

“Nyaope is a drug which we smoke and mix with marijuana. If we don’t have it, we suffer serious abdominal pains inside”. (PG)

“If I don’t smoke, I feel very weak and inside me, I feel abdominal cramps”. (PE)

“What else can I say, my joints do not become painful when I smoke Nyaope”. (PA)

“You see it is like putting into yourself a chronic disease, that thing is a chronic disease. You must know that once an addict always an addict. When I started I was having a body like yours (pointing to the researcher) but then I put this disease in me. It began controlling my body, and after smoking, I felt so weak, I felt like my intestines were somehow, then afterward I started feeling as if I was okay after smoking. It is like what that man said earlier. It is like when you have a headache and experience cramps and then it stops. You can’t say that the cramp makes you feel good, you create problem after problem.” (PB)

According to Thomas and Velaphi (2014), *Nyaope* users often experience severe stomach and muscle pains if they do not smoke *Nyaope*, but when they smoke they reach a pleasurable state of relaxation where those pains disappear. As a result, these

pains drive them to want to smoke because they would want to cure the severe pains inside them.

The key informant confirmed that the *Nyaope* users experience lots of pains if they do not smoke *Nyaope*. This is supported by the following statement:

“They say they feel pain if they do not smoke, and it is true we see them when they come for social worker sessions. A Nyaope user no longer seats them for a long time because they feel pains. When you tell them to wait for a long they get impatient, and they sleep a lot. Some come restless and when you ask them they will tell you that they feel pains”. (K1)

Mabasa (2018) agrees that these youth users also experience more physiological effects such as lung damage, bloodshot eyes, dry mouth and lethargy, muscle aches, restlessness, sweating, abnormal cramps, runny nose, increased perspiration rate, vomiting, headaches, insomnia, back pains and diarrhoea.

4.3.1.3 Sub-theme 1.3: Drowsiness

Data show that some participants become drowsy after taking the drug. Only a few participants spoke about the drug causing them to be drowsy. This means that the drug does not affect them in the same way because some did not concur with the same expressions. This was confirmed by the following statements:

“That is why I say that it does not affect us in the same way, someone might take Nyaope, and then it might cause them to fall asleep” (PD).

“...when you look at this man (the fellow participant who was falling asleep during FGD) he is sleepy and when he wakes up he would want to smoke again because the ‘plug’ (intoxication) would have faded and what is going to happen because he doesn’t have money” (PB).

It is also important to note that the authors noted that there is no standard *Nyaope* dosage as people react differently to the same dosage. While others sleep, some become hyperactive while some are not even affected by the same dosage. This is confirmed by the following statements:

*“That other one we can’t compare to him because his body is still functional, but this other one. The dosage which he takes is not the same as the one taken by these other two men. Even my dosage is not the same as that of these men combined. I used to smoke two bags same time, if I couldn’t smoke, I would just inject it in my veins. These men finish one bag and then they are done and fall asleep. You see we cannot say that *Nyaope* treat them well, that one smokes and sleeps, but after waking up he begins asking for R2 to want to buy another ‘joint’, that one when he smokes he plays cricket and does activities, that other one asks money from the neighbours like that one. Some yes they do get money from their parents that is why they smoke and sleep...”.*(PB)

The key informant 01 confirmed that sometimes the youth *Nyaope* users experience drowsiness especially after smoking the drug. The following statement attests:

“Sometimes he is asleep and when try to talk to him he can keep quite or laugh at you, you can see what kind of a person he is.” (K1)

Nkosi (2017) agrees that the *Nyaope* has intoxicating effects as it contains highly psychoactive chemicals in its concoction which make the users to be drowsy and fall asleep.

4.3.1.4 Sub-theme 1.4: Loss of appetite

Two participants indicated that they lose appetite for food if they do not smoke *Nyaope*, but once they smoke it they get appetite again. This was confirmed by the following statements:

“If I don’t smoke, I feel very weak and inside me, I feel abdominal cramps and I lose appetite to eat food”. (PE)

“...first and foremost you don’t have an appetite to eat heave meal like porridge or rice but only sweets and snack or sugary things. But after you smoke Nyaope you can have the appetite to eat even porridge, this is how I experience it”. (PI)

The key informants confirmed that the youth *Nyaope* users experience a tremendous loss of appetite for meals and opt for snacks. The following statement proves:

“It damages them. The first thing is that the user does not eat” (K2)

“They do not bath and they do not eat...” (K3)

Tetarwal et al. (2019) agree that *Nyaope* users have a poor diet, they always lose appetite for meals and eat snacks. The snacks which they usually eat are sugary things like biscuits and sweets.

4.3.1.5 Sub-theme 1.5: Poor hygiene

Data indicate that the youth *Nyaope* users have a problem with bathing. This was observed by the researcher during FGD discussion and one participant confirmed it by the following statement:

“...The lady can always get tired of chasing after you or tells you to bath and ends up leaving you...” (PB)

The key informants confirmed that the youth *Nyaope* users have poor hygiene and they do not take care of themselves. This is supported by the following statements:

“They do not bath...” (K3)

“He does not bath, he does not take care of himself, and he doesn’t even know that he is dirty. The user if he has to go to the toilet, he doesn’t know he has to go to the toilet, he can even ‘toilet’ himself because he does not know his situation what it is.”
(K2)

Fernandes and Mokwena (2016) agree that *Nyaope* users have poor hygienic practices, and they often neglect themselves or they no longer take care of themselves because they are always dirty. Their only focus is on getting *Nyaope* not to bath.

4.5.2 Theme 2: The lived psychological experiences of youth residing in Elias Motsoaledi at Sekhukhune District about *Nyaope*

Under this theme, the study found that the young *Nyaope* users experience mind relaxation, regret and worrying, addiction and dependency when they use the *Nyaope* drug.

4.5.2.1 Sub-theme 2.1: Regret and worrying

Three participants indicated that after smoking *Nyaope*, they begin to worry, regret and blame themselves for succumbing to the cravings of *Nyaope*. This therefore means that not all of them regret but some do, the statements below attest to this point:

“The first think that comes into your mind after smoking is to ask yourself “why I smoke?” (While displaying a body posture which shows regret), why can’t I quit like (someone’s name was mentioned) so and so who managed to quit, from now on I will no longer smoke and I quit. This is what comes in everyone’s mind after they have smoked, they often say aahg! I am tired and now I am quitting this thing”. (PB)

“After smoking I regret and blame myself”. (PI)

“I would like to support the point made by this guy, yes you regret after smoking but you also think a lot about where you are going to get it next time. Even if you say you regret, all of us regret but some don’t regret, but some of us regret”. (PF)

According to Mokwena (2015), the *Nyaope* users worry about where and how to get the next bag of *Nyaope* to smoke, and life goes on. Below is a visual representing of the theme, its accompanying quotes as well as co-occurring codes.

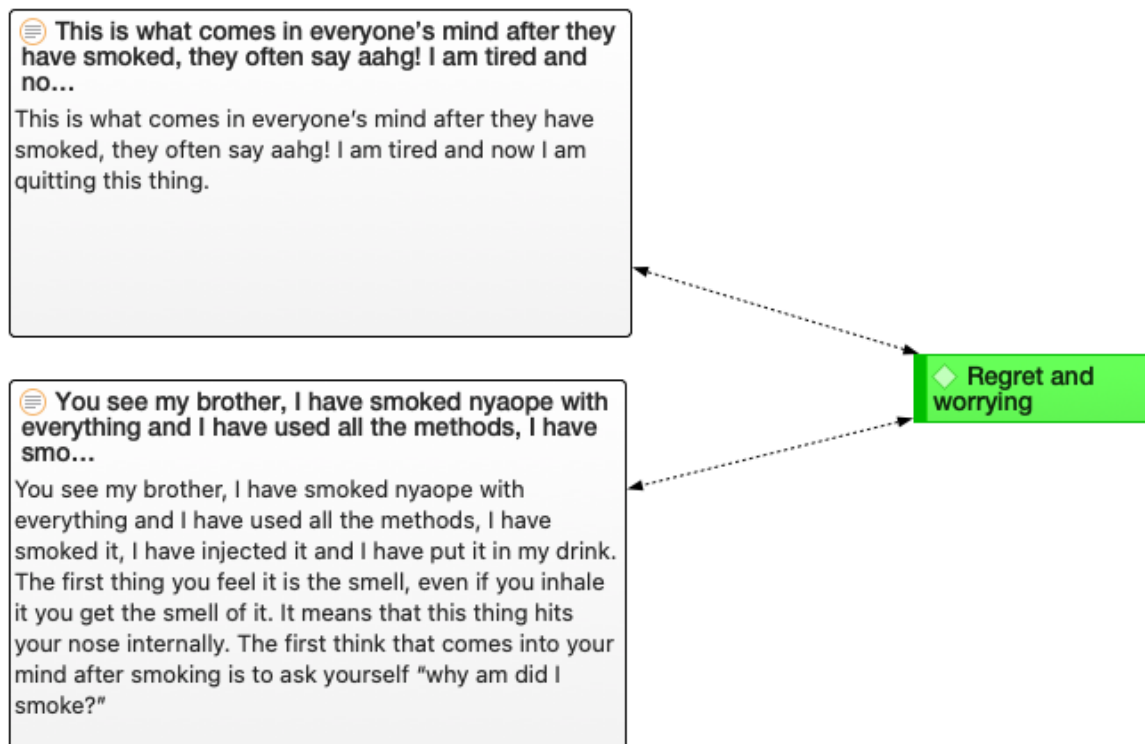


Figure 4.1: Schematic presentation of subtheme: Regret and worrying 1

4.5.2.2 Sub-theme 2.2: Mind relaxation

The results show that *Nyaope* users experience the relaxation of the mind when they smoke *Nyaope*. Two participants also indicated that the *Nyaope* drug gave them peace of mind and positive thinking. This was confirmed by the statements below:

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

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

This is in line with what Mokwena (2015) said that *Nyaope* users enjoy the relaxation state of mind because their problems and pains dissipate for a while due to the intoxication effects of the drug. Furthermore, it gives them a euphoric and pleasurable experience whereby they reach a care-free state.

It is evident that this drug affects the youth users commonly but reacts differently as the other participant gave a different opinion. This is reflected on the statements below:

“Our addictions are not the same and we are different also...” (PC)

“This thing is like rotation, it is a setup of the mind and it never goes away, as long as you smoke it you will always think the negative, there is nothing positive. You can think right things when you are sober but once you get high you don’t think anything positive”. (PC)

This is in line with what Volkov, Koob, and McLellan (2018) emphasized that sometimes people react differently to the drugs they take.

4.5.2.3 Sub-theme 2.3 Drug dependence and addiction

All the participants in this study were in accord that after smoking they always think of where and how they are going to get the next smoke. In addition, they indicated that this is a circle of their lifestyle whereby they just chase after *Nyaope*. Statements below support this point:

“You smoke and after smoking you think of where to get the next smoke, to actually think of the plan to get it or you think about to find piece jobs. Or you get someone

who would say come and help me carry cement bags and he gives you R20, and when you come back you go to Usave and ask to help people carry their bags and ask for R5 or R2, it depends on you whether you would prefer the R25 Nyaope bag or the R30 one because they are not the same”. (PD)

“Then I used to have a lot of ideas as I am in the sport after I have smoked, but I now I think about where to get the next smoke”. (PH)

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

“You see what he is saying, it starts as ts, after ts it becomes abits, after abits it then becomes habits. He made a habit. I used to wake up in the morning, bath eat and go out to stand at the road, waiting for a lift to go to town. I would normally have ‘crack’ at around 10 but I would witness other people around 7 who would have already ‘cracked’ and messed up worse than me. So we are not the same, you would find that he passed me without bathing or sleeping (others laughed).” (PB)

“This thing you really make yourself a habit, I disagree that you cannot do anything without smoking. He added and said; “this thing starts as ts-abits-habits. It becomes and addiction when it has reached a habit stage” (PB).

“There comes a time where you are no longer able to do anything at all”. (PC)

This is in line with what Mokwena (2015) indicated that *Nyaope* users become dependent and subsequently addicted to the drug because of its highly addictive nature, as a result, the users often experience physical pain if they attempt to quit or if they do not get to use the drug, hence their lifestyle revolves around getting *Nyaope*. The key informant 02 confirmed that there is a drug dependency and addiction about this drug among the youth users. The following statement proves:

“It starts from that time and the users aren’t able to quit it because they meet as friends. Wherever they are they call each other, in the way that they care for each other, if someone does not have it they can travel a long distance about 30 kilometres and go to his friend so that they can get Nyaope.” (K2)

Mabokela (2018) agrees that the *Nyaope* drug is highly psychoactive in nature and causes extreme dependency and addiction. Furthermore, the youth users become so addicted to it in such a way that they do nothing else in life but to chase after it because they always experience strong cravings.

The key informants added that the *Nyaope* drug also causes mental problems in the lives of youth *Nyaope* youth. The following statements support:

“They are not controllable, the first thing is that they are not controllable added and said, I don’t know whether I should say they are crazy or what, they sweat a lot and they want to work unemployed and then they make noise”. (K3)

“It ruins their mind, a user....., it is like benzene, I don’t know if you know benzene. If you can put it in something and smoke, your mind, if a person is walking legs, he changes and like he walks with his head. In fact, it turns the mind upside down. If the question is what 2 plus 2 equals to, it changes and makes 3 plus 3 equals to, instead of 2 you see 3, instead of 4 you see 5. It makes strange things on you, if you know your name who you are, you can even laugh at your name and don’t even know it is a name, actually it changes the mind in a certain way.” (K2)

According to Mahlangu (2016), the *Nyaope* drug has devastating effects on the mind of the user; it actually causes mental problems hallucinations. Furthermore, this problem can culminate to mental illnesses which cause more burdens in the communities.

4.5.3 Theme 3: The lived social experiences of youth residing in Elias Motsoaledi at Sekhukhune District about *Nyaope*

Under this theme, the participants defined and explained *Nyaope* with its ingredients. The participants also indicated that they experienced community rejection, family rejection, relationship failure, criminality, and education as well as an economic failure as a result of smoking *Nyaope*.

4.5.3.1 Sub-theme 3.1: Defining and describing Nyaope

Data show that *Nyaope* users can define and describe *Nyaope* in their own words, this is confirmed by the following statements:

“Nyaope is like something you smoke, which is powder like. We mix it with marijuana and cigarette, so that the marijuana can be harsher and we put it in our blood and we smoke it”. (PD)

“Nyaope is a concoction of chemicals and household products and a drug called heroin. The main ingredient is heroin; it is an opioid, similar to opium that is what gets you high”. (PA)

“Nyaope is a drug which we smoke and mix with marijuana. If we don’t have it, we suffer serious abdominal pains inside, and you end up doing things which you are not supposed to do in order to get it”. (PG)

The key informants defined *Nyaope* in their own words as follows:

“When we talk about Nyaope we talk about heroin mixed with dagga, and there are other chemicals inside like bicarbonate of soda sold at homes, rat poison could be added and other powders like powder soap found in homes.” (K1)

“Nyaope my fellow, even though we don’t know it well, it is like they take different things like marijuana and pills which we don’t know where they take them and they mix them together and they smoke. Some they sniff, and some they smoke. Actually it is a lot of things that they mix.” (K2)

“Nyaope is dust mixed with drugs though we don’t know exactly what it is, and they smoke with a specific paper which they use to smoke.” (K3)

Mabokela (2018) agrees that *Nyaope* is a mixture of various ingredients which produce a very and heavy sedative powder substance called *Nyaope*. Mahlangu (2016) also emphasized that *Nyaope* is a cheap drug cocktail comprising of heroin, marijuana and other elements like rat poison, cleaning detergents and even crushed pills like Antiretroviral pills (ARVs).

Nyaope is said to be a cheap drug cocktail which is easily available. The following statement confirm:

“Nyaope costs only R30, somewhere is R35 and somewhere it is R25”. (PI)

Mokwena (2015) attests that *Nyaope* is relatively cheap to buy, with an average price of R25 to R30 a joint.

4.5.3.2 Sub-theme 3.2 Community stigmatization

Nyaope users face community stigmatization as five participants expressed this experience whereby others also concurred to it. The following statements prove this:

“In the community there are those who just steal, even if you do not steal they will false accuse you and beat you up for it. You are hated by people in the community”. (PG)

“Even if you do not steal, but just because they already have preconceived ideas about Nyaope people they would always blame you for anything that gets lost. You get hated in the community, let’s say for example the neighbours have put things in their yard

and someone steals it, so just because at their neighbour's house there is a Nyaope use they are going to accuse and suspect you. So they hate you unnecessarily. At the end of the day you end up doing those things they accuse you of doing because it is the same they have already accused you. You might as well die for what they say you did". (PI)

"...they treat you like a loser because of the Nyaope, and it makes you to see yourself as a loser as well even though you not a loser. They generalize that Nyaope users do not bath or they steal. The treatment that the community gives us causes more bad impact into our lives". (PH)

Nkosi (2017) agrees that *Nyaope* users feel rejected and ostracized by the community, they feel labelled and discriminated against. In fact, they experience a serious stigma and stereotypes because of their criminal behaviour.

The participants admit that the reason for being hated by the community is because they cause a problem or they steal things in order to sell and buy *Nyaope*. The following statements attest to this:

"There is no more good life in the community, they no longer trust you. It is true that if they put their phone down you will definitely take it (They all laughed this) (he seemed a very serious about this)". (PF)

"The community is not safe around you; it does not matter whether you smoke or you do not smoke. A Nyaope user is not trustworthy, you can give him everything for more than 10 years but during the last day he disappoints you." (PB)

The key informant indicated that the youth *Nyaope* users do burden the community as indicated below:

"It is ruining the community because at the end, these children steal. They can be sent by wise people to go and steal cattle, clothes to want money, or they can take down

laundry to sell in order to get Nyaope. This thing is very dangerous in such a way that it is destroying them”. (K2)

This is in line with what Motsoeneng (2018) stated that *Nyaope* users feel rejected by their own community because of their problematic behaviour which burdens, disturbs and threatens the peace of the community. Below is a visual representing of the theme, its accompanying quotes as well as co-occurring codes.

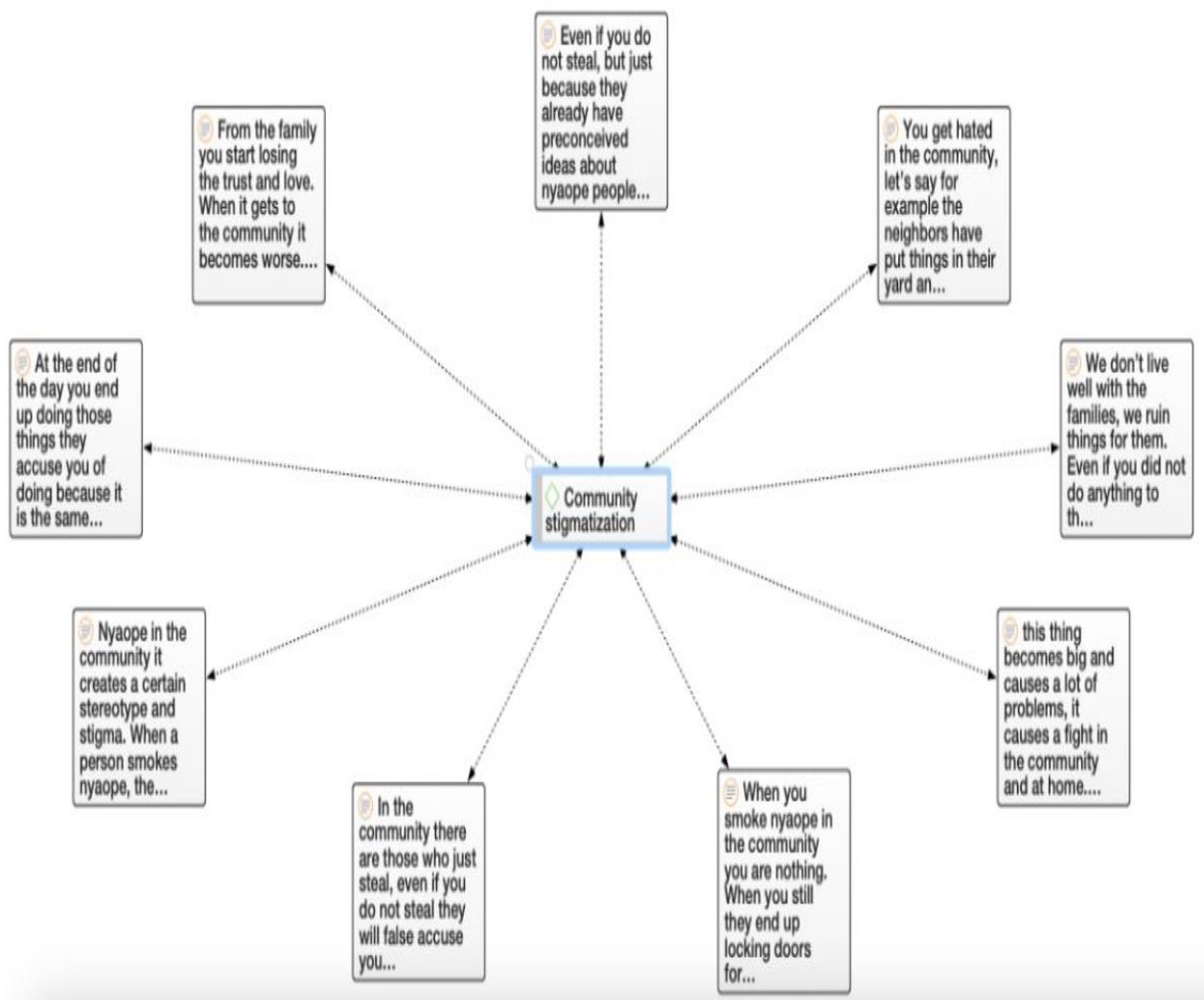


Figure 4.2 Schematic presentation for sub-theme: Community stigmatization 1

4.5.3.3 Sub-theme 3.3: Family rejection

Data show that *Nyaope* users sometimes become rejected by their families because of their problematic behaviour. Five participants expressed this whereby one participant gave a different opinion; this is proved by the following statements:

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

“In the family you find that your sister put a cell phone down and you take it to sell it but when you come back you find the police and you get arrested (he was emotional while saying this, it was like he wanted to cry). Furthermore, “when I come back I find that there are others who also reported me to the police, this thing becomes big and causes a lot of problems, and it causes a fight in the community and at home. It causes fights with parents and some parents lock doors”. (PG)

“We don’t live well with the families; we ruin things for them. Even if you did not do anything to them but simply because someone told them that you took a cell phone somewhere else, anyone who comes next to you they no longer feel safe around you”. (PF)

“The way I see it, when you smoke Nyaope. From the family you start losing the trust and love. When it gets to the community it becomes worse.” (PH)

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

Some participants had different opinion that *Nyaope* users are the ones that separate themselves from their families. The following statement attests to that:

“No one kicks out the Nyaope users, they kick themselves out. You can go to town and sleep there and come back after two days. You take 4 days sleeping at home and take 6 days sleeping away. When come back from town he takes all the money to buy mealie meal and no longer goes back home”. But sometimes the families do kick them out or deny them food to eat”. (PB)

This is in line with what Motsoeneng (2018) indicated that the *Nyaope* users become a huge burden to their families because of their continued act of theft and problematic behaviour as they always want money to buy *Nyaope*, as a result, families find it difficult to cope with the situation.

The key informant indicated that *Nyaope* users are a burden to their own families. The following statement attests:

“It (Nyaope) makes them commit mistakes which costs their families, they take things and then the family gets tired of them and they end up leaving their homes without being kicked out, when you ask the family the family say we did not kick them out they left on their own.” He added and said *“he can search at home for anything to get money to buy Nyaope. They can sell meat at home or sugar packet to someone so that they can buy Nyaope.”* (K1)

A follow up question was made by the researcher and asked “how do families with *Nyaope* users cope with the situation they are in?”

*“Eehj! They feel pain because they have nothing, the first thing is that they have nothing which they can do, I mean what they can eat at home. The first thing, these kids take the food at home, the tin stuff fish they don’t want to see it, the beans, the sugar they don’t want to see them, they sell them. Anything which helps to maintain the family they take. They just fail to take the mealie meal bad to carry it, but they can remove the mealie meal and sell every day. There will never be anything at home, a family with a *Nyaope* user they have nothing.”* (K2)

Nkosi (2017) concurs that many families find it hard to cope with the burden of living with a *Nyaope* addict and some end up rejecting them because their *Nyaope* addicts steal from them such as food, clothes and other household items to go and sell so that they can get *Nyaope*.

4.5.3.4 Sub-theme 3.4: Relationship failure

Two participants expressed the idea that *Nyaope* users experience relationship failures because the *Nyaope* users have no time for other things in their lives. The following statements prove that:

“In terms of relationships, it does not mean that these men do not like ladies, they desire ladies but they do not have time for them. Even if you can get a lady and sleep with her it will be a problem because there is no time for them.” (PB)

Participant B clarified further that sex is not a problem for *Nyaope* people. He indicated that the only problem is that they do not have time to maintain relationships.

“Sex is not a problem because these men are sexually strong, problem is time. They can always get tired of chasing after you or tell you to bath and ends up leaving you.”(PB)

According to Motsoeneng (2018), *Nyaope* users dedicate more time in seeking *Nyaope* as it is an everyday circle. The findings also show that the *Nyaope* drug problem is also capable of separating the users from their children. The following statement supports this:

“As far as having children is concerned, I have an 11 years old boy who is doing grade 6. My boy doesn't know that I smoke. I have also decided to distance myself from him until a comeback from rehab being fine because I do not want him to see me like this because it can lead a long lasting impression on the child and it can be morally depreciating.” (PA)

Mabokela (2018) agrees that *Nyaope* ruins family relationships which are central to their lives. Furthermore, a *Nyaope* user no longer relates well with his loved ones, it is like he or she is living outside the family. Below is a visual representing of the theme, its accompanying quotes as well as co-occurring codes.

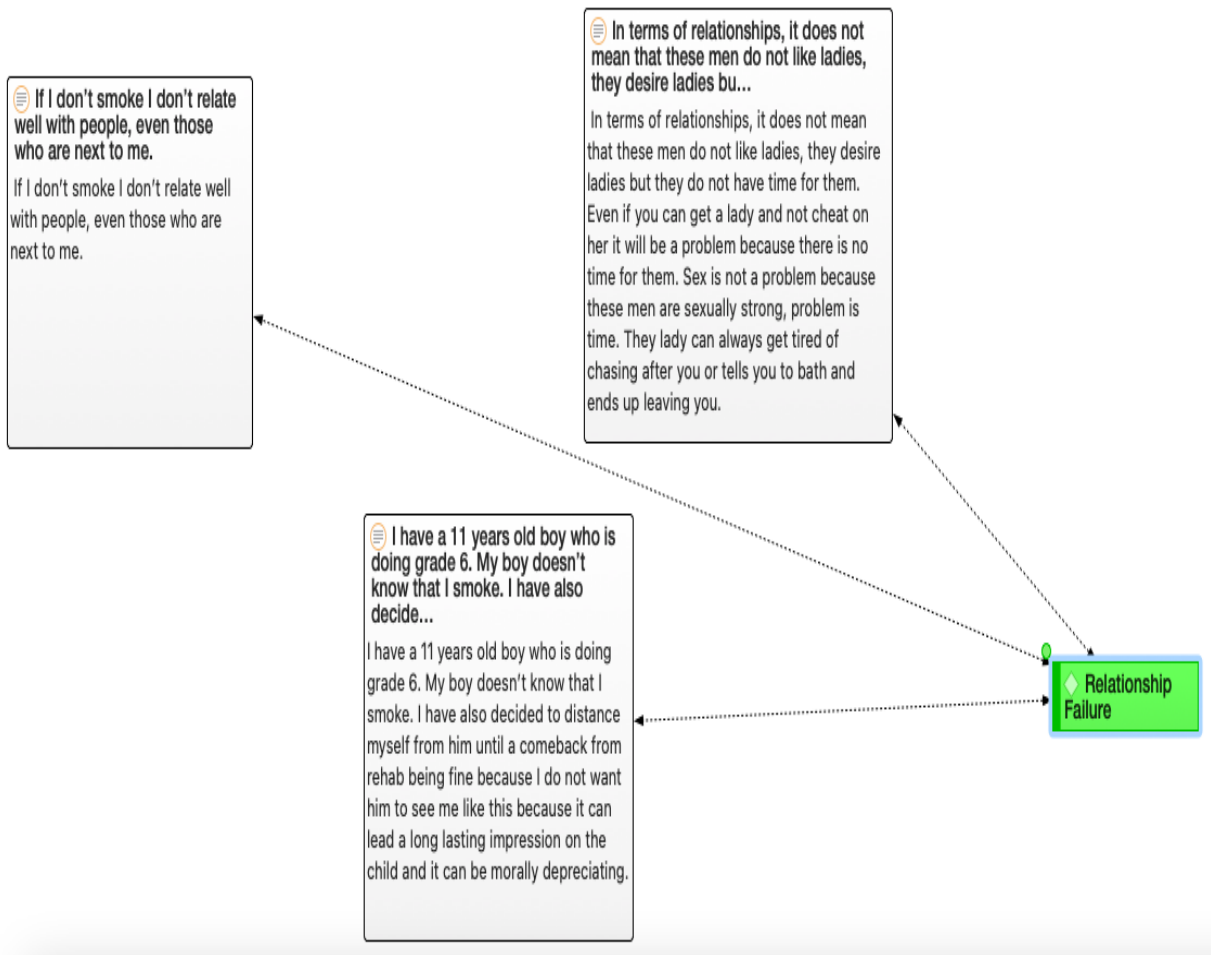


Figure 4.3 Schematic presentation for sub-theme: Relationship failure 1

4.5.3.5 Sub-theme 3.5: Engagement in crime

The results of this study show that many *Nyaope* users engage in criminal activities in order to maintain their *Nyaope* habitual lifestyle. This was expressed by four participants which the others agreed to it, but one participant brought a different opinion on the matter. This is supported by the following statement:

“In the family you find that your sister put a cell phone down and you take it to sell it but when you come back you find the police and you get arrested (he was emotional while saying this, it was like he wanted to cry). When I come back I find that there are others who also reported me to the police, this thing becomes big and causes a lot of problems, and it causes a fight in the community and at home. It causes fights with parents and some parents lock doors”. (PG)

Data also indicated that the *Nyaope* users admit to committing theft for the purpose of buying *Nyaope*. The following statements attest:

“There is no good life in the community, they no longer trust you. It is true that if they put their phone down you will definitely take it (They all laughed at this) (he seemed a very serious about this)”. (PF)

*“The community is not safe around you; it does not matter whether you smoke or you do not smoke. A *Nyaope* user is not trustworthy, you can give him everything for more than 10 years but during the last day he disappoints you.”* (PB)

“In the community when your relatives realize that you coming and they were told that you have stolen a cell phone they will start hiding their cell phones when you enter, so you see your relatives are no longer and safe even in the community they are no longer safe”. (PD)

Data also indicate that not all *Nyaope* users engage in criminal activities after participant B interjected. The following statement attests:

*“*Nyaope* in the community it creates a certain stereotype and stigma. When a person smokes *Nyaope*, they are automatically associated with crime, they always associated with the fear of women or bachelorhood. They are also perceived as bad influence to the youth. We are suffering because once everything that goes wrong in the community you must know about it, someone stole you have to know, someone broke into someone’s house last night you have to have information otherwise it is you. If someone is raped, they will say *Nyaope* users fear women that is why that person was*

raped. You have to have information about that and you have to know, anything that has to do with crime you have to know, of which is wrong because we do not perpetuate crime, it is only few who have decided to become rotten apples in the community to a point where they destroy other's reputation.” (PB)

The key informants confirmed that the youth *Nyaope* users always engage in crime in the community in order to get money to buy *Nyaope*. This is supported by the following statements;

“The most painful thing is that if you can find you are an elderly person they are not afraid to rob you or to kill you for the sake of your grant money because you do not give them money to buy Nyaope, and there are many who were killed because of that. Some even run away from their homes and go to other families because of this Nyaope problem. (K2)

“In the community it ruins because if the user does not get to smoke, it causes him to steal, starting from home, selling things at home. After that takes friends and go to ruin somewhere else, they do house breakings so that they can get R35 or R40 to get it”. (K3)

According to Mabokela (2018), the youth *Nyaope* users are often involved in criminal activities especially theft because they want to steal to feed their daily *Nyaope* cravings. Mahlangu (2016) indicates that youth *Nyaope* users engage in criminal activities with a purpose of maintaining their *Nyaope* craving. Furthermore, they do not steal only from their families but they also cause problems in the entire community. They are mostly responsible for housebreakings, robbery and theft crimes.

4.5.3.6 Sub-theme 3.6: Economic and educational failure

Data show that *Nyaope* has a negative impact on the economic and educational aspects of the users. This was expressed by two participants.

“Then I used to have a lot of ideas as I am in sport after I have smoked, but I now I think about where to get the next booze”. (PH)

“This thing is like rotation, it is a setup of the mind and it never goes away, as long as you smoke it you will always think the negative, there is nothing positive. You are able to think right things when you are sober but once you get high you don’t think anything positive”. (PC)

Tshitangano and Tosin (2016) agree that the youth who use illicit drugs, are likely to drop out of school and become unemployed and poverty escalates in the society.

The key informants indicated that *Nyaope* causes a huge problem to these young users; it makes them to drop out of school and to be unable to seek employment. The following statements support this:

(Nyaope) ruins their future of studying, they drop out of school, and some do not even reach to matric. Those who reach matric they fail to reach tertiary. Those who make it to matric fail to go to tertiary but because of Nyaope they are stopped. When you ask them they say they want to go but then their body refuses because of Nyaope”. (K1)

“It is destroying them. They no longer think of school nor to work”. (K3)

According to Mokwena (2015), *Nyaope* users often drop out of school as a result they are unable to pursue employment or career path. The problem is that their minds get affected by the drug and the addiction does not allow them to do anything but to smoke *Nyaope* more.

4.5.3.4 Sub-theme 3.7: Barriers to overcoming Nyaope among the youth

This sub-theme was picked up as a result of asking participants a follow up question on what is that can be done in order to resolve the problem. It brings out the suggested recommendations to overcome *Nyaope* problem. The following data is presented:

- Inadequacy of resources and substance abuse practitioners

Data show that the youth *Nyaope* users believe that increasing resources such as rehabilitation centers and counselors can help in the fight against substance abuse. This is supported by the following statements:

“The only way we can quit is by going to rehab, without rehab there is no way you can quit it, we have tried and failed. Myself even one day I can’t cope without smoking. If I don’t smoke for 1 day I have a big problem, so for me coming here I think it is my chance to get help and quit.” (PE)

“I think if there could be enough rehabs around the province. We can have many people attending rehabs, even sessions like these can be very helpful for us to quit.” (PH)

“I don’t see any other way to quit except rehab, we have tried many times and we hope rehab would help.” (PF)

Fernandes and Mokwena (2016) indicate that in South Africa there is a shortage of rehabilitation centers and practitioners to help in the fight against substance abuse especially the *Nyaope* plight. The demand is too high but the supply is very low because the government does not have enough rehabilitation centers at the moment.

- Lack of Family support and self-effort

Data show that family support is vital in the fight against substance addiction. The following statements support this:

*“I think family support very important, even if you try to quit but if you are not being supported by family who loves you it is useless. You can try but then if there is something bothering in the family will cause you to go back to *Nyaope*. I think family and relatives are very important”. (PI)*

According to Ellet (2017), family support is essential in addressing drug addiction. It is believed that the family has to play a very important role to accept the situation and offering the necessary support to the individual struggling with drug addiction. Data also show that self-effort is crucial as indicated below:

“No matter how the family can support but if a person is not willing individual or if he or she is not determined to make an effort to quit he or she will always relapse despite extended support and the intervention by the family and rehabilitation centers. Some are killed by their minds, they aren’t able to think further they think in the present, your family can support you as much as they possibly can, like a certain man whom his family supported him and spent a lot of money more than R25000, they took him to a private rehab centre but he has relapsed (some supported and said the man did not even last, he didn’t even last 4 weeks). It is just a mind-set of a person; rehabilitation offers you support but it cannot do everything for you.” (PB)

Nkosi (2017) indicates that many *Nyaope* addicts are willing to quit but they do not make the necessary efforts to quit, they depend on rehabilitations but they often fail even at the rehabilitation centers. The reason for their failure is because they do not take necessary steps themselves and as a result, they are prone to relapse no matter how much services they receive.

- Lack of stakeholders’ intervention and support

The key informant 01 indicated that there was a less intervention and support from other relevant stakeholders, the following statement supports:

“We have already started doing as an organization to make them meet with SANCA social worker who renders services to them. She writes a report and the medical report and send the person to rehab. What is killing us here in the organization is that we do talk with community councillors we explain our challenges to them, we told them to

come to our organization and see clients so that they can figure out as a municipality on how to help us but they never come.” (K1)

Pullen and Oser (2015) agree that the stakeholders can play a very huge role in providing necessary support to the success of the organization.

- Less awareness campaigns on substance abuse

The key informant 03 indicated that more awareness campaigns about drugs must be done, the following statement attests:

“What we must do is that we must do campaigns, and there must be people who would be disclosed because some don’t love it.” (K3)

According to Khoza, Dube and Nkomo (2017), the Department of Social Development (DSD) has been rendering the “*Ke-moja*” programmes in schools. These awareness programs focus on enriching the communities with knowledge of drugs and how to avoid them but the problem is that programs are limited due to poor planning, implementation and evaluation, as well as inadequacy of social workers and office workloads.

- The softness of the law in dealing with drugs in the communities

The key informant 02 indicated that the law is very lenient in dealing with the drug problems in the communities, the following statement proves that:

“The problem is that the police of these days are not real police I don’t want to lie. There must be higher people because the police of these days are corrupt I don’t want to lie; it needs those are at the above. Do you see the soldiers? Yeah they are the ones, if they could release the soldiers that they can work with Nyaope, and they can help with everything because the police are failing. The soldiers can finish it because if we know that so and so, they can take them to where they are supposed to take

them. If we can know that there they sell it, they can go there and seize it, but the police can't seize it, but if they can give us soldiers, we as headmen they give us soldiers because we have knowledge of those people, we know them, the problem is that even if you report at the police station there is nothing that happens, it looks like they give them. Now without soldiers there is nothing which can happen.” (K2)

Mahlangu (2016) emphasizes that the law's rigorous intervene could assist in reducing drug availability in the community.

4.6 SUMMARY

This chapter was about the presentation of the findings. The chapter covered the demographic details of both the participants and that of the key informants. The chapter also discussed the themes and sub-themes of data which were unpacked and supported by literature. The themes which were presented included the lived physical, psychological, and social experiences of youth about the use of *Nyaope* drug.

CHAPTER 5: DISCUSSION OF THE FINDINGS

5.1 INTRODUCTION

This chapter discusses the experiences of the *Nyaope* youth users looking at the physical, psychological and social experiences. This chapter will unpack all the themes and sub-themes which were derived from data analysis. The discussion will be validated by the key informants' findings and previous research literature.

5.2 DISCUSSION OF THE FINDINGS

The following themes and sub-themes will be discussed:

5.2.1 Theme 1: The lived physical experiences of youth residing in Elias Motsoaledi at Sekhukhune District about *Nyaope*

5.2.1.1 Sub-theme 1.1: *Bodily weakness and strength*

The study found that there is a correlation between bodily weakness, bodily pains, loss of appetite and dependency, and addiction to the drug. The following is a thematic representation of the sub-theme:

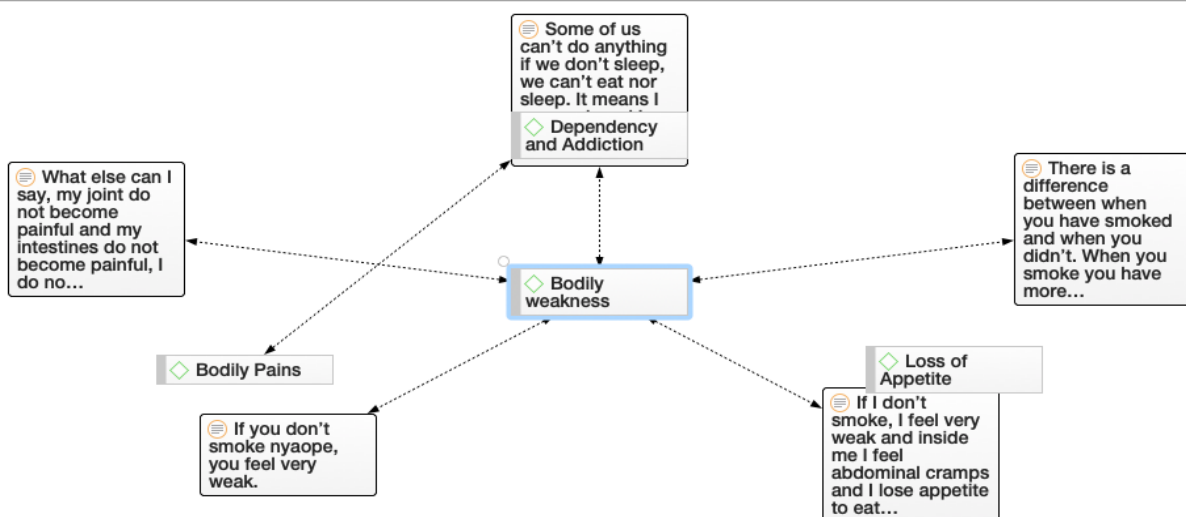


Figure 5.1 Schematic presentation for sub-theme: Bodily weakness and strength 1

The study found that the youth *Nyaope* users are not affected in the same way by the drug, some feel extremely weak in their bodies if they do not smoke the drug in such a way that they cannot do anything like chores at home. It is like without smoking *Nyaope*, they run out of strength to perform daily activities because they are highly dependent on this drug. In the contrast, the *Nyaope* drug gives the users some sort of energy and strength to carry out with life on a daily basis. It is like they need it to survive or they need it to have the strength (Mabokela, 2018).

One participant used the following phrase to describe the power of the drug that gives them energy “*dependency before ability to do work*”. This means that these *Nyaope* users are unable to function well without smoking *Nyaope* which is a sign of strong addiction. Some participants indicated that without *Nyaope*, they cannot even do chores at home some said it gave them strength to do domestic work. This shows that *Nyaope* creates a strong dependency on the users which makes their bodies become weak if they do not smoke it (Mokwena, 2015).

5.2.1.2 Sub-theme 1.2: Bodily pains

Below is a visual representation of the bodily pains sub-theme;

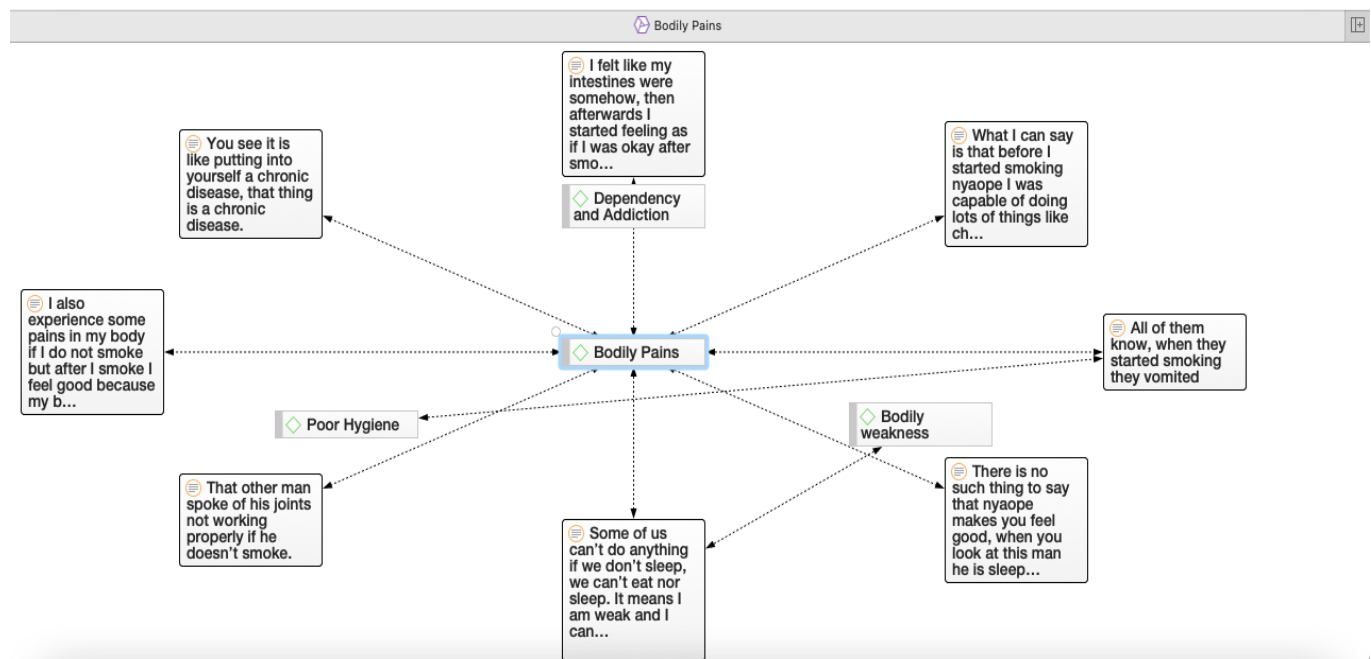


Figure 5.2 Schematic presentation for sub-theme: Bodily pains 1

The study found that the participants made a unanimous expression and agreement that they all experience bodily pains when they do not smoke *Nyaope* though these pains may differ from person to person. Participant B gave a wonderful picture in trying to emphasize his point; he said that *Nyaope* is like a disease which they have put in themselves as users. With this picture, he was trying to symbolize the severity of the bodily affliction of the drug which the user goes through.

The Participant B was trying to emphasize how severe *Nyaope* is to one's body or how severely it can damage one's body and how devastatingly it can harm the user. This means even if they feel well after taking *Nyaope*, it does not mean they are alright, according to him *Nyaope's* addiction is a serious sickness. Fernandes and Mokwena (2016) accentuate that severe withdrawal symptoms such as stomach cramps, diarrhoea, and flu-like symptoms which can last from four to six days are the reasons making it difficult for users to stop smoking *Nyaope*.

The most common bodily pains experienced by users include severe body aches such as stomach, joints, and muscle pains. It is clear that these pains are common to all the users if they do not get to smoke *Nyaope*, but the manner of pains may differ from person to person due to the difference in terms of dosage intake and physiological responses (Mabasa, 2018).

The key informant number one also attested to the fact that these youth users experience pains if they do not get to use *Nyaope*. She further indicated that the youth normally show other withdrawal symptoms like becoming restless if they do not smoke *Nyaope* or scratching themselves. This is caused by the psychoactive drug and the chemicals which are found in the *Nyaope* concoction leading to serious neurological bodily harm, hence there is a clear correlation between bodily pains and *Nyaope* addiction. This means that users become addicted to *Nyaope* as they inevitably experience severe pains in the body (Cronje, 2020).

It is evident that the *Nyaope* drug is harmful to the body of youth users and it destroys their physical wellbeing. It makes the body get used to the drug in such a way that if they do not smoke it, they experience severe bodily pains which can be attributed to withdrawal symptoms. In addition, it is very imperative to note that the pains which the users experience if they do not smoke *Nyaope* are extremely dreadful and are difficult to bear, hence the youth users try by all means to get *Nyaope*. Their lives revolve around getting *Nyaope* to ease the pains they face every day (Fernandes & Mokwena, 2016).

Participant B used the word “*cracking*” to refer to the withdrawal moment where the users experience if they do not smoke the drug. The problem is that once these youth users become dependent upon the *Nyaope* drug, they will experience physical severe pains if they attempt to cease, which is why they ensure that they go around looking for the drug everywhere because they want to ease the pains they feel. Parenthetically, *Nyaope* is like medication for their disease (Thomas & Velaphi, 2014).

It is unequivocally plain that these youths are suffering because of this drug; it causes them severe physical and physiological health problems. Every day, they have to live and face the pains, for them every day is to ask themselves where to get the next *Nyaope* bag to smoke to curb the bodily pains and cravings they would have to face. It is like this drug operates as medicine to them, they cannot be normal without it, they suffer greatly, and they need serious help. The more they use this drug as a medicine, the more they destroy their health wellbeing as attested by key informant number three (Volkov, Koob & McLellan, 2018).

5.2.1.3 Sub-themes 1.3: Drowsiness

The following is a visual representation of the sub-theme;

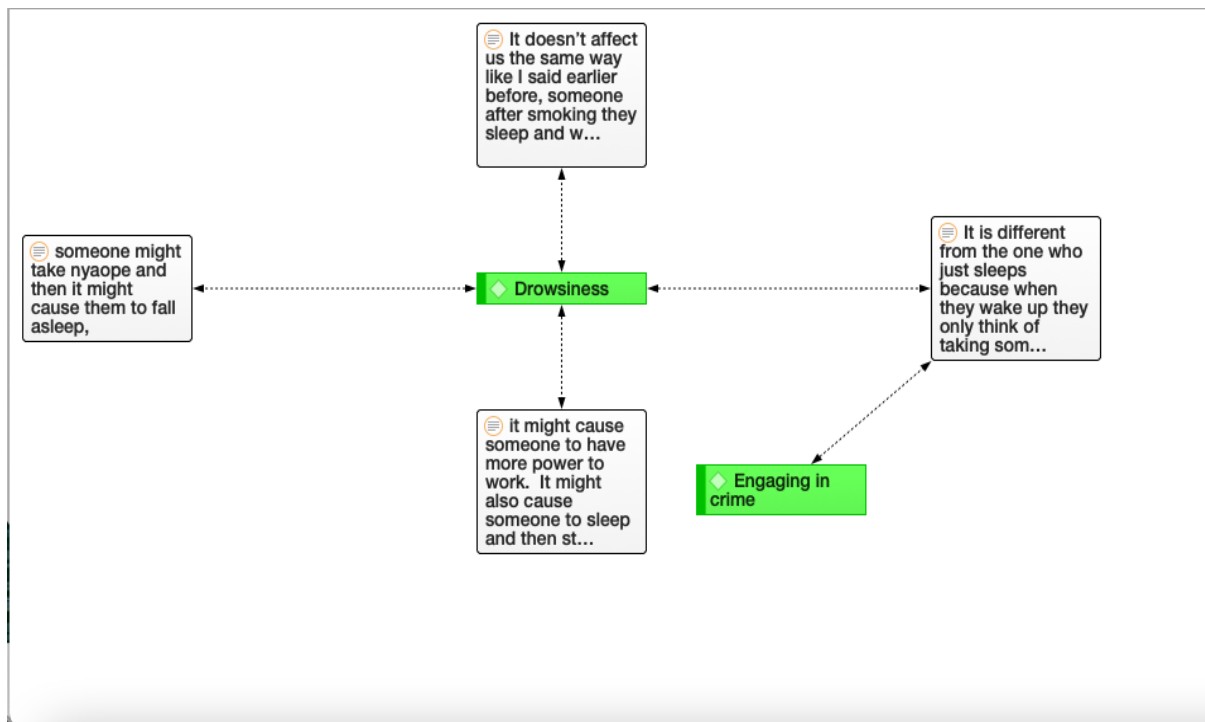


Figure 5.3 Schematic presentation of sub-theme: Drowsiness 1

The study found that *Nyaope* youth users experience drowsiness after smoking *Nyaope*. However, it was also indicated by the participants that this drug does not affect them in the same way because it is just a few participants who spoke about drowsiness and sleepiness. The bottom line is that these *Nyaope* youth users become drowsy after using *Nyaope*. This was also emphasized by the three key informants that the youth users sleep a lot after smoking the drug. The difference is that they experience it differently depending on various factors such as the dosage taken, ingredients in the concoction since as there are no specific ingredients of the drug other than Heroin as the main ingredient, as well the physiological differences and responses per individual. During the focus group discussion, the researcher confirmed this assertion beholding one participant who was drowsy and was sleeping during the sessions (Mahlangu, 2016).

Nkosi (2017) argues that *Nyaope* users usually experience the effects of larger doses such as drowsiness and sleepiness. This drowsiness is simply caused by the intoxication effects of the drug which make the users become dizzy. The chemicals in the concoction help them to relax and ultimately cause them to fall asleep. They can fall asleep anywhere they are taxi ranks, in the abandoned buildings, on the streets, and so forth.

5.2.1.4 Sub-theme 1.4: Loss of appetite

The following is visual presentation of this sub-theme;

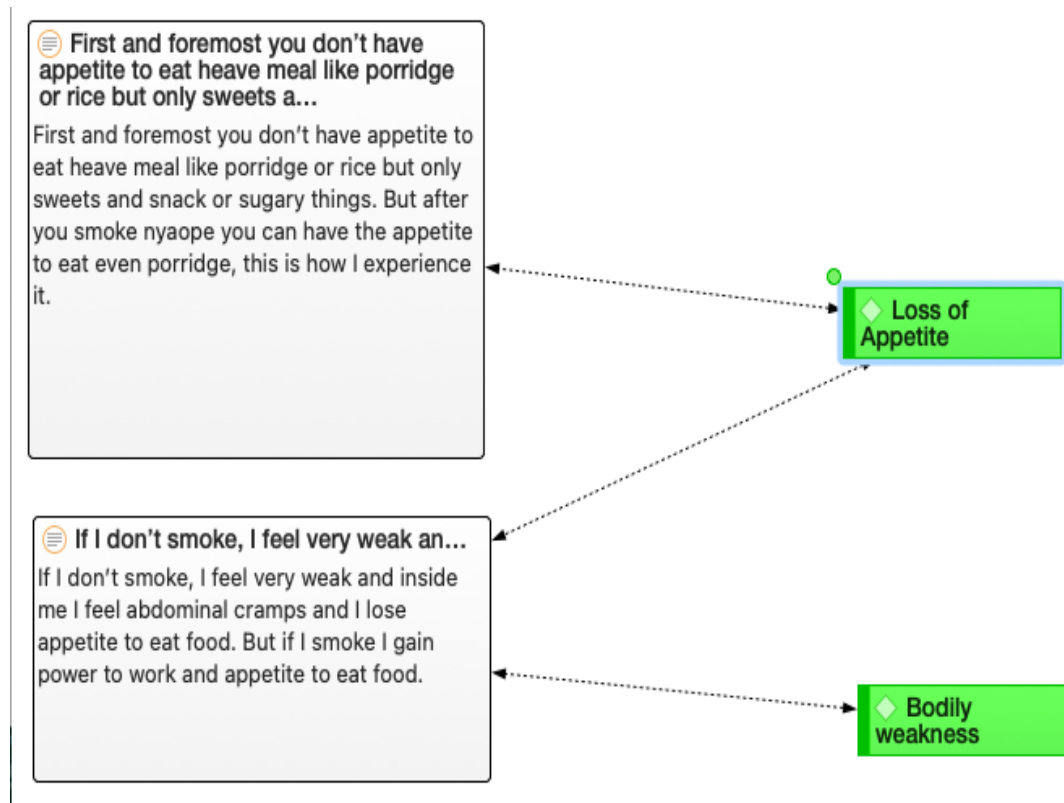


Figure 5.4 Schematic presentation of sub-theme: Loss of appetite 1

The study revealed that the youth *Nyaope* users experienced loss of appetite if they do not smoke *Nyaope*. The two key informants also attested that *Nyaope* users do not eat well like everyone else, which means that they have a distorted diet. This shows that their diet is extremely affected by this drug and so is their health, hence they usually experience bodily weakness (Mokwena, 2015).

According to these findings, these youth users lose appetite for heavy meals like porridge, however, they usually resort to eating sugary snacks such as biscuits. In other words, they crave snacks more than heavy meals. Sometimes you will see them together seated in a group eating and sharing snacks (Farnandes & Mokwena, 2016).

According to the study conducted by Tatarwal et al. (2019), the users were found to have eaten more processed and sugary food such as biscuits, chips, and sugary drinks. This shows that the youth *Nyaope* users have dietary problems and it affects their health and wellbeing. This explains their bodily weakness experience because they do not eat a balanced diet and they are using heavy drugs. Therefore, it is inevitable to experience physiological health problems (Smith, 2015).

5.2.1.5 Sub-theme 1.5: Poor hygiene

The study revealed that the youth *Nyaope* users have serious hygienic problems. Participant B accentuated that *Nyaope* users barely take a bath. The researcher also observed that during the focus group discussion that the *Nyaope* users were not bathed, and they were extremely dirty and smelly. It could be understood that their smell or poor body handling and odour was not like skipping baths for a couple of days but a continuous habit. The odour is unbearable and troublesome; it is combined with the smelling of smoke and body perspiration (Mokwena, 2015).

Both key informants number two and three confirmed that these people do not take a bath and they do not take care of themselves. Mabokela (2018) also emphasizes that *Nyaope* users often have poor hygienic practices and they usually do not take care of themselves.

It is very imperative to note that these youth *Nyaope* users do not like to bath. This means that they no longer take care of themselves. It has become a habit for them not to bath themselves because they are always seeking after the *Nyaope* drug every day hence they usually do not have time to take care of themselves. As a result, the bodily

odour becomes inevitable and it becomes clear that their health is at stake (Basson, 2017).

5.2.2 Theme 2: The lived psychological experiences of youth residing in Elias Motsoaledi at Sekhukhune District about *Nyaope*

5.2.2.1 Sub-theme 2.1: Regret and worrying

The study found that some youth users were experiencing regret and worrying after smoking *Nyaope*, however, some did not indicate the same experience. The reason for feeling regret and self-blame is because they really want to quit but they find themselves trapped in the dependency problem of the drug. In other words, they blame themselves for smoking, and as a result, they always promise themselves that they would quit. However, they regress and continue to smoke because the cravings are so much that they overpower their desire to quit. This shows that it is not easy to quit smoking since *Nyaope* gets into the system of the user because it takes control of the individual (Mthembi, Mwenesongole & Cole, 2018).

The reason for this regret and worrying is because most of these youth are still very young and some have children, and some have a desire to recover from this problem. Some before they got addicted to *Nyaope* drug, they were pursuing other life opportunities, some were working, some were employed, some were participating in sport and some were self-employed. Now when they smoke, they regret and think that they shouldn't have listened to their cravings, they still desire a good life they had but now there is a 'disease' which hampers them from being normal again. Unfortunately, the cravings do not stop to pinch and trouble them hence they will be driven to go and seek more *Nyaope* to alleviate the cravings and pains that they experience (Tetarwal et al., 2019).

5.2.2.2 Sub-theme 2.2: Mind relaxation

The study found that *Nyaope* users experience mind relaxation or peaceful experience after smoking the drug because of its intoxicating effects, however, there is a difference in terms of reaction to the drug. Some indicated that *Nyaope* makes them to think positively and to do good things, but some disagreed and said that it makes them to think negatively (Volkov, Koob & McLellan, 2018). The most important thing to note here is that this drug has intoxicating effects on the mind of the users because it is a psychoactive substance. that it sedates their neurological system and helps them to relax their minds after taking it (Smith, 2015).

The study further shows that the users enjoy this mind relaxation moment coming from smoking this drug. What happens is that they become dizzy as an effect of using *Nyaope* and it makes them feel good. The reason why they feel good or they enjoy this moment is that all the bodily and mental pains temporarily go away. It temporarily cures their withdrawal symptoms which they come across when they do not smoke (Volkov et al., 2018).

According to Tetarwal et al. (2019), one of the personal reasons for people to engage in drugs is to feel good. It is about exploring the pleasure and the euphoria in drugs. Furthermore, this initial sensation of euphoria is followed by other effects such as the “high” feeling which means intoxication, and that is followed by feelings of power, self-confidence, and increased energy. Furthermore, this euphoric feeling is also followed by feelings of relaxation and satisfaction which the users enjoy yet are oblivious to the damning effects the drug has on their minds.

The cause of this mind relaxation comes from the intoxication effects of the chemicals mixed in the *Nyaope* drug. Furthermore, it is clear that it does not only bring that ecstatic moment to the users but a far more complicated problem than that which the users probably aren't aware of while they are enjoying the carefree moment (Hakansson & Jesionowska, 2018). *Nyaope* is capable of causing other mental problems such as mental impairment, hallucinations, and paranoia. *Nyaope* just like

other smoking drugs, sometimes affects the mental illnesses due to the severe intoxication of the drug. In other words, there is no doubt that overusing and proliferation of *Nyaope* use culminates in the increases the rate of mental illnesses in the community (Volkov et al., 2018).

5.2.2.3 Sub-theme 2.3: Drug dependency and addiction

Below is a visual representing the sub-theme, other related sub-themes and its accompanying quotes as well as co-occurring codes.

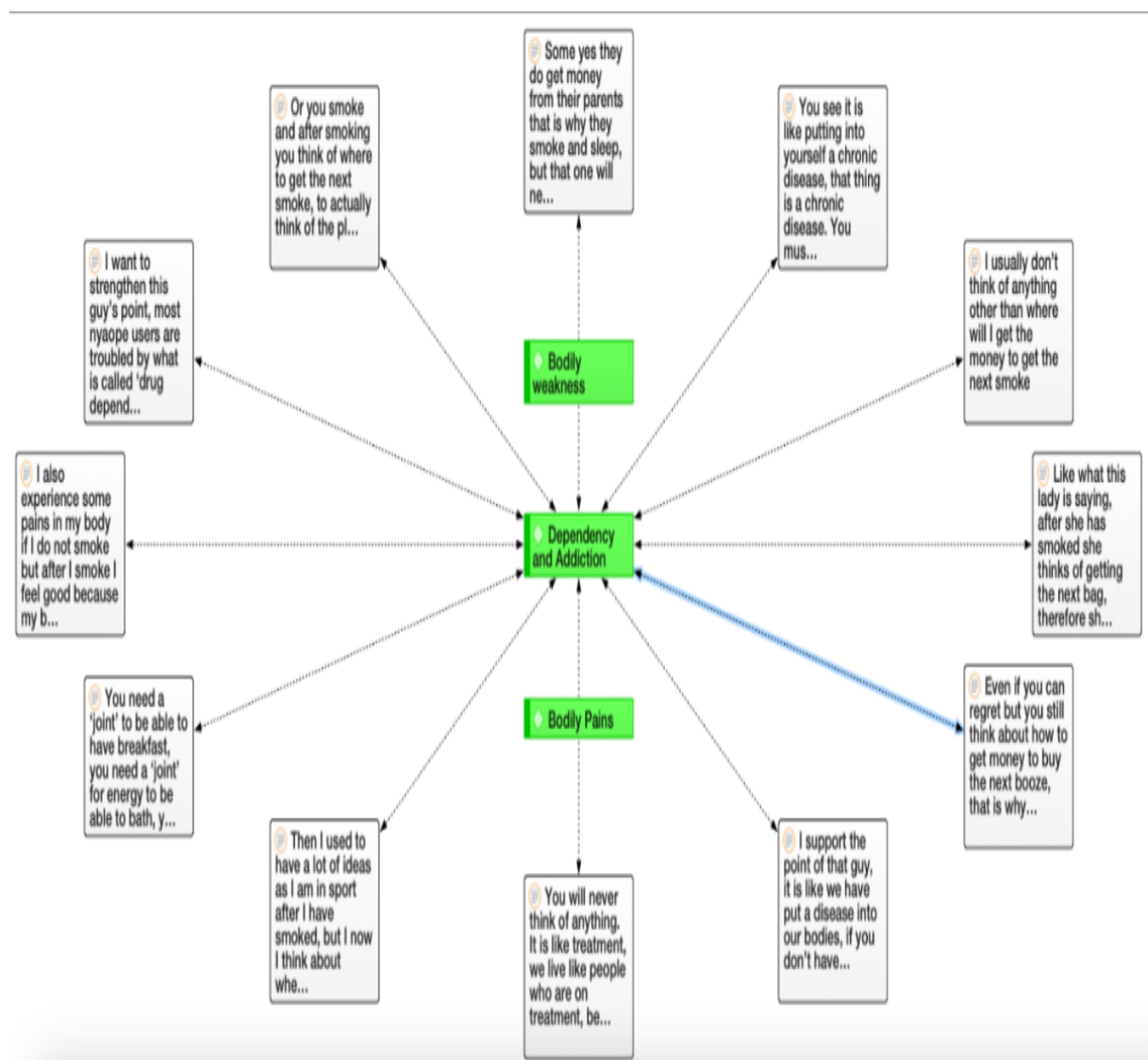


Figure 5.5 Schematic presentation of sub-theme: Dependency and addiction 1

The study discovered that *Nyaope* users have a common dependency problem upon this drug, for them is to always think of strategies and ways about where and how to get the next smoke. It shows that because they strive to avoid what is called ‘*cracking*’ or a state of psychotic withdrawal, they must always find ways to get the next bag to smoke. This happens because their minds and bodies are dependent upon the drug (Mokwena, 2015).

Singh and Gupta (2017) make a clear distinction between drug dependence and addiction. They define drug dependence as persistent drug use resulting in physiological, behavioral, and cognitive withdrawal if the cessation of the drug is attempted. Addiction refers to a compulsive drug seeking and use tendency, despite the harmful consequences. Smith (2015) adds that drug addiction is a form of enslavement to drugs taking full control of a person’s mental, emotional and psychological state.

The *Nyaope* youth users are dependent upon the drug because there is nothing that they can do without it. The *Nyaope* drug has now become part of their lives. The key informant number two indicated that indeed these youths are dependent and addicted to the drug because they travel long distances to look for it and they like to share it amongst themselves. It is very significant to note that this problem is serious in the sense that these youth users of *Nyaope* find themselves trapped or enslaved by this drug (Peltzer & Phaswana-Mafuya, 2018).

Another participant described the dependency and addiction process of this drug in simple terms, he said it starts with “ts” then comes to “abits” then comes to the full developed smoking “habit”. This is resonant to what Volkov, Koob and McLellan (2018) indicated that there are three stages of addiction namely; binge and intoxication, withdrawal and negative effect, and preoccupation and anticipation (or craving). Furthermore, addiction develops over time depending on how the users take the drug. Indeed, they do not take the same doses and the severity of the “highness” (intoxication) will not be the same as per individual and so will the dependency and addiction process (Olawole-Isaac et al., 2018).

In light of the above, we therefore cannot ignore the fact that *Nyaope* increases the prevalence of mental illnesses in the community. Both the key informant two and three emphasized that these youth *Nyaope* users go crazy after using this *Nyaope*, and as a result, they do bizarre things like becoming uncontrollable, defecating themselves, restlessness, make strange noises, and laughs (Volkov et al., 2018). The key informants further indicated that this drug twists their minds upside down as they observed incoherency in their speech and abnormality in behaviour. Mthembi et al. (2018) further indicate that the use of this drug culminates in mental problems and the community is burdened by these users. The type of mental problems as a result of these substances includes hallucinations, anxiety, agitation, nervousness, mood disorders, depression, antisocial behaviour, and psychotic behaviour.

5.2.3 Theme 3: The lived social experiences of youth residing in Elias Motsoaledi at Sekhukhune District about *Nyaope*

5.2.3.1 Sub-theme 3.1 Defining and describing Nyaope

The study found that *Nyaope* is a concoction or mixture or cocktail of different ingredients like ARVs, rat poison, and chemicals including household products such as cleaning detergents and many more which are sealed together to produce the final product. This product could be released in raw substances like brick and then finally grinded to become consumable powder (Motsoeneng, 2018). According to SANCA *Nyaope* is a uniquely South African street drug that is highly addictive and destructive which is characterized mainly by mixture of Dagga and Heroin. Furthermore, it is a fine white powder that is usually combined with marijuana to be able to be smoked by the users (SANCA, 2018).

According to Mabokela (2018), it is not specific which type of ingredients should form part, but *Heroin* is said to be the main illegal drug. In other words, *Nyaope* is in powder form and can be consumed by smoking it with marijuana and smoked like a cigarette, injecting it into the body, or inhaling it with pipes (Tetawal et al, 2019). The researcher

also had the opportunity to examine the *Nyaope* drug whereby the user demonstrated how it looked like. It appeared to be a tiny plastic bag, this tiny bag containing *Nyaope* is called “joint” in the user’s language. Inside this bag, there was a yellow-brownish powder which was said to be a *Nyaope* drug. It was indicated that the substance was a final product of *Nyaope* ready for consumption.

This drug is said to be highly accessible in the community because many people sell it and is very cheap, as little as from R25 to R35 per a very tiny bag called “joint” in their language. All the key informants indicated that the drug costs from R25 to R50 per bag depending on the location and dealers. It was further indicated during the study that the drug is dealt with by Indians, Parkistans, and Nigerians who work with the local people to make it available. Some of these people are said to be known in the community but they are alleged to be not getting arrested or dealt with by the law, or rather the law is slow when it comes to dealing with them unlike other crimes (Monyakane, 2016).

According to Mabokela (2018), the *Nyaope* drug produces very harsh effects on the users because of its hostile nature. The effects are hard to bear and to deal with. These effects are devastating and they are very harmful to the users. Many youths engage in *Nyaope* because of many factors such as peer pressure, easy availability in the community, and poor parental supervision (Maluleke & Manu, 2017).

5.2.3.2 Sub-theme 3.2: Community stigmatization

The study reveals that the youth *Nyaope* users experience community stigmatization. It is inevitable for *Nyaope* addicts to be stigmatized, separated, and labeled by the community due to their criminal behavior and hygienic poverty. Participant, I said that every time something goes missing at the neighbor’s house, she becomes the primary suspect and therefore she thinks that she might as well steal because they have already labeled her of theft (Mahlangu, 2016).

The participants indicated during the study that this stigmatization and labeling is hard for them to bear because everything which goes wrong in the community they become the first suspects. They indicated further that not all of the *Nyaope* users commit a crime to get money to buy *Nyaope* though that is the most common way, they said they are being falsely accused of a crime. It is evident from data that not all *Nyaope* users resort to crime to make money for *Nyaope* but many of them indeed do. However, it is also clear that some *Nyaope* users do peace jobs, and some wash cars in a town to make money to buy *Nyaope* (Mokwena, 2015).

It emerged from the study that in the communities, people call the youth *Nyaope* users “*Ma-Nyaopana*” (Sepedi slang) which means the *Nyaope* boys; this is how they are labeled in the community. It also emerged that everything which is associated with bad things in the community, the community always says that *Nyaope* boys are responsible for it. The participants indicated that this stigmatization makes them feel neither welcomed nor accepted in the community they live in; they feel resented and excluded by the community members (Nkosi, 2017) because *Nyaope* is perceived as a bad thing or a dangerous drug that harms people. When these *Nyaope* users feel ostracized by their communities, they resort to living by themselves and go as a group staying in the bushes, streets, abandoned houses, or taxi ranks. This poor hygiene kind of this lifestyle is detrimental to their health and wellbeing (Fernandes & Mokwena, 2016).

5.2.3.3 Sub-theme 3.3: Family rejection

This study discovered that the *Nyaope* users steal from their homes when they need money to buy *Nyaope* for the next smoke. The participants also admitted to stealing things from their homes to sell and buy *Nyaope*. As a result, this burdens their families until some families decide to lock doors for them so that they do not enter into their houses. In addition, some *Nyaope* users decide to estrange themselves from their families after realizing that they are a burden, as a result, they live on their own and stay where *Nyaope* is easily accessible like in towns (Nkosi, 2017).

According to Motsoeneng (2018), the situation of *Nyaope* causes disintegration of the family by ruining the relationships amongst the family members. It is also a stressful moment for a family to have a *Nyaope* user because it also drains families financially as they have to go up and down trying to seek help for their addicted family member. Sometimes families find it hard to accept the problem that they face because of the stigma surrounding *Nyaope*. The problem is that failure of the family to admit the problem may hinder the success of the *Nyaope* user to recover (Ellet, 2017).

The study revealed that the youth *Nyaope* users face severe family rejection because of their troublesome lifestyle. The issue is that sometimes families find it hard to accept and cope with the situation of their addicted loved one and they become ashamed and finally estrange the *Nyaope* user. Another problem is that the families suffer greatly because the *Nyaope* users steal things from them and sell them so that they can buy *Nyaope*. The key informant number one attested that these people can steal items such as cell phones, food such as canned fish, and other portable items to go and sell (Motsoeneng, 2018).

It is normal for the families to feel this way because of the stigma attached to *Nyaope*. They have to bear the distress when they realize that their loved one is into *Nyaope*, and they often get ridiculed and stigmatized by the community and they also like to blame themselves for the addiction of their loved ones one (Ellet, 2017).

Nkosi (2017) indicates that it is a big problem for many families; because some find it hard to accept this problem because of the stigma attached to *Nyaope* which they have to endure. Sometimes families fight amongst themselves because of frustration and anger over the continuous stealing behaviour of the *Nyaope* addicts. This causes a huge strain and burden to the family hence they end up rejecting them. Now the failure of the family to admit the problem and deal with it results in making the situation to become worse whereby it may even impede the likelihood of a *Nyaope* addict to succeed in terms of recovery. So the family plays a pivotal role in the recovery success of an addict (Ellet, 2017).

5.2.3.4 Sub-theme 3.4: Relationship failure

The study found that the youth *Nyaope* users do not necessarily have time to rationalize and conceptualize love and relationships. They have no interest in building families or marriage because their lives revolve around hunting *Nyaope* to smoke. Another participant said that the *Nyaope* men have no problem in sex, he said they are good in bed but the problem is that they aren't interested in starting and maintaining love and relationship because for them is to smoke *Nyaope* (Matsoeneng, 2018).

It emerged from the study that this *Nyaope* drug problem also separates the users from their children, for example, participant A indicated that he decided to hide his addiction problem from his 11-year-old son because he did not want his son to know until he becomes well and recovered. This shows that he is ashamed of his problem and he is willing to sacrifice his relationship with his son because of the drug. In other words, he is afraid to disappoint his son or set a bad example for him as a parent.

According to Mabokela (2018), *Nyaope* has the potential to ruin family relationships that are central to the lives of people. The *Nyaope* users are distanced from the people close to them. They go and live in towns, taxi ranks, abandoned houses, and even in streets, it is like they are no longer part of their families or people close to them, they are far from them (Mokwena, 2015).

5.2.3.5 Sub-theme 3.5: Engagement in criminal activities

Below is a visual representing the sub-theme, accompanying quotes as well as co-occurring codes.

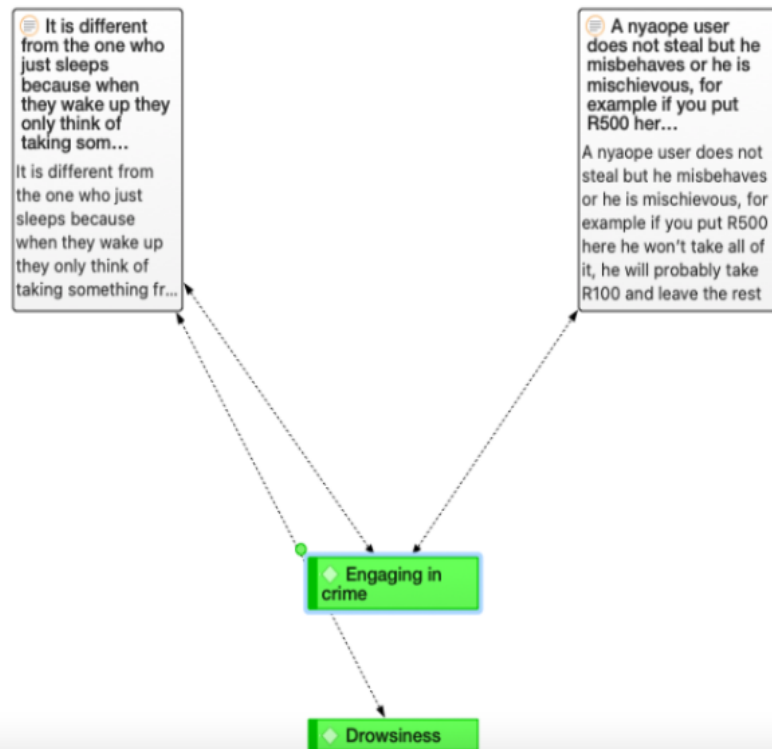


Figure 5.6 Schematic presentation for sub-theme: Engagement in crime 1

The study found that many youth *Nyaope* users engage in criminal activities in the community to maintain their *Nyaope* use habit although not all of them. Because *Nyaope* is so addictive, the youth users usually resort to criminal activities such as theft, if they are unable to access the drug, and some commit violent crimes that affect their family members or friends to get money to buy *Nyaope*. This is because the lives of *Nyaope* users revolve around getting the next smoke. In other words, after smoking, they think about where and how to get the next *Nyaope* smoke (Mabokela, 2018).

Mthembi et al. (2018) indicate that these *Nyaope* users are mostly from poor backgrounds. Therefore, they often resort to criminal activities to sustain their drug habit which includes stealing anything valuable that can enable them to access *Nyaope*. It is also indicated that the inclusion of Antiretroviral drugs (ARVs) in the *Nyaope* concoction as one of the ingredients leads to the ARVs being stolen by corrupt officials or they get robbed. As a result, this creates a huge problem for the community and the health system as a whole (Ellet, 2017).

The key informant two and three attested that the *Nyaope* users engage in various criminal activities in the community because they want to get money to buy *Nyaope* which they can get at R25 to R50. Furthermore, they steal from their homes, they break houses and they rob the elderly people of their grant money to get money to buy *Nyaope*. Mahlangu (2016) concurs that these *Nyaope* users become a big burden to the communities because as they cannot always afford to buy *Nyaope*, they resort to robbery, stealing, and theft. As such, the government is faced with a huge burden to in terms of dealing with this problem. In addition, there are other types of problematic behaviors associated with *Nyaope* use such as, prostitution, domestic violence, and abusing of children especially child neglect (Nkosi, 2017).

5.2.3.6 Sub-theme 3.6: Economic and educational failure

The study reveals that the *Nyaope* drug damages the mind of the users and they no longer think in the right way. In other words, their thinking becomes distorted because now they are always preoccupied with *Nyaope*. As result, they no longer cope with school, and they finally drop out and their future gets ruined and their chances of employment. The key informant one indicated that *Nyaope* ruins the future of the youth and they fail to reach matric and those who manage to reach matric fail to pass or they fail to proceed to tertiary schools (Volkov, Koob & Mclellan, 2018).

The key informant three added that this drug destroys the future of these young people significantly. According to Tshitangano and Tosin (2016), the youth who use illicit drugs are likely to drop out of school as a result and become unemployed and poverty escalates in the society which worsens the situation influencing crime to increase unbearably.

According to Clary, Ribar, and Weignensberg (2020), there is a clear correlation between poverty and substance abuse. In other words, substance abuse has a huge impact on poverty in the communities. Many young people who drop out of school at an early age are likely to get involved in substances and end up roaming the streets increasing the level of unemployment. Now, this is clear that the situation of

substances among youth exacerbates poverty in the community and it is a great crisis. In addition, these are two risk factors for children; they become likely to adopt the same problem of becoming drug addicts. As a result, the epidemic is transmitted from one generation to another (Hakansson & Jesionowska, 2018).

Another huge risky factor is when parents are not actively involved in the lives of their own children. These children get exposed to drugs and use them freely if there is no active parental supervision or parents simply ignoring their kid's daily activities. They even smoke in schools at the back of the classes and they end up causing a problem for schools (Mpanza, 2014).

5.2.3.7 Sub-theme 3.7: Barriers to overcoming Nyaope problem among the youth

Data indicate that these *Nyaope* users need serious help and they are crying for help because of the gruesome harm the drug caused them. To show that this is true, some users indicated that they sometimes regret immediately after smoking and they promise themselves to quit but they often fail because the cravings are too strong (Mokwena, 2015).

The problem of *Nyaope* drugs among the youth is huge especially in rural areas because there is a huge influx of drug addicts and *Nyaope* addiction among youth is significantly growing (Mokwena, 2015). The government has tried to put certain measures in place in terms of responding to the problem, however, the battle is still far from over because there are still quite some obstacles that stand in the way. These are the barriers that hinder success, which include inadequate resources, lack of family support, and the softness of the law in dealing with the drug problem (Fernandes & Mokwena, 2016).

- *Inadequate resources and funding*

The study discovered that there is still inadequacy in terms of funding for substance abuse organizations centers in the community. This creates a huge challenge to meet

the daily activities for rendering services to *Nyaope* addicts. Funding is necessary for resources that enable them to undertake their responsibilities in providing services to the *Nyaope* addicts (Fernandes & Mokwena, 2016). The initiatives of community organizations assist the government in bringing the services nearer to the clients, but funding for these community organizations is still scarce, now this exacerbates the problem even further because there is too much influx of *Nyaope* addicts who need services but there is not enough funds to train and hire more substance abuse practitioners (Ellet, 2017).

The youth *Nyaope* users indicated that they have faith in the rehabilitation services and that if there could be more rehabilitation centers and organizations as well as practitioners, things could be better in the communities, unfortunately, there are neither sufficient rehabilitation centers nor practitioners (Pullen & Oser, 2015). Clary et al. (2020) emphasize that this situation is very serious because sometimes the clients cannot get the treatment they need. As a result, they can end up on waiting lists because treatment options are limited, which prevents them from receiving services when they need them. So this general shortage of health care providers exacerbates the issue of difficulty in dealing with substance abuse in rural communities.

According to Ellet (2017), it is inconceivable to realize that rural communities have fewer mental health providers and other types of specialized providers such as therapists than urban areas which is a problem in most rural areas. Social workers are there are from the Department of Social Development and those from SANCA and other NGOs but they are limited and some especially those from the Department of Social Development lack specific training in substance use disorder treatment, therefore, there is still a huge gap which needs to be closed if the battle is to be won. There should be a specified trained group of social workers and social auxiliary workers to deal specifically with this problem (Motsoeneng, 2018).

Another problem is that relapse is highly inevitable due to personal, environmental, and cognitive risk factors such as stress, peer pressure and not engaging in any

activity (Clary et al., 2020). Not doing anything is a high-risk factor for *Nyaope* users which needs to be dealt with. Participant B indicated that many youth come from rehabilitation and they are likely to regress and relapse because they aren't doing anything productive (Fernandes & Mokwena, 2016).

- Inadequate family support and lack of self-support

The study found that there is not enough support from families of these addicts hence some end up estranging themselves. This is probably because of the stigma which they go through which is attached to *Nyaope*. However, some families are there trying to offer support and even going to a point of using their money to pay for any treatment that they might hope for good results (Smith, 2015).

During this study, it was discovered that many youth *Nyaope* users were separated from their families because of their troubling lifestyles and the stigma attached to the drug. They also indicated that they were not receiving enough support from their families but rejection. The families indeed face a huge challenge in handling their *Nyaope* loved ones and they are under a severe strain because of this problem (Nkosi, 2017).

According to Ellet (2017), a family can play a very significant role in helping their loved one to overcome the *Nyaope* problem. As *Nyaope* users often do not feel welcomed nor accepted in their homes, they might feel rejected and burdensome because of their troublesome lifestyle, as such they might live with anger and never see a need to change, but if they are supported by their families adequately they will see the need to change. Now working with the family to treat the factors that influence substance abuse and to encourage support would be an ideal strategy. However, families also need extended support and awareness to understand and accept the situation so that they can respond positively (Clary et al, 2020).

It was also revealed during the study that in terms of winning the *Nyaope* battle not only family support and resources can do alone but self-effort is needed as well. Participant B expressed a different opinion from others that no matter how hard the

family can support an individual or even if rehabilitation centers can be abundant but if there is no self-effort and willingness from the individual, the battle can never be won. According to Mokwena (2015), these *Nyaope* users struggle with this drug, and even if they try to quit they often fail, but this participant assures that people need to put an effort. He gave an example of a person in the community who received all the support he needed but still relapsed and regressed to the same problem.

- Lack of stakeholders' involvement

It was shown by this study that one of the biggest problems is the lack of cooperation in the communities. In other words, the stakeholders are not working together hard enough to combat this pandemic, the key informant emphasized that there isn't enough support from significant stakeholders such as municipal offices and community ward councilors. However, the work done by SANCA is always commended, but the problem is that the demand is still too high (Fernandes & Mokwena, 2016).

Defeating this epidemic requires a combined effort by the community and other key stakeholders to actively play a part. This is everyone's fight; everyone must do their part to fight this epidemic. The combined effort of stakeholders and community involvement shall create a strong synergy that will enable them to mobilize and solve their problems to save young people who are crying for help because of this *Nyaope* drug (DSD, 2019).

- The softness of the law in dealing with the drug problem

Due to the nature of *Nyaope* concoctions, it was not easy to classify it as an illegal drug in terms of the law of this country in the beginning; as a result, it allowed the users to access and use it freely. However, in 2014, the Department of Justice and Constitutional Development decided to reconsider the South African Drugs and Trafficking Act 140 of 1992 to incorporate and declare either the possession, trafficking, or using of *Nyaope* a criminal and prosecutable offense. In other words, the

department sought to curb the use, possession, and trafficking of all illegal drugs including the newly emerged drug called *Nyaope* by criminalizing it. This means that *Nyaope* users, possessors, and traffickers are now tried and sentenced in terms of the South African Criminal Law Act 105 of 1997 leading to the amendment of the Drugs and Trafficking Act of 2014 (Monyakane, 2016).

Though the justice system criminalised the use of *Nyaope*, it is still a big challenge for the communities to seriously curb the scourge of *Nyaope*. The key informant two indicated that the police are not doing enough to stop this problem in the communities because the drug dealers and those who possess the drug are still not being arrested and prosecuted though well known. He said that they sell these drugs to the young people easily and they are enriching themselves by killing young people. According to him, the law is very soft in dealing with drug dealers who are known in the community which increases the availability of drugs in the community (Mokwena, 2015).

Despite the growing number of *Nyaope* users, the challenge for the law remains in terms of dealing with *Nyaope*. The *Nyaope* users sometimes get arrested when they are found in possession of the drug but afterwards they get out, this means that they usually do not successfully get prosecuted as another respondent emphasized. In fact, the biggest challenge lies in discovering the illicit drug in the concoction because most of the ingredients are not illegal such as cleaning detergents and so forth. As a result, it becomes difficult for them to actually prosecute the users if they do not find the main illicit drug in the sample tested in a laboratory. Indeed, it is true that they arrest *Nyaope* users but prosecuting them is still a huge challenge (Monyakane, 2016).

Mthembi et al. (2018) assert that there must be chemical analysis taking place which frequently involves dissolution of a drug prior to using an instrumental method. Furthermore, they say a solvent in which the components of *Nyaope* are soluble and stable is necessary for the profiling of impurities since chemical degradation of the sample and/or artefact formation may result in erroneous chemical profiles of the *Nyaope* samples, but finding a suitable solvent for *Nyaope* is very difficult because of

the different chemical classes of drugs likely to be encountered in the process. Furthermore, an understanding of the relative proportions of the illicit drug components and chemical profiling of *Nyaope*, which mainly contains diamorphine in combination with cannabis and/or other psychotropic substances can assist relevant law enforcement agencies to prosecute those involved in the manufacture, trafficking and distribution of the drug.

5.3 SUMMARY

This chapter was about the discussion of the findings of the study. The study discussed the themes and sub-themes of the study. Under the physical lived experiences of youth residing in Elias Motsoaledi at Sekhukhune District about *Nyaope*, it was discussed that the youth *Nyaope* users experience bodily pains, bodily weakness if they do not smoke *Nyaope*, and drowsiness, loss of appetite for food and poor hygiene when they smoke *Nyaope*, but when they get *Nyaope*, they regain strength. Under the psychological experiences of youth about *Nyaope*, it was discussed that the youth experience mind relaxation and regret as well as worrying after smoking the *Nyaope* drug, they also experience dependency and addiction to the drug which takes control of their lives. Under social experiences, *Nyaope* was described in detail and it was indicated that the youth experience family rejection, community stigmatization, relationship failure, engagement in crime, economic and educational failure. Furthermore, barriers and recommendations to overcoming the *Nyaope* battle were discussed such as inadequacy of resources, lack of family support, and the softness of the law in dealing with the drug problem in communities. It has been recommended that the government increases funding for Non-government organizations dealing with substances, build more rehabilitation centers, establish abundant health care services for *Nyaope* users at a local level, more social workers and auxillary workers to be trained and capacitated to work with substance abuse. There must be active involvement of other stakeholders in the community to assist in the fight against substance abuse such as Department of Health, Department of Education, Department of Sports and culture and so forth.

CHAPTER 6: SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter is about the summary, conclusion, and recommendations of the study. The chapter discusses the summary of the entire study and makes a conclusion regarding the findings. It also makes clear about the limitations of the study and recommendations of the study to intervention, policies, and future research.

6.2 SUMMARY

The study was about determining the lived experiences of youth residing in Elias Motsoaledi municipality at Sekhukhune District about *Nyaope*. The study was conducted at Rite substance abuse organization targeting youth *Nyaope* users between 18 to 35 years of age. The study followed a qualitative research approach using a phenomenological research study design in order to explore, contextualize and describe the phenomenon. A focus group discussion and key informant interview were used as data collection methods whereby a thematic data analysis method was applied.

The study revealed that the youth *Nyaope* users experienced various effects of the drug. They experienced the lived physical effects such as bodily weakness, bodily pains when they do not smoke *Nyaope*, and they also experience drowsiness, loss of appetite, and poor hygiene as they smoke the drug. The bodily pains, which they experience, are encountered due to withdrawal symptoms if they do not get the drug, as a result, they live to find *Nyaope* and smoke to curb the pains and cravings.

The study also found that the youth *Nyaope* users experience lived psychological effects of the drug such as mental relaxation, regret, drug dependency, and addiction. Youth users enjoy the feeling of mind relaxation they get from the drug because it gives them euphoria and the bodily pains disappear for a while. These people are

extremely dependent on this drug because it controls them, over time they become seriously addicted in such a way that they are unable to quit even if they want to.

Lastly, the study found that the users experience the lived social problems due to smoking *Nyaope*, such as rejection by family, stigmatization by the community, relationship failure, and engagement in crime, economic and educational failure. The families of these users are strained because of their troublesome and criminal lifestyle whereby they steal things to sell and buy *Nyaope*, the families also carry a stigma and they end up rejected or giving upon them. The youth users also suffer stigmatization from the community because of crime and poor hygienic practices. The youth users engage in crime especially theft and robbery to make money so that they can buy *Nyaope*.

6.3 LIMITATIONS OF THE STUDY

The study would have yielded more results but because of the following it was limited:

- The study was conducted in one area making it hard to generalize to other populations.
- The sample was not balanced in terms of gender, because there were not enough female *Nyaope* users, only one female user participated in the focus group discussion.
- The families of the *Nyaope* users were not part of the study, but if they were they would have yielded a deeper understanding of the effects of this drug on families.
- The other stakeholders such as police, health workers, and SANCA social workers were also not part of the study which could have yielded better results.
- Time was also limited to conduct more focus group discussions.

As far as the above limitations are concerned, it is therefore recommended that future research focus on these areas to advance the research topic by attending to the above limitations.

6.4 RECOMMENDATIONS

The lived physical experiences of youth residing in Elias Motsoaledi at Sekhukhune District about *Nyaope*

- The government should provide more funds and resources to build more treatment and in-patient rehabilitation centers in Limpopo for *Nyaope* users. At least every municipality must have its own rehabilitation center for easy accessibility of services for users.
- There should also be more funding available for the NGOs volunteering to take part in the fight against substance abuse.
- *Nyaope* addiction should be regarded as a medical issue, wherein the government must ensure treatment abundantly available at the local medical facilities such as hospitals and clinics.
- Furthermore, the Department of Health must improve its response by ensuring that there is abundant medical services to assist the *Nyaope* users at the local level because they are in dire need of medical attention as the drug has enormously affected their health.

The lived psychological experiences of youth residing in Elias Motsoaledi at Sekhukhune District about *Nyaope*

- The Department of Social Development must appoint, train and capacitate more social workers and social auxiliary to help in the substance abuse crisis. These social workers and social auxiliary workers will render services from

counseling, prevention, referrals to rehabilitation centres, outpatient services, and more.

- The Department of Sports, Arts, and Culture must be recruited to assist in the fight against substance abuse. The Department of Sports, Arts, and Culture can play a dual role in helping in the prevention by keeping youth busy and out of the streets and to cure the relapse problem likely to occur after a user comes back from the rehabilitation center, minimizing the number of youth engaging in substance abuse. This department can bring programs that will engage the youth in various extramural activities such as sports, entertainment, acting, singing, and art. When a user comes from the rehabilitation center, he or she must be directly referred to the department and take part in extramural activities programs. This extramural program will assist to keep the youth busy and equip them with skills for self-develop, discovering, and nurturing their potential so that they do not return to the same smoking habit.

The lived social experiences of youth residing in Elias Motsoaledi at Sekhukhune District about Nyaope

- The involvement and participation of stakeholders are necessary to improve the social experiences of the youth addicted to *Nyaope*. Therefore, various stakeholders such as police, religious and community leaders, ward councilors, social workers, health practitioners, and more have a role to play and they must cooperate in terms of fighting this disease. The stakeholders should meet and discuss how each of them can play a role in fighting the epidemic; plan, and intervene, report back and evaluate their interventions.
- The Department of Social Development in partnership with the other departments such as the Department of Health and Education must establish health promotion campaigns aiming at curbing the scourge of substance abuse among youth. This program must also be extended to reach their families to eradicate the risk factors at home and in the environment where the children

find themselves. This program must be based on rigorous assessment to determine a preventive or curative strategy in dealing with this problem, evaluation plan, and strategy of the program to track its success and then make necessary improvements where there is a need.

- Educators can strengthen Life Skills and Life Orientation lessons in schools to equip learners with skills to resist engaging in drug use.
- The law must improve in dealing with the drug problem in the communities. The police must do a rigorous search and arrest those who are responsible for dealing with drugs not just the user's parse. Arresting the *Nyaope* usersparse will not completely eradicate the root problem because when they come back, they easily access the drug again from the same dealers, but dealing with those that sell drugs can solve the availability problem in the community, in other words, arresting it can reduce drug availability in the communities.

6.5 CONCLUSION

The study revealed that the youth experienced lived physical effects of *Nyaope* such as bodily weakness, bodily pains when they do not smoke *Nyaope*, poor diet, and hygiene. The study also found that the young *Nyaope* users experience mixed psychological effects such as mind relaxation of which they enjoy, regret and worry dependency, and addiction to *Nyaope*.

Lastly, the study found that the young *Nyaope* users experience lived social effects such as family rejection because of stigma and they develop a habit to engage in theft. Community stigmatization occurs mainly because of criminal activities, poor hygiene, relationship failure where they are unable to make and maintain relationships, engaging in crime as a result of wanting to maintain their *Nyaope* smoking habits. The youth also experience economic and educational failure as the drug effects ruin their chances of education and employment. This study managed to explore and describe these experiences as planned in the research proposal.

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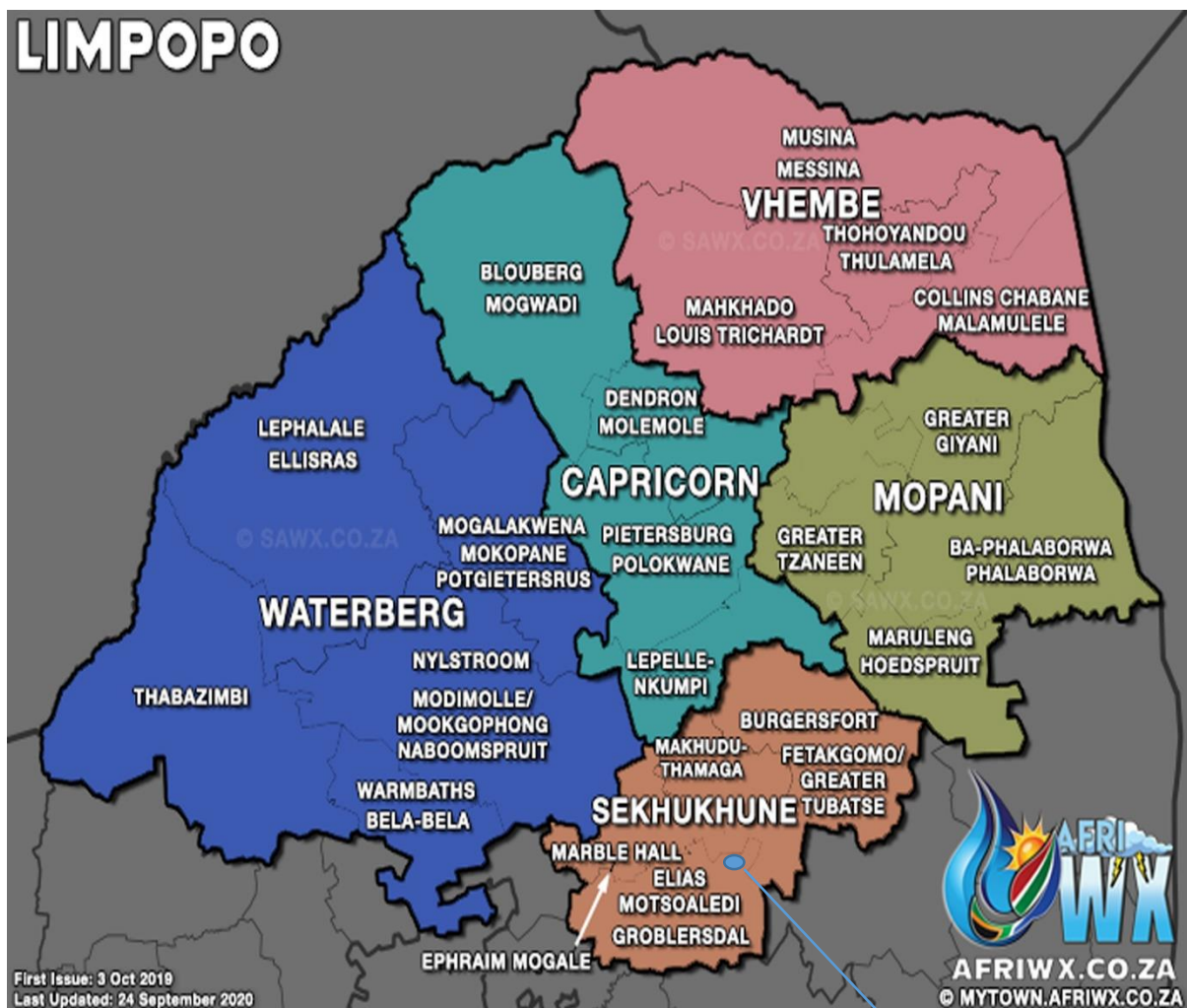
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ANNEXURE 1: LIMPOPO PROVINCE MAP



Tafelkop village

Source: <https://sawx.co.za/province-district-municipality-maps/limpopo-province-district-munic>

ANNEXURE 2: FOCUS GROUP DISCUSSION GUIDE OF PARTICIPANTS IN ENGLISH AND SEPEDI

Topic: The lived experiences of youth residing in Elias Motsoaledi Municipality at Sekhukhune District about *Nyaope*.

SECTION A (KAROLO A): DEMOGRAPHIC DATA (PALO YA TLHAHISOLESERING)

Please fill in the open blanks and mark the applicable in the boxes with an x e.g.

Female	Male X
--------	--------

- Gender (Bong):

FEMALE	MALE
--------	------

- Age (Me ngwaga): _____
- Home Language (Pulelo ya gae):

Sepedi	IsiNdebele	Other (specify)
--------	------------	-----------------

- Country (Naga): _____
- Province (Porovinsi): _____
- Residential address (Bodolo) _____
- Marital status (Mayemo a lenyala)

Married	Single	Divorced
---------	--------	----------

O nyetse	Ao nyala	O hladile
----------	----------	-----------

- How many children do you have (O na le bana ba kae)_____
- Economic status (Mayemo a mušomo):

Employed	Unemployed	Self-employed	Other(specify)
Wa šoma	A o šome	O a dipereka	Tše di ngwe

- How long have you been using *Nyaope* (Ke nako e kae o berekiša *Nyaope*)?

Less than a 1 year	1-2 years	3-5 years	More than 5 years
--------------------	-----------	-----------	-------------------

- How long have you been receiving services from the Rite organization (Ke nalo e kae o gwetša thušo go tšwa lefapeng la Rite)?

Less than a 1 year	1-2 years	3-5 years	More than 5 years
--------------------	-----------	-----------	-------------------

- What are you goals and aspirations in life (Ke eng di toro tša gago bophelong)?

SECTION B (KAROLO B): INTRODUCTORY QUESTIONS (POTŠISO TŠA KENYAETSO)

- What is *Nyaope*? (Ke eng *Nyaope*?)
- Where do you usually get it? (O e gwetša kae *Nyaope* ka mehla?)
- How much is *Nyaope*? (*Nyaope* e dira bo kae go e reka?)

SECTION C (KAROLO C): MAIN RESEARCH QUESTIONS (POTŠISO TŠA PATLIŠIŠO)

- After smoking *Nyaope* what is it that you experience in your body? (Ka morago ga ge o tsubile *Nyaope* o te kwa bjang mo meleng?)
- After smoking *Nyaope* what is it that you experience in your mind? (Ka morago ga ge o tsubile *Nyaope* o te kwa bjang monaganong?)

- As a youth *Nyaope* user what do you experience in your social life in relation to family, friends, love, employment and community as a whole? (*ge ole moswa oa berekishang Nyaope, o kopana le eng mo bophelong gago o lebeletse lapeng, ba gotse, lerato, sechaba kamoka le mbereko?*)
- What must be done in order for you to quit using *Nyaope*? (*go tshwanetse gore go dereke eng gore o gona go tšwa kgare ga mathata ao?*)

ANNEXURE 3: INTERVIEW GUIDE FOR KEY INFORMANTS IN ENGLISH AND SEPEDI

Topic: The lived experiences of youth residing in Elias Motsoaledi municipality at Sekhukhune District about *Nyaope*.

SECTION A (KAROLO YA A): DEMOGRAPHIC INFORMATION OF KEY INFORMANTS (PALO YA TLHAHISOLESERING)

- Gender (Bong): _____
- Age (Me ngwaga): _____
- Home Language (Pulelo ya gae): _____
- What is the level of your education (O fihlile kae ka skolo)? _____
- What is your residential address (O dola kae)? _____
- What is your occupation (Ke eng mbereko wa gago)? _____
- How long have you been working with *Nyaope* addicts (Ke nako e kae o berekana le a tsobe ba *Nyaope*)? _____
- What services do you provide to *Nyaope* addicts (O ba thuša ka eng ba tšubi ba *Nyaope*)? _____

SECTION B (KAROLO YA B): INTRODUCTORY QUESTIONS (POTŠISO TŠA KENYAETSO)

- What is *Nyaope*? (*Ke eng Nyaope?*)

- Where do you think users usually get it? (*O nagana gore ba e kgwetša kae Nyaope ka mehla?*)
- How much is Nyaope? (*Nyaope e dira bo kae go e reka?*)

SECTION C (KAROLO YA C): MAIN RESEARCH QUESTIONS (POTŠISO TŠA PATLIŠIŠO)

- After smoking Nyaope what is it that you observe that Nyaope users experience in their bodies? (*Ka morago ga ge ba tsubile Nyaope o bone gore ba di kwa bjang mo meleng?*)
- After smoking Nyaope what is it that you observed that Nyaope users experience in their mind? (*Ka morago ga ge ba tsubile Nyaope o bone gore ba di kwa bjang monaganong?*)
- What is it that *the youth Nyaope users* experience in their social life in relation to family, friends, love, employment and community as a whole? (*ge moswa a berekishang Nyaope, o kopana le eng mo bophelong ba gagwe go tswana le ko lapeng, ba gotse, lerato, sechaba kamoka le mbereko?*)
- What must be done in order for you the youth to quit using Nyaope? (*Go ka derewa eng gore baswa ba gona go tšwa kgare ga mathata ao a Nyaope?*)

ANNEXURE 4: CONSENT FORM

I (Full names) _____

hereby consent to participate in the research study **the lived experiences of youth residing in Elias Motsoaledi at Sekhukhune District about *Nyaope*** voluntarily and by will. The researcher explained and clarified the following to me;

- The nature and the purpose of the study, the methods of data collection and analysis to be applied.
- No remunerations, incentives or reimbursement for participating in the study.
- My rights to confidentiality, voluntary participation, and to withdraw from the study anytime I feel without coercion or threats of intimidation.
- His ethical obligation to protect my identity as well as the information I am going to give, and neither to manipulate nor misuse the information I am going to give for whatever commercial or personal purposes but only for academic use.
- And I give consented that a recording be done

Signature of participant: _____ **Date:** _____

ANNEXURE 5: REQUEST LETTER TO PROVINCIAL DEPARTMENT OF SOCIAL DEVELOPMENT



LETTER TO REQUEST PERMISSION TO CONDUCT A RESEARCH STUDY

MAMUKEYANI ERIC

STUDENT NO. 201924575

UNIVERSITY OF LIMPOPO

FACULTY OF HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

Contact details: 063 766 8981/0682601463

Email address: ericmamukeyani@gmail.com

DEPARTMENT OF SOCIAL DEVELOPMENT

LIMPOPO

OLYMPIC TOWERS

PRIVATE BAG X900

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY TITLED: THE LIVED EXPERIENCES OF YOUTH RESIDING IN ELIAS MOTSOLEDI MUNICIPALITY AT SEKHUKHUNE DISTRICT ABOUT *NYAOPE*.

Greetings! I am writing this letter as second year Master's student from University of Limpopo pursuing Master's degree in Public Health (student number 201924575). By occupation I am a social worker (level 07) stationed at Luckau one stop centre in Elias Motsoaledi municipality at Sekhukhune District.

I would like to request permission from the provincial Department of Social Development provincial office to conduct a research study on the lived experiences of the youth residing in Elias Motsoaledi municipality at Sekhukhune District about *Nyaope*. The aim of the study is to explore and describe the lived experiences of the youth about the impact of *Nyaope* drug in their lives.

This research study will be conducted at Rite substance abuse NGO situated in Tafelkop village on the road from Janefurse to Groblersdal. This study is targeting the youth *Nyaope* users who are receiving services from the Rite substance and who are 18 years of age and above, and those who are willing to participate in the study voluntarily. The research study has been given permission by the University of Limpopo Turfloop Research Committee (TREC on the 21st October 2020).

As a researcher, I pledge to abide by ethical principles of research granted approval by the University of Limpopo and to control any bias or problem that may arise in the study. I also respect the social work code of ethics in terms of data management and dissemination of the findings.

Your approval of this request will be highly appreciated

Yours faithfully

Mamukeyani Eric

Signature:



Date: 22 October 2020

ANNEXURE 6: REQUEST LETTER TO RITE SUBSTANCE ABUSE



LETTER TO REQUEST PERMISSION TO CONDUCT A RESEARCH STUDY

MAMUKEYANI ERIC

STUDENT NO. 201924575

UNIVERSITY OF LIMPOPO

FACULTY OF HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

Contact details: 063 766 8981/0682601463

Email address: ericmamukeyani@gmail.com

RITE SUBSTANCE ABUSE ORGANIZATION

LIMPOPO

SEKHUKHUNE DISTRICT

ELIAS MOTSOLEDI

GROBLERSDAL 047

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY TITLED: THE LIVED EXPERIENCES OF YOUTH RESIDING IN ELIAS MOTSOLEDI MUNICIPALITY AT SEKHUKHUNE DISTRICT ABOUT *NYAOPE*.

Greetings! I am writing this letter as second year Master's student from University of Limpopo pursuing Master's degree in Public Health (student number 201924575). By occupation I am a social worker

(level 07) stationed at Luckau one stop centre in Elias Motsoaledi municipality at Sekhukhune District in Limpopo province.

I would like to request permission to conduct a research study at your organization about the lived experiences of the youth residing in Elias Motsoaledi municipality at Sekhukhune District about *Nyaope*. The aim of the study is to explore and describe the lived experiences of the youth about the impact of *Nyaope* drug in their lives.

This study is targeting the youth *Nyaope* users who are receiving or have received services from the Rite substance, who are 18 years of age and above, and those who are willing to participate in the study voluntarily. All the methodology to conduct the study has been described in the research proposal (see attached research proposal). The permission to conduct this study has been granted by the University of Limpopo on the 21st of October 2020 (see attached Ethics clearance certificate) and the Limpopo Research Ethics Committee (LPREC). The study is being supervised by Mrs Mashamba TJ who is a senior lecturer for health promotion at the University of Limpopo at the school of Public Health under the faculty of Health and Sciences.

As a researcher, I pledge to abide by ethical principles of research as granted approval by the University of Limpopo and to control any bias or problem that may arise in the study. I also respect the social work code of ethics in terms of data collection, management and dissemination of the findings.

Your approval of this request will be highly appreciated

Yours faithfully

Mamukeyani Eric

Signature: 

Date: 22 DECEMBER 2020

ANNEXURE 7: ETHICAL CLEARANCE FROM UNIVERSITY OF LIMPOPO (TREC)



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3766, Fax: (015) 268 2306, Email: makoetja.ramusi@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE
ETHICS CLEARANCE CERTIFICATE

MEETING: 21 October 2020

PROJECT NUMBER: TREC/323/2020: PG

PROJECT:

Title: The Lived Experiences of Youth Residing In Elias Motsoaledi Municipality At Sekhukhune District About Nyaope
Researcher: E Mamuyekani
Supervisor: Mrs TJ Mashamba
Co-Supervisor/s: Prof XT Maluleke
School: Health Care Sciences
Degree: Master of Public Health

PROF P MASOKO

CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

Note:

- i) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
- ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
- iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Finding solutions for Africa

ANNEXURE 8: ETHICAL CLEARANCE FROM THE LIMPOPO PROVINCIAL RESEARCH ETHICS COMMITTEE (LPREC)

CONFIDENTIAL



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

OFFICE OF THE PREMIER

Office of the Premier

Research and Development Directorate

Private Bag X9483, Polokwane, 0700, South Africa

Tel: (015) 230 9910, Email: mokobij@premier.limpopo.gov.za

LIMPOPO PROVINCIAL RESEARCH ETHICS COMMITTEE CLEARANCE CERTIFICATE

Meeting: November 2020

Project Number: LPREC/26/2020: PG

Subject: The Lived Experiences of Youth Residing in Elias Motsoaledi Municipality at Sekhukhune District about Nyaope

Researcher: Mamukeyani E

Dr Thembinkosi Mabila

Chairperson: Limpopo Provincial Research Ethics Committee

The Limpopo Provincial Research Ethics Committee (LPREC) is registered with National Health Research Council (NHREC) Registration Number **REC-111513-038**.

Note:

- i. **This study is categorized as a Low Risk Level in accordance with risk level descriptors as enshrined in LPREC Standard Operating Procedures (SOPs)**
- ii. **Should there be any amendment to the approved research proposal; the researcher(s) must re-submit the proposal to the ethics committee for review prior data collection.**
- iii. **The researcher(s) must provide annual reporting to the committee as well as the relevant department and also provide the department with the final report/thesis.**
- iv. **The ethical clearance certificate is valid for 12 months. Should the need to extend the period for data collection arise then the researcher should renew the certificate through LPREC secretariat. PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRIES.**

ANNEXURE 9: APPROVAL LETTER FROM LIMPOPO PROVINCIAL RESEARCH ETHICS COMMITTEE (LPREC)

CONFIDENTIAL



TO: MOLOISI MJ

FROM: DR T MABILA

CHAIRPERSON: LIMPOPO PROVINCIAL RESEARCH ETHICS COMMITTEE (LPREC)

DATE: NOVEMBER 2020

SUBJECT: THE LIVED EXPERIENCES OF YOUTH RESIDING IN ELIAS MOTSOLEDI MUNICIPALITY AT SEKHUKHUNE DISTRICT ABOUT NYAOPE

RESEARCHER: MAMUKEYANI E

Dear Colleague

The above researcher's research proposal served at the Limpopo Provincial Research Ethics Committee (LPREC). The committee is satisfied with the ethical soundness of the research proposal.

Decision: The research proposal is granted full ethical clearance

Regards

Chairperson: Dr T Mabila

A handwritten signature in black ink, appearing to be "T Mabila".

Secretariat: Ms J Mokobi

A handwritten signature in black ink, appearing to be "J Mokobi".

Date: 17/12/2020

CONFIDENTIAL

ANNEXURE 10: APPROVAL LETTER FROM THE DEPARTMENT OF SOCIAL DEVELOPMENT



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF SOCIAL DEVELOPMENT

Ref : S4/3/2
Enq : MJ Moloisi
Tel : 015 230 4381 / 082 457 7120
Email : MoloisiMJ@dSD.limpopo.gov.za

Mr Mamukeyani E
Luckau One Stop Center
Groblersdal
0470

Dear Sir

RE: REQUEST FOR A PERMISSION TO CONDUCT A STUDY

The above matter has reference.

This certifies that Mr E Mamukeyani has been granted permission to conduct a study titled: "*The lived Experiences of Youth Residing in Elias Motsoaledi Municipality at Sekhukhune District about Nyaope*". His research proposal was granted full approval and ethical clearance by the Limpopo Provincial Research and Ethics committees which sit at the Office of the Premier.

The study is significant because it is intended to explore the lived experiences of youth residing at Elias Motsoaledi Municipality with respect to Nyaope drug by focusing on the physical, psychological and social experiences. Nyaope is a type of street drug which is a concoction of different ingredients and it is said to be used mostly by the youth and it is also said to be highly addictive.

The study is targeting Nyaope users between the ages 18 and 35 who received counselling and rehabilitation services at Rite Substance Abuse Organisation at Tafelkop village near Groblersdal in the Elias Local Municipality in Sekhukhune District of Limpopo province.

In view of the above, this letter grants Mr E Mamukeyani permission to conduct interviews with Nyaope Users who received counselling and rehabilitation at Rite Substance Abuse Organisation which is registered with the Department of Social Development and supported by the South African National Council on Alcoholism and Drug Dependencies (SANCA) to help drug addicts.


Acting Head of Department
Limpopo Department of Social Development

22/12/2020
Date

Olympic Towers, 21 Biccard Street, 0700, Private Bag X 9710, 0700
Tel: 015 230 4300, Fax: 015 291 2335 / 2185, Website: <http://www.dsd.limpopo.gov.za>

The heartland of Southern Africa – *development is about people*

ANNEXURE 11: APPROVAL LETTER FROM THE RITE ORGANIZATION

RITE SUBSTANCE ABUSE

P.O BOX 713

BOLEU 0474

MANAGEMENT



PERMISSION TO CONDUCT A RESEARCH STUDY

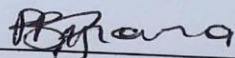
This letter serves as a proof that we as the **Rite Substance abuse organization** situated in Tafelkop village understand that Mr. **Mamukeyani Eric** of student no. **201924575** from the **University of Limpopo, Department of Public Health** wants to conduct an academic research study in our organization with our clients. It is true that many young people are troubled by substances especially Nyaope in our area and they need serious help. We also understand the significance of this research study and all the ethics underpinning the study as he explained to us.

We are therefore pleased to work with him in this project and we gladly grant him the permission to freely conduct his desired study titled: **The lived experiences of youth residing at Elias Motsoaledi municipality at Sekhukhune District about Nyaope.**

We wish him success and good luck in this project!

Manager: BEAUTY TJANA

Contacts: 072 7466610

Signature: 

Date: 23/12/2020

ANNEXURE 12: DATA ANALYSIS AND CODING LETTER

PINNACLE RESEARCH CONSULTANTS (PVT) LTD

Reg: 2014/142678/07



94 Chianti Heights
Broadway BLVD
Strand
7140
South Africa

tendaic@icloud.com

#27 71 3059714

18 February 2021

Dear

This serves to confirm that the qualitative primary data collected by Mr Eric Mamukeyani for his MPH dissertation was independently coded and subsequently analysed by Pinnacle Research Consultants (Pvt) Ltd. The data was analysed using the ATLAS.ti application Version 9.0.3 (1743).

As further proof of independent analysis, a document with the analysis codes, quotations and memos is attached together with this confirmation.

Kind Regards

Tendai Chiguware (PhD)

Director: Research

ANNEXURE 13: EDITING LETTER

P.O BOX 663
THOLONGWE
0734
03 May 2021

Dear Sir/Madam

This is to certify that the mini-dissertation entitled "The Lived Experiences of Youth Residing in Elias Motsoaledi Municipality at Sekhukhune District About *Nyaope*" by Mamukeyani Eric (student number 201924575) has been edited and proofread for grammar, spelling, punctuation, overall style and logical flow. The edits were carried out using the "Track changes" feature in MS Word, giving the author final control over whether to accept or reject effected changes prior to submission, provided the changes I recommended are effected to the text, the language is of an acceptable standard.

Please don't hesitate to contact me for any enquiry.

Kind regards



Dr. Hlavisomhlanga (BEDSPF-UL, BA Hons-UL, MA-IUP: USA, PhD-WITS, PGDiP-SUN)

Cell number: 079-721-0620/078-196-4459

Email address: hlavisomhlanga@yahoo.com