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EFFECTS OF NYAOPE ON FAMILES WITH A FAMILY MEMBER THAT IS ADDICTED TO THE DRUG NYAOPE

BY

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ABSTRACT

The use of Nyaope amongst South Africans has risen dramatically since it first appeared on the streets. Real concerns have been voiced about the negative effects this street drug has had on communities in South Africa. Some townships in South Africa claim to have been ruined by Nyaope. There were various reasons to conduct the study; firstly families experience many negative effects associated with having an addicted member in their family; for example the addition of family members on nyaope causes disharmony and conflicts within families of the addicted individuals. Moreover families experience despair, shame and helplessness; nevertheless families also feel intimidated by the addicted person due to their undesirable behaviour and therefore find it hard to cope within the family and within the community.

The primary aim for this study is to explore the effects and challenges of nyaope on families. This study adopted the qualitative research design to gather information/data. The type of qualitative design that was used in this study was the case study where the researcher focus on different cases related to the topic being researched. Moreover the method that was used to gather information was face-to-face interviews where the research tool was the semi-structure interview schedule. Findings were analysed using the thematic analysis. Anticipated value of findings for the study was that it is challenging in a micro, meso and macro level to live with persons using the drug nyaope, hence there are different and/or various negative effects in all three dimensions.

The findings of the study was there are various challenges experienced by families that have a family member who is addicted to the drug nyaope and those involve emotional distress and physical manifestation of that stress, there is stigma attached to having a family member that is addicted to nyaope and there are also financial challenges experienced by families that have a family member that is addicted. Moreover there are various resources that were identified in the course of this study that families normaly resort to in dealing with the situation of having a family member that is addicted to nyaope. However every family deals with the problem of having a family member that is addicted to nyaope in a different way that are suitable or best for the as a unit.

DECLARATION

I hereby declare that this report is my own unaided work and that the assistance obtained has been only in the form of professional guidance and supervision, that neither it nor any part of this report has previously been submitted to any other university for any degree save to the one with which I am presently registered as a student; that the information used in this report has been obtained by me while working under the aegis of the Department of Social Work, University of the Witwatersrand; and that all references used have been acknowledged and appropriately cited.

…… ……..

Signature Date

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CHAPTER 1

INTRODUCTION TO THE STUDY

1.1. Introduction

World-wide as well as in South Africa, substance abuse is a major problem which is on the increase. "Drug abuse and dependence, has broken out of well-defined localized addict communities and evolved into a global problem which infiltrates all strata of society" (Dos Santos, 2006, pp. 1). According to the Department of Social Development (2013) alcohol, cannabis/dagga, cocaine and ecstasy are the most commonly used drugs in South Africa. The impact of alcohol and substance abuse continues to ravage families, communities and society.

There is a new drug known as nyaope which has flooded the drug trade in South Africa most commonly in areas where there is low socio-economic status and high levels of poverty. Nyaope has been described as a mixture of substances. Hosken (2009) describes nyaope as a mixture of heroin and dagga and is sold in a tiny brown packet for R30 a packet. Hosken (2009; 3) further elaborates; "The most popular way of using this drug in South Africa is smoking, traditionally called chasing the dragon. The drug is either put on a foil to heat it and the smoke is then inhaled with a straw or it is mixed with dagga and smoked".

Furthermore Hosken (2009) argued that Nyaope is a highly addictive drug and many who tried it out for the fun, found themselves helplessly addicted to it years down the line. In addition just like any other drug nyaope has its own effects both on the individual using the drug and people around the individual which includes the family and the community. The effects of nyaope include euphoria, rush and a sense of warmth. It is said that people around the individual who is using or addicted to the drug face different challenges. For example people living with the person using the drug also suffer emotional effects, such as disharmony, stress and depression. Moreover addictions to nyaope often result in various responses by persons using the drug such as engaging in criminal activities or running away from home.

1.2.Statement of the problem

The use of Nyaope amongst South Africans has risen dramatically since it first appeared on the streets. Real concerns have been voiced about the negative effects this street drug has had on communities in South Africa. Nyaope was first created and used in South Africa but has failed to grab a foothold in overseas markets. The drug nyaope is said to be mainly used in communities with a low social class status such as townships, which are mainly black communities (Hosken 2009). The community of Swaneville is a low socio-economic community, as it is still a developing society and many people living in the community, specifically the population from the community centre, where the sample was drawn are faced with unemployment and lack of education. Some townships in South Africa claim to have been ruined by Nyaope. Certain areas report as much as 80% of household being affected by Nyaope addiction in one way or another (Masombuka, 2013).

Nyaope does not only affect the users; however it affects family members and the community as a whole. Families are affected in various ways and to a certain extent families fail to cope and/or recover from the effects of nyaope. According to Masombuka (2013) children's addiction to nyaope causes disharmony and conflict within families. Moreover the community may experience despair, shame and helplessness; nevertheless parents also often feel intimidated by the children addicted to nyaope and therefore find it hard to cope within the family and within the community.

1.3.Rationale

There are various reasons for conducting a study exploring the effects of nyaope in families. There is much to understand in terms of the challenges in which families of nyaope users encounter at a family level as well as at the community level. According to Government Accountability Office (2004) research shows that there is a relationship between crime and substance abuse, it is stated that most crimes committed are committed by persons who are abusing drugs, and therefore families of the person who have committed the crime suffer greatly at the community level. "As nyaope usage grows, so do the implications for policing and social crime prevention; Police statistics show that 60% of crimes in South Africa are related to substance abuse and nyaope users form a significant portion of drug users and perpetrators of those crimes" (Ramothwala, 2013).

According to Masombuka (2013) it is said that many people start engaging in the drug nyaope/whoonga believing that it is cannabis; however this sort of a drug once people try it they get hooked on it easily and therefore it is hard to stop using it and then they start depending on it heavily. Therefore the families have to deal with the acts of this one particular family member at a family level and also at the community level. According to Ramothwala (2013) habitual users also stressed that the relationship between the families of the users and their neighbors also suffer significantly as users often steal from their neighbors. In addition some of the family members conceded to have lost hope, run out of options and alternatives to get their addicted family members back on the right path.

Family members also indicated that they became aware that their family members were taking nyaope when they observed odd and strange behavior, for example, stealing, lying, inconsistent eating patterns, not bathing as well as wearing dirty clothes. Therefore it is of importance that challenges faced by families who have a family member that is addicted to the drug nyaope are being explored as they are the ones that have to deal with all the effects that comes with the addictive behavior from their addicted family members. This study aimed to explore different experiences and events that the family has to go through, when a family member is addicted to nyaope. Nevertheless another reason is to understand the means of coping strategies with these challenges that the families use and have access to.

1.4. Aim and objectives

4.1.1. Primary aim

The primary aim for this research was to explore the effects and challenges that families experience when a family member is addicted to nyaope.

4.1.2. Secondary objectives

The secondary objectives for this research included:

- To explore family members' experiences of any stigma from members of the community, when a family member is addicted.
- To explore any emotional distress caused by nyaope, when family a member is addicted.
- To explore the financial problems linked to nyaope addiction, which families experience when a family member is addicted to nyaope.

- To explore the awareness of available resources to deal with the problem of nyaope on family members of the person using the drug 'nyaope'.
- To identify coping strategies of the family of the person addicted to nyaope.

4.1.3. Research questions

What are the effects of nyaope on families with a family member that is addicted to the drug nyaope?

What are family members' experiences of any stigma from members of the community, when a family member is addicted to nyaope?

What is the emotional distress caused by nyaope, when a family member is addicted to nyaope?

What are the financial problems linked to nyaope addiction, when a family member is addicted to nyaope?

What are the available resources to deal with the problem of nyaope on family members of the person using the drug 'nyaope' that they know of?

What are the coping strategies of the family of the person addicted to nyaope?

1.5. Overview of research design and methodology

Nieuwenhuis (in Maree; 2007, pp. 70) explains that the research design is the plan or strategy that the researcher uses to implement his or her study. The concept "research design" refers to the plan or blueprint of how one intends conducting research (Babbie & Mouton; 2001, pp. 74). The researcher utilised the qualitative form of research. Fouché (in De Vos et al.; 2005, pp. 74-75), a qualitative research approach refers to research that "elicits participants' accounts of meaning, experience or perception". This is a qualitative study because qualitative research mainly ensures different views, meanings and understanding of a phenomenon, as it allows participants to describe and motivate or justify their understanding and meanings attached to the phenomenon being studied. There are numerous types of qualitative; therefore for this study the researcher utilised the case study method of data collection. This study is a case study because it is bounded as all participants may be unique and have different cases but they are all a sample that is representing a single population.The sample was drawn from the organization known as Entokozweni community centre.

Babbie (2007, pp. 88) describes exploratory research "as an approach that occurs when a researcher examines a new interest or when the subject of study itself is relatively new" this study is exploratory as there is less research on this topic/phenomenon. The researcher is more exploring rather than describing as the focus is on the feelings and meanings that participants attach to the phenomenon being studied.

Semi-structured schedule was used as the data collection tool. A purposeful sampling approach was utilised and 15 participants were interviewed face-to-face; as the method of data collection. This approach allows the researcher to probe more into the participants' world. 15 participants were selected as a sample because that was the appropriate number to represent the population of the organisation which the sample was drawn from, although the organization does not have specific number of the population that receives assistance from the organization.

Braun and Clarke (2006) explain thematic analysis as a method of identifying, analysing and reporting themes within data. They continue stating that thematic analysis is important as it mainly organise and describe data set in details, and also interpret various aspects of the research topic. The researcher utilised the thematic analysis to analyse the data provided. The researcher aimed at describing and explaining the feelings and meanings of the participants to the phenomenon being studied. This method of data analysis allows the researcher to look at the emerged themes related to the phenomenon being studied.

1.6. Anticipated benefits

According to Privitera (2013) it is important in research to anticipate the risks and benefits before the study can be conducted; that is known as risk-benefit analysis. If this has not been done then the research is potentially unethical. Anticipating potential benefits include the acquisition of new skills and knowledge; for example the publication of this study will hopefully help the community understand the effects of nyaope on families that have family members who use the drug and individuals that are using the drug as there is little published knowledge on the drug. In the case where this study is published it will provide knowledge that will be useful to the community and other scholars focusing on studies that involve this particular drug. Moreover the benefit of this study is that the researcher has gained more insight about the drug and its negative effects at individual, family and community level.

1.7. Limitations

According to Rubin and Babbie (2010) in reviewing reports of qualitative research projects, it should be determined where and to what extent the researcher is generalising beyond his/her observations to other settings. There is often a problem of generalisability even within the specific subject matter being observed.

- The sampling selection is a limitation as it does not allow generalisation in the sense that the criteria was somehow broad as it focused on people older than the age of 18 years and gender was not specified and those people not all of them are parents of the nyaope users and therefore the findings cannot be generalised to parents and specific genders.
- The language used in the interviews was also a limitation as translating one language to another to a certain extent changes the expression and the original response.

1.8. Defining of key concepts

- Addicted: Physically dependent on a particular substance (Hornby, 2006).

- Addiction: Hornby (2006, pp. 17) defines addiction as "the condition of being addicted to something".

- Challenges -: Something (situation or experience) that is a threat or compete with one in terms of coping or surviving.

- Community -: Weyers (2001, pp. 45) "states that there are multitude of definitions of the concept 'community'; from the analysis of some of the definitions of communities and criteria that form a certain type of community it has been concluded that there are four major dimensions of communities and those are the social, spatial, functional and cultural-symbolic dimensions of communities. However a community is a group of unique individuals occupying the same geographical space".

- Effects -: The result of a particular influence; something that happens as a result of something else (mental/emotional and physical response/reaction to a particular action).

- Families -: According Corbett (2004) family is a social unit where two or more people occupy the same space (living together) and not compete for similar resources but provide support for one another. There are various types of families and those include a family as a unit of people connected by natural genealogical links and those mostly are the nuclear families and those of in a means where by people are connected by moral and legal means and those include adoption.

- Nyaope -: Nyaope is a highly addictive drug used by youths and is often called by different street names which are area specific. Some popular names are 'Sugars' in Durban (KwaZulu-Natal), 'Whoonga' in Western Cape, and 'Pinch' in Mpumalanga and 'Nyaope' in Gauteng. Nyaope is a mixture of heroin and dagga and is sold in tiny brown packets for R30 a packet (Hosken, 2009).

- Substance abuse -: Substance abuse according to the World Health Organisation (WHO) (in Schilit and Gomberg, 1991, pp. 4) "is often associated with addiction or dependence". The World Health Organisation, as quoted by Schilit and Gomberg (1991, pp. 4), defines drug abuse as "a state, psychic and sometimes also physical, resulting from interaction between a living organism and a drug, characterized by behavioral and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence".

- Substance use-: Is when someone consumes alcohol or drugs. Substance use does not always lead to addiction; many people occasionally use alcohol or certain drugs

without being addicted. However, substance use always comes with the risk that it might lead to addiction.

1.9. Overview of the research report

This research report consists of five chapters. Which are divided as follows-:

Chapter 1: An introduction and general orientation to the research report is provided with specific focus on the following: introduction and problem statement, rationale for the study, research question, research aim and objectives, methodology, clarification of key concepts. This chapter basically outlines what the study will be looking at and the brief processes that will be followed. Moreover it also highlights the anticipated benefits and limitations of the study.

Chapter 2: Focuses on literature review and theoretical frameworks: an overview of drug addiction and its effects on the abusers and their families. Moreover the theoretical approaches that help us understand why the drugs are used. In this regard this chapter focuses on the existing literature in relation to substance use/abuse from the broader perspective such as substance use in a global context, and the narrow perspective such as substance use in the context of South Africa up to the Township level which substance use/abuse is mainly problematic due to their contextual circumstances.

Chapter 3: Focuses on research design and methodology; this chapter specifically outlines the type of sampling, the sample, the research tool and the method in which the tool will be used. This chapter mainly outlines how the study was carried out from the beginning up till to the step of data collection. On this chapter the processes and procedures that the researcher followed are being highlighted.

Chapter 4: This chapter presents research findings and discusses them; moreover main themes emerge in the process and the findings are being analysed.

Chapter 5: The focus of this chapter is the main findings and conclusions are drawn based on the main findings, the chapter summarises the whole process of data analysis and provides recommendations in relation to the findings and conclusions.

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

Creswell (2009) indicates that the purpose of a literature review is to enlighten the readers with results of other studies that are closely related to the one being undertaken. For Pilot et al., (cited in Mhlongo, 2005, pp. 18) "a literature review serves to identify relevant theoretical and conceptual framework for defining the research problem, lay the foundation for the study, inspire new ideas and determine any gaps or inconsistencies in the body of research". This chapter will focus on substance abuse as a broad concept and be narrowed down to the concept of nyaope as a drug in South Africa, and its effects to the individuals using/addicted to the drug and their families.

2.2. Overview of studies on nyaope

Hosken (2009) indicated that nyaope is a new drug that has started on the streets of South Africa. This drug it is said to be flooding the communities which have a low socio-economic status and poverty stricken. Research has been done on the nature of the drug; according to Hosken (2009) nyaope is a mixture of heroin and dagga of which has effects on the physiological and psychological being of individuals taking or using the drug. Moreover further research on the effects of this drug on parents and communities has been done, for example Masombuka (2013) focused on parents in her research on how they dealing with these discourse of nyaope and how this nyaope affects communities, the study was carried out in the community of Soshanguve in Pretoria. However there is not much research done on the effects of nyaope on families that reside in townships with a low socio-economic status and which are from the black population, and therefore this study is trying to contribute to knowledge on the subject.

2.3. Substance abuse as a global issue

According to Kalunta-Crumpton (2016) the collapse of communism in the Eastern bloc and the capitalist unification of the world economic system around the neoliberalism paradigm have created a new increased and diversified horizon for drug production and drug trafficking in the global arena bringing together criminal networks in a massive transnational operation unmatched in history. The new liberal drive to free trade has opened passages which are also

used as drugs avenues. World-wide substance abuse is a major problem which is on the increase. "Drug use and dependence, has broken out of well-defined localized addict communities and evolved into a global problem which infiltrates all strata of society" (Dos Santos, 2006; pp. 1).

Global statistics indicated in reference to the United Nations Office on Drugs and Crime that between 155 and 250 million people (3.5 to 5.7% of the world's population aged 15 to 64) used illicit substances at least once in 2008. World-wide cannabis users comprise the largest number of illicit drug users (129 -190 million people). Amphetamine-group substances rank as the second most commonly used illicit drug, followed by cocaine and opiates. Based on the global estimates of the number of cannabis, opiate, cocaine and amphetamine-type stimulants (ATS) users, it was estimated that there were between 16 and 38 million problem illicit drug users in the world in 2008. It can be estimated that in 2008, globally "between 12% and 30% of problem drug users had received treatment in the past year, which means that between 11 and 33.5 million problem drug users did not receive treatment that year" (World Drug Report, 2010; pp. 13).

Lee, Shek and Sun (2015) explain that "adolescent substance abuse is a growing global issue. Teenagers are not only taking conventional drug such as tobacco and alcohol but also abusing other psychotropic substances such as cannabis, ecstasy and so forth. The worse thing is that these young people have a common myth that these substances are non-addictive, harmful and trendy. In Hong Kong drinking and smoking were reported as the most frequent substance abuse behaviors among school teenagers". Kalunta-Crumpton (2016) the reaction of marijuana consumption is rather interesting world-wide and it has been a favored drug of choice for young people; this is due to its availability, affordability and the wide spread that it is not harmful compared to other drugs such as cocaine. Teenagers believe that they have control over the drug because it is not addictive and one can quit whenever one wants to.

2.4. Substance use in South Africa

According to the Department of Social Development (2013) alcohol, cannabis/dagga, cocaine and ecstasy are the most commonly used drugs in South Africa. The impact of alcohol and substance abuse continues to ravage families, communities and society. The youth of South Africa are particularly hard hit due to increases in the harmful use of alcohol and the use and abuse of illicit drugs. Indications are that between 7.5% and 31.5% of South Africans have an alcohol problem or are at risk of having such a problem. This can be attributed to alcohol

being easily accessible across the different age groups. The total global production of dagga is estimated at 40 000 metric tons with South Africa producing 3 000 metric tons. Half of the production is used by the local user population of approximately 5 500 persons who spend roughly R3 560 million annually on cannabis at R0.65 gram. In addition cannabis/dagga remains the most consumed and abused substance following alcohol (Hosken, 2009).

According to South African National Council on Alcoholism and Drug Dependancy (SANCA) (2016) among teenagers, 69 percent of the respondents said drugs were available to buy at their schools. About 34 percent of the teenage respondents admitted to having used drugs in the past six months. About 32 percent said they'd taken drugs over the past month and 27 percent said they'd used within the past week. The respondents said the most readily available drugs at their schools, as other surveys also showed, was marijuana, and followed by cat, tik and then cocaine. Nyaope is a mixture of antiretroviral drug, rat poison, marijuana and heroin, among other things is also popular among pupils, due to its availability and affordability.

The South African National Council on Alcoholism and Drug Dependence (SANCA) said there was an "alarming increase" of people under the age of 21 in treatment centres. The number of children under 13 years using drugs increased by 3 percent during 2014/15.During the same time, children under 17 made up 22 percent of people in treatment centres - a 2 percent increase. According to SANCA (2016), the majority of people in treatment centres had booked themselves in. The second-largest group constituted people who were referred to treatment centres by their families or friends. The third-largest group was referrals by schools. Nel who is a clinical psychologist from South African National Council on Alcoholism and Drug Dependence Horizon in Boksburg, said the clinic sees the highest increase in drug use among children in the 15-19 age group. Increasingly younger children were starting to experiment with drugs, she said. Drugs have become more accessible than they were in the past and children have more unsupervised time than they did in the past.

According to research by Crime Research in South Africa, as quoted by the United Nation Office on Drugs and Crime (2010), which was conducted in 2000 with grade 7, 10 and 11 students from 35 secondary schools in Pretoria, more than one quarter of the respondents had witnessed illegal drugs being sold on their school grounds, whilst 42% had personally seen illegal drugs being sold in their neighborhood. The same survey revealed that when asked whether they knew a friend or classmate who had been using illegal drugs such as LSD,

ecstasy, cocaine or heroin, the majority of Colored people (79.3%) confirmed that they had. Of the other racial groups, approximately 57% of Indians/Asians, 40% of Whites and 37% of Blacks/Africans answered in the affirmative. "Nyaope/Whoonga" is distributed as a white powder that is smoked and is a concoction that includes rat poison, soap powder and the main ingredient is the antiretroviral drugs which are pills used to manage the Human Immune deficiency Virus; furthermore it is also said to be a combination of cannabis or heroin, rat-poison, and the ARV (Hoksen, 2009).

According to Department of Social Development (2013-2017) "the CDA is the body authorised in terms of the Prevention and Treatment of Drug Dependency Act (20 of 1992), as amended, as well as the Prevention of and Treatment for Substance Abuse Act (70 of 2008), as amended, to develop a National Drug Master Plan (NDMP) and to direct, guide and oversee its implementation, as well as to monitor and evaluate the success of the NDMP". In that regard the government and other various stakeholders are working together in creating programs in which aim at combating alcohol and drug abuse.

2.5. Nyaope as a new drug in South Africa

According to Masombuka (2013) Nyaope is a relatively new drug in South Africa and is a combination of Cannabis and Heroin along with a few other ingredients. Nyaope is smoked sometimes under the belief it is just Cannabis. Nyaope is a powerful combination of drugs that is highly addictive and as such Nyaope Addiction in South Africa is growing rapidly by the day. Nyaope has been described as "flooding" the streets of South Africa and destroying whole communities due to its highly addictive nature and cheap prices. Nyaope is one of the main government concerns in South Africa in relation to illicit drugs.

Hosken (2009) describes nyaope as a mixture of heroin and dagga and is sold in a tiny brown packet for R30 a packet. Hosken (2009, pp. 3) further elaborates; "The most popular way of using this drug in South Africa is smoking, traditionally called chasing the dragon. The drug is either put on a foil to heat it and the smoke is then inhaled with a straw or it is mixed with dagga and smoked. It is a highly addictive drug and many who tried it out for the fun, found themselves helplessly addicted to it years down the line". In addition effects of smaller doses include euphoria, rush, a sense of warmth and well-being.

2.6. The spread of nyaope in townships

Dube (2007, pp. 14) assert that drug abuse by children under the age of 16 is becoming more prevalent across Johannesburg. The report further states that nyaope; dagga mixed with heroin is becoming more popular among children, especially in townships. Dube (2007, pp. 14) quotes Melani Kotze of the Castle Carey Clinic in Pretoria Soshanguve, who said: "We have found that over the past year abuse of nyaope has increased tremendously among children. Dagga is the most prevalent drug among children, but drug dealers are getting our children hooked on nyaope".

The increase in the number of South African teenagers using heroin as their primary drug of choice is primarily due to the use of nyaope. According to the South African Community Epidemiology Network on Drug Use report (in Rice, 2008; pp.108), heroin seems to be the primary substance of use for eight percent of individuals in treatment centres in Gauteng. It is not as high as alcohol and dagga (cannabis) but remains the third highest substance of primary use together with crack. The use of the drug nyaope is worrying, as this is much higher than other harder drugs such as ecstasy, cocaine and methamphetamine; due to its nature of addictiveness. The drug nyaope is mainly used in lower social economic status communities with high rate of poverty (mostly townships). Black young people mainly resort to using nyaope because it is cheaper and easily accessible.

Furthermore Kalunta-Crumpton (2016) indicates that most respondents agreed that marijuana was easily accessible and can be acquired almost everywhere. In South Africa it is known that the drug nyaope is mixed with cannabis and therefore it is highly available as cannabis. The availability of this drug it is due to its nature of addictiveness and economic gain for the dealers. "It is an easy and lucrative source of income as one can get rich quickly through the sale of drugs" (Kalunta-Crumpton, 2016, pp. 217). It is said that being rich helps one to gain power and respect in the community and therefore getting rich faster is possible with selling drugs.

Diversion of ARVs in South Africa has been reported in local newspapers and on the internet. The main theme emerging from these reports is that the availability of ARVs has also created 'havoc' for some populations in South Africa, as street thugs are stealing ARVs to reproduce the highly addictive drug 'Nyaope', which is also known as 'Whoonga' in KwaZulu Natal. According to media reports, the exact ingredients of 'Nyaope/Whoonga' are elusive. Some sources claim it is a combination of cannabis and heroine or cannabis, heroine and a cutting

agent (cited in Masombuka 2013). 'Cutting agents' or 'adulterants,' are substances that are used to dilute illicit drugs with substances that are less expensive than the drug itself. Antiretroviral drugs are 'cheap' and freely available in public clinics/hospitals.

2.7. Dependency process

According to Dodgen and Shea (2000) there are four stages in the dependency process and those are the experimental use, social use also known as social norms, operational use and dependent use. Moreover it is said that as these stages occur perceptions of harm and benefits are being looked at by the users and however the perceived benefits may take priority to the extent that users end up dependent to the substance.

Experimental use

The stage of experimental use it is said that one develop the substance use behavior and therefore decides to experiment. In most cases people experiment on their own without the involvement of others, however in other cases people experiment due to peer pressure with the aim to be accepted in a certain group (Dodgen and Shea, 2000)

Social use/norm

The stage of social norm it is said that for people to engage in using substance they see it as socially acceptable to a certain extent, given it is young people (teenagers) they see their peers as being cool for engaging in substance use and therefore that leads to them engaging to the substance use behavior as well (Dodgen and Shea, 2000).

Operational use

According to Dodgen and Shea (2000) at this stage the substance use disorder is met and this is the stage where most users looked at the perceived benefits and harm, however at this stage the perceived benefits mainly take priority and lead the person to constantly use the substance.

Dependent use

"At this stage of dependency, the person will meet the criteria for substance abuse if not dependent" (Dodgen and Shea; 2000, pp. 38). Dodgen and Shea (2000) further states that this is a critical stage in the sense that the person finds it hard to cope without the substance and it

is also difficult for them to stop using; therefore for one to stop using they need medical attention.

2.8. Effects of nyaope

According to Mohasoa, (2010, pp. 27) substance abuse has profound health, economic, and social consequences. The negative consequences of substance abuse affect not only individuals who abuse substances but also their families and friends, various businesses and government resources.

2.8.1 Individual effects of abusing nyaope

Maughan and Eliseev (2007) narcotics experts believe that the local drug market is being deliberately flooded to encourage addiction among youngsters. One fix is often enough to trap a child into addiction, with withdrawal symptoms including skin sores, excruciating muscle and bone pain, vomiting and insomnia. The effects of larger doses include drowsiness, feelings of contentment, safety and being relaxed. Many who are addicted tend to lead chaotic lives that revolve around getting hold of the drug and various ways of getting money to buy it, which could include prostitution and stealing. According to Dube, (2007, pp. 28), "drug abusers often become so obsessed with the habit that everything going on around them is ignored, including the needs and situations of other family members, leading to a breakdown of the family as a system".

2.8.2. Family of the individual

Barnard (2005) indicates that it is a simple yet largely ignored truism that drug problems have a profound impact on families. Masombuka (2013) stated that parents indicated that nyaope caused conflicts and fights within their families. "The participants further indicated that family members would physically fight amongst themselves due to frustration and anger over the compulsive stealing behavior of the addicted child" (Masombuka; 2013, pp. 92).

Furthermore Masombuka (2013) further indicates that the use of nyaope by teenagers has caused a lot of disharmony and disequilibrium amongst the family members. "The participants indicated that their children's addiction was affecting the normal functioning of the family as a system". Watzlawick, Bavelas and Jackson (in Dhlamini, 2009, pp. 18) define a system as "a set of components which are related to one another". For these scholars a system is not something on its own; there is a relationship between the components of the

system which ties the system together. This means that a variation in one part of a system affects the other parts, or the whole, because the parts are dependent on one another.

2.8.3. Community

Maughan and Eliseev (2007) postulate that drug syndicates are targeting schools as they seek to grow a market of young nyaope addicts. In Gauteng and Pretoria alone, hundreds of nyaope addicts - some as young as 9 years old are dying from overdoses. Desperate schoolchildren in Gauteng and Pretoria are prepared to do anything for their next hit of nyaope. School children are forming criminal nyaope 'clubs' to beg or steal money for their addiction

2.9. Reasons for people to engage in substance use

Maithya (2009) asserts that it is of importance to note that all drugs are dangerous and that the deliberate ingestion of drugs is harmful to the individual, the family, the community and society as whole. The reasons why people turn to narcotics are as varied as the types of people who abuse them. The factors associated with drug abuse are many and varied, and include individual predispositions, family characteristics and complex social and environmental determinants.

2.9.1. Peer pressure

Fraser (in Bezuidenhout, 2004, pp. 121) asserts that "there is broad agreement that drug abuse is associated with peer group influence. Peer groups act as sub-groups providing the individual with an opportunity to manifest behavior that is not controlled by the external environment. The use of drugs and their availability in such groups result in the new members experimenting with drugs or being initiated into the use of drugs by others".

Karugu, Olela, Muthigani and Kamonjo (in Maithya, 2009) agree that there is a significant relationship between drug using behavior and the involvement of peer groups. For these scholars if a teenager associates themselves with other teenagers who are using drugs it is more likely that they also give in to the substance use behavior. Kalunta-Crumpton (2016) indicates that young people believe that there are no long term effects of using drugs however they believe that drugs have positive impact of which is they are said to be enhancing status and rank. This implies that young people engage in substance use for social status which gives them the sense of belonging; that can be linked to peer pressure.

Furthermore "the peer pressure factor also surfaced when the respondents claiming that they can also use substances if their parents and their peers are doing the same thing; it is said to be the 'in-thing' across the globe". This implies that some teenagers engage in substance use and end up addicted to these substances due to modelling their parents by internalizing learned behavior. In addition another reason young people engage in drugs or substance use according to Kalunta-Crumpton (2016) some drugs specifically marijuana are perceived as providing positive health effects such as 'good for the brain and memory' and can be used for meditation and calming down and that they have both medical and spiritual properties.

2.9.2. Genetic factors and personality

"It is suggested that there are people who are genetically predisposed to being addicted to substances/drugs. This means that if they are exposed to other personal or environmental risk factors, they are more vulnerable to becoming addicted because of their genetic make-up" (United Nations Office on Drugs and Crime, 2004, pp. 5). Granfield and Reinarman (2014) further indicate that NIDA publications cite that 40 to 60% of persons vulnerable to addiction are due to genetic factors. This implies that other teenagers start engaging in substance abuse due to peer pressure and end up addicted due to the fact that they have the gene for addiction, meaning that once they take the drug they fail to control themselves and are more vulnerable to giving in to the addictive behavioral patterns.

Moreover according to Newcomb and Bentler (in Bezuidenhout, 2004, pp. 123) "individuals who are introverted, submissive and feel inferior, who lack confidence in themselves and others, and who have a great need for recognition may take drugs to acquire a sense of well-being. Prolonged drug use may result in drug abuse and ultimately in drug addiction". According to United Nations Office on Drugs and Crime (2004, pp. 5) "there are certain specific factors that increase people's risk of using drugs in relation to personality traits and this could include their gender and age group. Where gender is concerned it is said that globally in the majority of countries more men than women use drugs and that drug use among girls and women tends to relate to the abuse of licit or legal substances like prescriptions and alcohol which are more socially acceptable".

Furthermore where age is concerned it is argued by the United Nations Office on Drugs and Crime (2004, pp. 5) that "when one is young, one is constantly struggling to define and affirm identity and this is a factor that may increase people's risk. In the course of this process young people often start experimenting as part of their search for an identity. They

may use substances in order to define their belonging to a particular group or to relieve feelings of anxiety or stress in this search for the self. However, while the transition instability and changes which characterize adolescence may well make the adolescent vulnerable to some degree".

2.9.3. Poverty

According to Durrant and Thakker (2003) there is a relationship between poverty, low income/low social class and segregation/discrimination with substance abuse. In this regard it is stated that poverty may be one of the cause for people to engage in substance use as means of coping with their situation. According to Hoksen (2009) the drug nyaope is said to be flooding in communities with low social status, moreover this sort of drug is available due to its affordability and it is said to make people disconnect from the reality. In this regard poverty as it is one of the unpleasant realities many people may be using the drug to escape from thinking more about it.

2.10. Theoretical frameworks to understanding substance abuse (nyaope)

As this study was based on families and also looking at factors such learned behavior and socialization the theoretical frameworks that were prioritized are mostly looked at/considered were the systems theory and the social learning theory; however other theories such as psychoanalytic and strain theories were discussed to understand substance use and reasons people engage in substance use and end up abusing them.

2.10.1. Systems theory

Systems theory views substance abuse as the result of a 'dysfunctional family system'. In this perspective, the addictive behavior of one or more individuals in the system results from the dynamic system, rather than individual actions or motivation (Smith et al., 1995, pp. 32). Children from dysfunctional families or with poor relationships with their parents are more likely to use substances with the view that they will overcome frustrations arising from these experiences.

2.10.2. Social learning theory

According to Burrow-Sanchez and Hawken (2013) social learning in substance abuse has its origins from two theories and those are the behavioral and cognitive theories. Social learning theory is based on the premises that people learn things from others within the context of

their environment through observing. These theories are based on the premise that behavior is learned and that a person continues or does not continue with the behavior with the result of being punished or rewarded for that particular behavior.

Consequently this theory assumes that the child who is reared in an environment where substance abuse is common will be affected in two ways. Firstly, the child is likely to experience stress as a result of non-optimal rearing patterns that may persist until adolescence and adulthood. Secondly, the child learns from observation of his or her family and the general culture that substance use and abuse are appropriate ways to deal with stress. Children whose parents are using or selling substances may abuse these substances in due course because they are exposed to them by parents.

Children regard their parents as role models and they tend to observe and imitate their parents' actions and behavior. Then, following these 'models' of behavior and internalization; the individual acts in ways similar to those he or she has observed. Because behaviors associated with substance abuse are often reinforcing in the short-term, they tend to be maintained despite the probability of long-term negative consequences (Smith et al., 1995; pp. 32).

2.10.3. Psychoanalytic theory

This theory attributes substance abuse to an individual's addictive personality, which makes a person vulnerable to abuse of various chemical substances as well as other habits. Problems in the resolution of childhood trauma, which interfered with the development of a personality, are seen as the cause of an addictive personality (Smith, Coles, Poulsen and Cole, 1995; pp. 31-32). Individuals who have experience trauma in the childhood such as loss, abuse and other forms of traumatic experiences are often vulnerable to using substances as coping mechanisms as they grow up, with the belief that using substances will help them cope by forgetting the painful experience.

2.10.4. Anomie/strain theory

Einstadter and Henry (2006) the strain theory argues that if people are prevented from achieving their goals, they may be driven to drink or to use other drugs. According to this theory, drugs may be used as an escape to avoid the suffering caused by failing to achieve goals, or they may be used as a substitute to experience the 'highs and feeling good' that users originally hoped to experience from successfully accomplishing their goals. This is

typical of teenagers in South Africa. Children who find themselves not achieving or being uncomfortable at home because of overcrowding, normally go to the streets where they meet people that may expose them to substance abuse. Children from settlement areas or very underdeveloped areas tend to abuse nyaope with the view that they will forget their socio-economic circumstances or their failure to achieve their goals.

2.11. Conclusion

This chapter focused on literature review with specific interests on substance abuse as a global issue, substance abuse in South Africa. It has been indicated in this chapter that substance abuse affect individuals across the globe in different ways. This chapter has highlighted different types of substances that mainly young people use; cannabis has appeared as the main substance that is being used hence it mainly mixed with different types of substances to create some form of a drug.

The special focus on this chapter was directly on nyaope. Therefore this chapter covered the history on the topic being researched and it was illustrated in this chapter that there was not much research done on nyaope. However this chapter has highlighted that nyaope is a drug that started in the streets of South Africa and is mainly affecting communities with low socio-economic status and that are poverty stricken. In this chapter theoretical frameworks in understanding substance abuse have been discussed as well as approaches used to treat substance abuse. Where these theoretical frameworks concerned many have revealed that substance abuse is not an individual problem however a social problem.

CHAPTER 3

METHODOLOGY

3.1. Introduction

An overview of the research design and methodology employed in this study was provided in Chapter 1. Nevertheless, this chapter discusses the research design and methodology of the study in more detail. It aims at explaining in depth the rationale behind the design and methodology employed; the way in which the research study was conducted and steps that were taken to ensure the accuracy and reliability of data. Creswell (2009) asserts that the research method involves the forms of data collection, analysis and interpretation that the researcher proposes for his/her study. The aims and objectives of the study are stipulated which guided the selection of the research design and methodology. Moreover the focus of the study will also be on the limitations and trustworthiness of the study as in research it is important to outline anticipated obstacles in relation to the research design and methodology adopted.

3.2. Primary aim and secondary objectives

3.2.1. Primary aim

To explore the effects and challenges of nyaope on families where children/teenagers are abusing and addicted to the drug nyaope.

3.2.2. Secondary objectives

- To explore family members' experiences of any stigma from members of the community, when one of their family member is addicted.
- To explore emotional distress caused by nyaope, when a family member is addicted.
- To explore and describe financial problems linked to nyaope addiction families experience when a family member is addicted to nyaope.
- To explore the awareness of available resources to deal with the problem of nyaope on family members of the person using the drug 'nyaope'.
- To identify coping strategies of the family of the person addicted to nyaope.

3.2.3. Research questions

What are the effects of nyaope on families with a family member that is addicted to the drug nyaope?

What are family members' experiences of any stigma from members of the community, when family member is addicted?

What is the emotional distress caused by nyaope, when family member is addicted?

What are the financial problems linked to nyaope addiction, when family member is addicted?

What are the available resources to deal with the problem of nyaope on family members of the person using the drug 'nyaope' that they know of?

What are the coping strategies of the family of the person addicted to nyaope?

3.3. Research design

There are three types of research designs that a researcher can adopt namely a qualitative, quantitative and mixed method designs. This research study utilized the qualitative research study where the type of design that was adopted was a case study. This study was an exploratory study as it is more focused on exploring the phenomenon of interest in depth. According to Fouche (in De Vos et al., 2005, pp. 74-75), a qualitative research approach refers to research that "elicits participants' accounts of meaning, experience or perception". Babbie and Mouton (2001, pp. 270) further indicate that this approach (qualitative) is defined as "describing and understanding one's own motivations". Creswell (2009) further elaborates that qualitative approaches have a flexibility that allows the researcher to gather data on topics not initially identified. According to Creswell (2009) the characteristics of a qualitative research approach are as follows:

Qualitative research the study takes place in the natural setting/world. The researcher is the key instrument in the process of data collection. Researchers collect data themselves through examining documents, observing behavior, or interviewing participants (Creswell, 2009). This study took place in a natural setting in the sense that the researcher interacted with their participants in their own space, in the sense that the interviews were done in the space in which the participants were familiar with and therefore in that case they were able to be

themselves and express themselves freely. The researcher explored their behavior, emotions and meanings attached to the phenomenon being studied.

According to Creswell (2009) participants' meanings are central in qualitative research. In the entire qualitative process, the researcher keeps a focus on learning the meaning that the participants hold about the problem or issue being studied, not the meaning that the researcher brings to the research or that writers express in the literature. The focus in this study was the meanings that participants attached and the emotions expressed concerning the phenomenon being studied.

In qualitative research, an emergent research design is preferred. This means that the initial plan for research cannot be tightly prescribed, and all phases of the process may change or shift after the researcher enters the field and begins to collect data. For example, the questions may change, the forms of data collection may shift, and the individuals studied and the sites visited may be modified.

The key idea behind qualitative research is to learn about the problem or issue from participants and to address the research to obtain that information. In this regard the study adopted the semi-structured interview schedule as a tool for the study; semi-structured interview schedule was adopted because it allows flexibility. Set of questions were prepared for the participants. However where necessary the researcher probed further to explore more on the phenomenon being studied.

Furthermore for the purposes of this research study, a qualitative research approach was used to enable the researcher to gain first-hand information from the participants about the topic being researched. Through this approach, the participants were able to describe their daily experiences about their children's addiction to nyaope. This approach also allowed the researcher to probe more into the participants' world. This method (the qualitative research approach) provided the researcher with an opportunity to assemble a detailed description of the social reality from the participants' point of view.

The researcher focused on different cases that described the experiences and challenges that families living with people who are using and/or addicted to the drug nyaope are faced with. Therefore the type of qualitative design that was used in this study was a case study approach; where different cases were being looked at. According to Lichtman (2012, pp. 19) "research deals with specifics then moves to the general; researchers first gather data and use

that data to understand the phenomena in depth". In this study the aim was to gather information from the participants' verbal and non-verbal responses in relation to the topic being researched and to use the data to understand the phenomena in depth in terms of the daily experiences and challenges in relation to nyaope.

Qualitative research provides a holistic account of the topic investigated-qualitative. researchers try to develop a complex picture of the problem or issue under study. This involves reporting multiple perspectives, identifying the many factors involved in a situation, and generally sketching the larger picture that emerges (Creswell, 2009). The researcher looked at the various themes in relation to the study and those were reported in the research report according to categories.

3.4. Population and sampling

McMillan and Schumacher, (1997; pp. 169) "the concept 'population' is a group of elements or cases, whether individuals, objects or events, that conform to specific criteria and to which we intend to generalise the results of the research". Rubin and Babbie (2010; pp. 135) add on by stating that the concept 'population' is "the theoretically specified aggregation of study elements". Rubin and Babbie (2010) continue indicating that a study population is that aggregation of elements from which the sample is actually selected.

Fossey et al., (2002; pp. 726) indicate that "qualitative sampling is concerned with information richness, for which two key considerations should guide the sampling methods appropriateness and adequacy". In other words, qualitative sampling requires identification of appropriate participants, being those who can best inform the study. It also requires adequate sampling of information sources so as to address the research question and to develop a full description of the phenomenon being studied. "Qualitative researchers purposively or intentionally seek out participants for inclusion in the sample because of their knowledge of and ability to describe the phenomenon or part of the phenomenon under study (Donalek and Soldwisch, 2004; pp. 356).

There are two types of sampling strategies that are mainly used and those are the probability and the non-probability strategies. Under each strategy there are sub-strategies or types which also characterize the type of research. For this study the non-probability sampling strategy was adopted and the purposeful sampling under the non-probability was selected as a technique suitable for this research. Creswell (2009; pp. 178) suggests that "the idea behind

qualitative research is to purposefully select participants or sites that will best help the researcher understand the problem and answer the research question". Purposeful sampling is mainly used as a technique to ensure that participants meet a certain criteria which will allow the study to answer the research question.

The population to which the sample was drawn from is service users of the Entokozweni Community Centre; which are residents of Swaneville community. Participants were people who have and/or still using the services of the Centre in relation to the topic being researched which is nyaope. Entokozweni Centre is based in a local primary school in the community of Swaneville, it provide various services to the community as it focuses on different factors. Firstly the centre started as an organisation focusing on fighting poverty; however as other problems such as unemployment and substance abuse were identified they therefore focused on various factors that affect the community. In terms of substance abuse the centre helps families of people abusing substances with referrals to rehabilitation centres if needed.

The focus in terms of sampling or getting participants for the study was on families who have used the Centre as a resource for referrals to rehabilitation centres. The auxiliary social worker acted as the broker for the patients of nyaope and their families assisted the researcher in identifying people who were possible participants and willing and/or able to provide information for the study. The auxiliary social worker distributed the participant information sheets to the potential participants and they were provided with information concerning the study.

For this research 15 (fifteen) participants were required; due to the fact that the number of a sample should represent the number of the population to which the study is directed to. 15 participants were seen as appropriate by the researcher regarding the scope of the study. The age group of the participants was persons older than the age of 18 years and they must have a family member that was addicted to the drug nyaope. Those families have all used the services provided at Entokozweni centre in relation to the drug nyope.

3.5. Research methodology

Research methodology involves the methods and tools to be adopted for the study. Dudley (2005) states that it is important for data collectors to understand the principles and strategies of the qualitative research methods they will use, such as semi-structured interviews schedule. This study focused on the family and their daily experiences in relation to living

with persons addicted to the drug nyaope. The data was gathered in a natural setting where participants were the central point of the study; the meaning they attached to the experiences of living with persons using the drug nyaope were the researcher's focus. Therefore the face-to-face interviews as the data collection method together with the semi-structured interview schedule as a tool were used to collect data.

Grinnell and Urau (2011) state that a semi-structured interview schedule might include some specific items, but considerable latitude is given to interviewers to explore in their own way the phenomenon in relation to the research question being studied. Rubin and Babbie (2010, pp. 104) define an interview guide as "a qualitative measurement instrument that lists in outline form the topics and issues that the interviewer should cover in the interview, but it allows the interviewer to adapt the sequencing and wording of questions to each particular interview. Rubin and Babbie (2010) further elaborate that the interview guide ensures that different interviewers will cover the same predetermined topics and issues, while at the same time remaining conversational and free to probe into unanticipated circumstances and responses".

3.6. Pre-testing

Mohasoa (2010; pp. 52) says that the "pre-test or pilot study is used to assess the feasibility of the study, identify logistical problems, to collect preliminary data, to test the adequacy of interview questions, to assess the proposed data analysis techniques in order to uncover potential problems, and to train the researcher in as many elements of the research process as possible". Mohasoa (2010; pp. 54) further elaborates that conducting a successful pilot study is not a guarantee for the success of the large scale study. There is a possibility of making inaccurate predictions and assumptions on the basis of pilot data. Moreover Rubin and Babbie (2010; pp. 205) indicate that "a pre-test or pilot study is one of the mechanisms in qualitative research that is used to avoid or alleviate practical setbacks prior to the research study being undertaken.

The researcher interviewed two people who were as similar as possible to the target population of the study; in the sense that they both have persons in their families who are addicted to the drug nyaope. However the people who were interviewed for the pre-testing were not included as participants of the main research study. The people who were interviewed for the pre-test are from the community of Soweto in Pimville Zone one, they were selected from a centre within the clinic in Zone one that deals with substance abuse.

Findings to the pre-test were that questions were clear and understandable however they did not give many details as the researcher expected and therefore as a result more questions were added in the tool.

3.7. Data collection

Moreover face-to-face interviews were used as part of the methodology for the study. This was to ensure that the researcher achieves the goal/aim of the study; and that was to explain and describe in depth the effects and challenges of nyaope in families with teenagers using and addicted to the drug nyaope. According to King and Horrocks (2010) qualitative interviews has advantages and disadvantages. It is not only about the interviewing skills, however the environmental space of the interview it is also important and what happens during the interview it is also crucial.

The advantages of the face-to-face method is that it allows physical and emotional interactions in which enables the researcher to observe the non-verbal language of the participant in relation to the topic and try to make connections in terms of the data provided and the attitudes, behavior and feelings of the participants. It also allows the researcher and the participant to go in depth on the issues that arise concerning the topic that is being researched/ investigated. The disadvantages of face-to-face interviews is that participants might not feel more comfortable as they will be working with the researcher for the first time and therefore that might cause them not to be more open about their views, feelings and attitudes towards the phenomenon being explored as they will be afraid of being judged.

3.8. Data analysis

In qualitative research there are various approaches that may be used to analyse the data however for this study a thematic approach to data analysis was followed. Qualitative researchers build their patterns, categories, and themes from the bottom up, by organising the data into increasingly more abstract units of information. Creswell (2009) states that the process of thematic data analysis illustrates working back and forth between the themes and database until the researchers have established a comprehensive set of themes.

Qualitative research is interpretive, a form of interpretive inquiry in which researchers make an interpretation based on what they saw, heard and understand. Their interpretation cannot be separated from their own backgrounds, history, contexts, and prior understandings. After a research report is issued, the readers make an interpretation as well as the participants,

offering yet other interpretations of the study. With the readers, the participants, and the researchers all making interpretations, it is apparent how multiple views of the problem can emerge. In this regard the researcher interpreted the data in a manner that was understood based on the information provided by the participants and the behaviors that were observed during the interactions. Nevertheless readers will interpret the data in a manner which relates to their experiences and understanding of the phenomenon.

3.9. Limitations

According to Rubin and Babbie (2010) in reviewing reports of qualitative research projects, it should be determined where and to what extent the researcher is generalising beyond his/her observations to other settings. There is often a problem of generalisability even within the specific subject matter being observed. Other associated limitations are linked to the research tool; for example during the interviews some questions which were asked led to participants providing a single answer and not explain further on the phenomenon and in that regard some factors were not explored in depth.

- There is a stigma attached to substance use and therefore that came across as one of the limitations as participants held back some information as they were scared to be judged. Nevertheless to overcome this limitation the researcher has created a welcoming and comfortable environment for participants that they were assured of a non-judgemental attitude from the researcher's side.
- The researcher came across as a professional to the participants and therefore they had expected some sort of help/assistance from her and therefore they may have exaggerated when responding to the questions to make the situations look bad so they can receive the kind of help that are hoping for and have seek for a long time. However to overcome this limitation the researcher put herself in the level of the participants in the manner that she went on understanding the community in terms of its values and ways of living and therefore adapted to the conditions of the community, for example the manner in which the researcher dressed herself in the course of the study and the manner in which she communicated/spoke with the participants.

3.10. Trustworthiness

According to Pitney and Parker (2009) in qualitative research it is crucial to address the overarching concept of trustworthiness and the equivalents of validity and reliability. There are four key concepts addresses under the umbrella concept of trustworthiness; however for this study only three key concepts were looked at and those are the credibility, transferability and dependability.

Credibility

The concept of credibility relates to whether the findings of the study are believable, the researcher must take steps to ensure that their findings are accurate and are supported by the data. Credibility address key questions such as 'did the researcher depict what actually occurred in the research setting?" and "did they learn what they intend to do?' strategies for addressing this component of trustworthiness include triangulation, prolonged collection of data, member checks and peer reviews (Pitney and Parker, 2009).

In regards to credibility the researcher adopted the strategy of participant checks/member checks; participant check refers to the process of discussing the findings with the participants and finding out their experience and perceptions. In this case not more than three participants were consulted to review findings. The participants agreed with how the researcher has interpreted the data to which they have provided and the meanings attached.

Transferability

The transferability of a qualitative study's findings is beyond the researcher's control. The decision whether the study is transferable belongs to the study's reader. However the researcher is expected provide as much information as possible when describing the context and research findings, so that the readers can best apply the results to their particular contexts (Pitney and Parker; 2009). The data was collected in a community that is characterized by low social class where unemployment and poverty is an issue/factor, and the community members are mainly blacks. In this regard the researcher focused on those factors to ensure that the study is transferable to other contexts that have similar characteristics as the one the study was carried out at.

Dependability

In qualitative research dependability relates to research processes that are clear and appropriate. Dependability is said to be achieved through an inquiry audit, whereby details of the research process including the processes of defining the research problem, collection and analysing of data, and constructing reports are made available to research participants and other audience (Pitney & Parker, 2009). According to Creswell (2009) 'external audit' which means someone examines the research process and product to ensure that the study's findings are consistence with its data. The research processes and documents were made available for the supervisor, and in the process the supervisor assisted the researcher in the whole process of the study. The researcher has kept a journal where all the evidence, feelings, emotions and thoughts about the processes of the study were recorded in.

3.11. Ethical considerations

According to Miller, Mauthner, Birch and Jessop (2012) in qualitative research considering ethics before starting with the actual research is important as ethics focus on addressing aspects that governs the relationship between the researcher and participants as well as the conducting of the study; hence working with human beings is different from working with non-human beings many aspects needs to be considered. Aspects that are being looked at when discussing ethics in research are the informed consent, confidentiality, the right of participants to withdraw from the study, counselling for emotional distress that may be caused by the study and feedback of the findings.

Informed consent

According to Bowman, Spicer and Iqbal (2012) the process of seeking consent of participants in research procedures is arguably one of the most important skills that each researcher should learn. Consent form addresses the social work value of self-determination hence it allows the participant to have a choice in agreeing on participating in the study or not. The Entokozweni centre is a centre that also addresses the issues of substance abuse in the community. The centre assisted the student with identifying potential participants for the study and also informs the families about the study. However the researcher with the help of the social auxiliary worker recruited participants and gain consent from them through a written consent form, where participants were informed about the objectives and goals for the study, as well as the processes of the study. The auxiliary worker informed the potential participants about the study and invited them to the centre and therefore the researcher explained the details of the study to the potential participants and then allowed them to decide

whether to be part of the study or not and those who volunteered were given consent forms to fill and sign.

Confidentiality and anonymity

When working with people especially when crucial information is being shared in the process confidentiality is important; in the case of research hence information shared might be published participants need to be informed of issues such as publishing of information and shared confidentiality among persons involved in the study; for example supervisor and other colleagues. Participants should be informed about anonymity in terms of the fact that shared confidentiality or publication of information may not seem ideal for them; however the guarantee or assurance that their real names may not be mentioned if they choose so however ensures that they will provide enough information that is useful in the manner that it ensures validity and reliability and allow generalisation of the findings. Participants were informed about shared confidentiality as the researcher was working with the supervisor in the process of this study. Moreover participants were informed about anonymity which also led to participants and the researcher agreeing to keep the participants' identities anonymous.

The right of participants to withdraw from the study

Participants for this research were informed about their rights as participants and that they have a right to a certain extent to withdraw from the study if they feel uncomfortable and if they feel that the study will not benefit them as participants. Moreover participants were informed that withdrawing from the study does not have any effects in them receiving services from the Centre in the future; that it is their individual right to choose whether to continue with the study or not.

Feedback

As for this research the researcher was working close with the Entokozweni Centre therefore it was crucial to give feedback on the findings for the Centre to be able to help the community where possible in relation to the topic being researched. Furthermore it is important that participants receive feedback of the study they participate in if it is going to be helping in modifying or changing behavior patterns and improve and promote health. The researcher has promised to provide feedback on the findings of the study to the centre in which the sample was selected.

Counselling

The organisation that is assisting with sampling has social auxiliary workers that are supervised by a social worker at the Department of Social Development offer basic counselling and also do referrals where necessary. The researcher had arranged with the team at the Entokozweni Community Centre to organise counselling should participants need it as a result of the study, however none of the participants indicated that they felt that they needed to be referred for counselling.

3.12. Research process

- The researcher presented her research topic and then it was approved by the department and the researcher's supervisor.
- The researcher went to Entokozweni community center to request to do the study at their organisation and she was granted permission which was accompanied by permission letter.
- The researcher drafted a research proposal and submitted it to the ethics committee which was departmental.
- The researcher was granted a clearance certificate.
- The researcher went back to the Entokozweni community centre and was assisted with selecting the sample in the process the auxiliary social worker provided potential participants with participant information sheet which had information about the study.
- The researcher issued out consent forms to participants and they all signed.
- The researcher tested the research tool through pre-testing.
- The researcher started with the interviews, she recorded as audio and also recorded on her research journal.
- The researcher transcribed the data and thereafter analysed it.

3.13. Conclusion

This chapter focused on the aim of the study which had motivated the selection of research design and methodology. It also looked closely and in depth in the process of the research design and methodology; where it explained the research design and methodology in depth and the rationale behind. Moreover this chapter also discussed the pre-testing or pilot study of the research method and design to look at the possible setbacks that may occur on the actual study. In addition the trustworthiness of the study was discussed in this chapter which three

underlying aspects were looked at and those are the credibility of the study, transferability of the findings and dependability of the findings and study as a whole.

CHAPTER 4

DATA ANALYSIS

4.1. Introduction

This chapter presents and discusses the findings of the study in accordance to the research objectives. Demographic information is analysed using descriptive statistics and qualitative data that emerged from the participants' responses to the interview questions were analysed using thematic analysis. Themes identified through the analysis process were illustrated through the use of verbatim responses, graphs, figures and charts.

4.2. Demographic profile of the participants

Table 4.1 provides a visual summary of demographic profile of persons living with a person addicted to nyaope who participated in the study.

Table 4.1: Socio-demographic profile of participants (N=15)

Demographic Factor	Sub- Category	No of Participants
Age in years	18 - 23	1
	24 - 29	3
	30 - 35	1
	36 - 41	4
	42 - 47	2
	48 -53	3
	54 - 59	0
	60 -65	1
Marital status	Married	3
	Single	12

Employment status	**Employed**	**5**
	Unemployed	**10**
Gender	**Female**	**11**
	Male	**4**
Nationality	**South African**	**14**
	Non-South African	**1**
Relation to the person using Nyaope	**Grand mother**	**1**
	Mother	**7**
	Sister	**2**
	Brother	**4**
	Niece	**1**

Participants were recruited from the community of Swaneville located in the Westrand of Johannesburg, and were identified through a form of purposive sampling known as criterion sampling which is the use of individuals with certain characteristics that set them apart from the rest of the population (Palys, 2008). The table above shows that fifteen participants were interviewed. The age ranged from the age 20 to 63, where fourteen of the participants were South African and one was a Zimbabwean citizen. In addition eleven of the participants were female and four were male; moreover three were married and twelve were single. The table also illustrates the employment status of the participants where five participants were employed and ten were unemployed.

4.3. Experiences of stigma from members of the community, when a family member is addicted

The first objective was to explore family members' experiences of stigma from members of the community, when a family member is addicted.

In the responses of participants in relation to this first objective two themes emerged; namely, ruined relationships with neighbours and dysfunctional family/bad parenting skills.

Theme 1: Ruined relationships with neighbours

The addiction of nyaope does not seem to be only impacting on families with a family member that is addicted to nyaope; however it affects everyone that is around them. When participants were asked about their experiences of having a family member that is addicted to this drug they expressed that having a family member that is addicted to nyaope has in a way ruined their relationships with their neighbours. The quotes below describe how relationships with neighbours were ruined.

> *"Well with my neighbours our relationship has suffered because now when something is missing my child becomes a suspect and it also hurt me as a mother but there is nothing I can do because everyone knows that she does smoke this nyaope drug" (Participant 2).*

> *"I do not get along with the neighbours as my child has stolen from them, this one time my neighbour was doing a garden and they left a spade outside in few minutes it was gone and they say it is my child as he also disappeared after the incident and that has cause conflict between me and my neighbour as they believe that I did not teach my child well" (Participant 8).*

> *"The neighbours and I do not get along as before due to the stealing that they are experiencing caused by my child" (Participant 10).*

When abusing drugs a person does not stop to reflect on his/her actions, choices or the consequences of the actions, this can cause conflict and trauma in one's personal relationships that may not be repairable (Jason, Ferrari & Davis; 2014). The findings of the study illustrated that substance use ruins relationships not only within families but also external relationships beyond the family, such as neighbours and the communities. When participants were asked about the effects of the addiction the family member has on nyaope to their relationship with their neighbours; thirteen participants expressed that this addiction of their family member has impacted badly on their relationships with their neighbours. In the regard of this analysis it is clearly highlighted that the use of nyaope in families and community does not only ruin the relationship of the addicted person with the people around him but it also ruins the relationships of the ones he/she is close with (family) with the people they live with in their community.

Theme 2: Dysfunctional family/bad parenting skills

Seven participants have mentioned that the community and neighbours question their parenting skills and also point other unrelated factors as causes for their children to behave in the manner they are behaving; for example other participants are single parents and therefore their marital status is viewed as the cause for their children to be addicted to the drug nyaope. The following three quotations refer to the struggles within the family, especially referring to parenting skills

> *"The addiction and the behaviour of my son have cause conflict between me and my neighbour as they believe that I did not teach my child well" (Participant 8).*
>
> *"The neighbours also say that the fact that the father of these children have left has led to our family being dysfunctional and therefore it is the main reason this child is not listening to me and behave as he wants, they even said that I have failed my children as I am the reason their father left, which I can say it is hurtful to hear all these things they say about me and my family" (Participant 10).*
>
> *"We no longer get along with many people in the community because they are his victims as he steals from them together with his friends. My neighbours even said that I am the reason my child is like this because I have spoiled him too much and all I wanted was to give him a good life and which is why I always made sure he gets what he wants I didn't think it would lead to this, I guess I was too soft to him as they say in the streets" (Participant 11).*

According to American Psychiatric Association (2006) dysfunctional families are characterised by impaired communication among members and the inability of family members to set appropriate limits and maintain standards of behaviour. Hays (2010) in his argument states that parents in most cases blame themselves for their children's addiction and this may be mainly because they can trace the addiction to the family history of addiction and in some cases they may link the addiction of their children to their parenting style; for example this mainly occur when parents were permissive or very strict towards their children.

The study has revealed that there are various factors involved within different families that might lead to the addicted individuals to make a choice to use the drug nyaope and those factors include family issues such as the lack of a father figure. In this regard many children who are addicted or using the drug nyaope are from families that are headed only by women. Moreover this study had revealed that most children who have permissive parents who spoil

them tend to be more experimental and therefore they are more likely to engage in substance use.

4.4. Emotional distress caused by nyaope addiction, when a family member is addicted.

The second objective of the study was to explore any emotional distress caused by nyaope, when a family member is addicted.

Watzlawick, Bavelas and Jackson (in Dhlamini, 2009, pp. 18) define a system as "a set of components which are related to one another. For these authors, a system is not something on its own; there is a relationship between the components of the system which ties the system together. This means that a variation in one part of a system affects the other parts, or the whole, because the parts are dependent on one another. A system can be seen as an individual, parent/s and children, as part of the family system". Therefore the addiction of a family member will affect all members within the family one way or another.

Participants mentioned that the addiction of their family member to the drug nyaope comes with lot of emotional distress, however their emotional responses to this situation are different and therefore various themes emerged. Dube (2007, pp. 28) explains that "when one member of the family abuses drugs, it is said that every family member suffers because it causes disruption and disharmony within the family; which leads to emotional distress and physical manifestation of the emotional distress". Three themes were apparent when exploring the emotional distress caused by nyaope addiction, namely the emotional and physical impacts of distress caused by having an addicted family member, Impact of having an addicted family member on family relationships, and Causes of emotional destress related to nyaope usage.

Theme 1: Emotional and Physical impacts

Having a family member that is addicted to the drug nyaope is said to be having negative emotional impacts/effects that leads to physical consequences (Masombuka, 2013). Quotes below show how families have suffered emotional and physical impacts caused by having a family member that is addicted to the drug nyaope.

> *"I was very hurt that I even called the CPF (community police forum) to come get him and beat him up at the parliament so he can stop with this behaviour; that is how hurt I was by this"(Participant 8).*

"my son has tendencies of fighting with his little sister when he does not have the money to buy this nyaope and this has caused disharmony in this family as we have involved police and social workers in the matter and the fact that now both my children do not get along very well has led to me being stressed all the time that I even wish to leave this house, there is no peace in this house and there is nothing I can do because there is no where I can throw my son there is no rubbish bin for people"(Participant 15).

"From then I started hurting and I am a person with heart problems; so this issue has worsened my condition because I think day and night how I should help her and why is she doing this to herself and to me" (Participant 2).

"it has caused me lot of stress and now I am on medication due to that stress, I am taking high blood medication which I did not take before all these problems my younger brother has caused me and I do not sleep very well these days I depend on pills to get enough sleep" (Participant 6).

This study has revealed that family members especially the ones close to the addicted person tend to care more for the addicted person to the extent that they even want to take responsibility for their actions and work on changing the situations themselves more than the addicted person. Moreover people close to the addicted person it has been shown in the study that they are the ones who mainly suffer the emotional impact of the addiction as they are the ones who always have to face and deal with the consequences of the addiction and/or actions of the addicted person. In addition the emotional impact of the addiction on family members causes problems that are medically related; for example heart diseases, blood pressure etc.

Theme 2: Impact on family relationships

Bezuidenhout (2004, pp. 127) stated that a family is a unit/system and therefore actions of one member whether positive or negative they affect the whole unit. He further states that substance use of one member of the family impacts negatively on the whole family as a system. Participants have highlighted on the quotes below how the use of nyaope by their family members have affected their family relationships.

"this has affected my relationship with my aunt as well as we now argue a lot due to this problem as she will always try to be on her boyfriend's side even though she could see that he is at fault" (Participant 7).

"he has fought countless times with my second born and my daughter has called police for him but I have not let her to get him arrested and now my daughter thinks that I am taking the side of his brother and my daughter wants to move out from the house, I am losing my daughter because of him and my relationship with my daughter is not the same and there is nothing I can do because I am trying to keep the family together now I don't know if it worth the try or what, this is really putting strain on me" (Participant 15).

Bezuidenhout (2004, pp. 127) states that "substance abuse by one family member may affect the whole family negatively. Bezuidenhout further explains that conflict between spouses and other family members may emerge and eventually lead to one or more of the family members exhibiting unbecoming behaviour. The study shows that if there is a family member within the family who is using or addicted to substances it affects the family relationships in the sense that the manner in which they relate and/or communicate changes; for example two participants explained in depth on how is having a family member addicted to the drug nyaope has affected their relationships as a family and with one family member to the other within the system. In this regard as shown in the study one could argue that substance use brings conflict within families.

Theme 3: Causes of emotional destress related to nyaope usage

The figure below illustrates the causes of emotional distress caused by the addiction of nyaope to families with persons using the drug. The figure below shows in percentages on how these causes are experienced by different families and/or persons, who participated on the study.

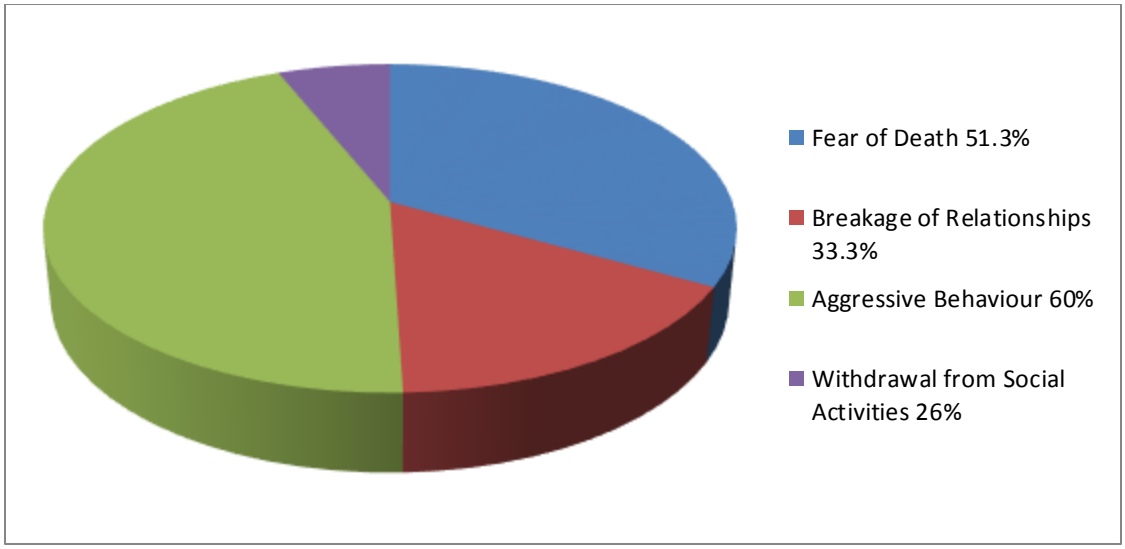

Figure 4.1: Causes of Distress in Families of Persons Addicted to Nyaope (N=15).

"He does not eat and does not bath that is really stressing me because it is not how I know my child he has changed and I am worried that he will end up dying if he carry on like this" (Participant 10).

"he is stealing from the house and from our neighbours and that has caused me lot of stress lately because when I am at work I cannot focus as I will be thinking of my belongings that I will not find in the house and maybe I will find neighbours coming to complain and claiming their things from us as a family that my son has stolen from them" (Participant 8).

"I have tried by all means to send my son to a good school now he has dropped out it has stressed me a lot especially when I think of all the money that I have spent to good schools from the lower grades up to this far and all I get is this. Worse he steals from me on top of that and still I am supporting him and he is not grateful for all that, it is really heart breaking I don't think I can ever be hurt more than this" (Participant 11).

"This person started by quitting his job and things started going missing in the house and he would deny and say he was not here; it is really disturbing" (Participant 7).

All the 15 participants when were asked on how they noticed or learned that their family members are using or addicted to the drug nyaope; they responded that theft was the major problem then the change in behaviour, such as loss of interest in social things like work and

school and also physical aspects such as weight loss and unhygienic. Bauld and Butler (in Rice, 2008, pp. 113), confirm that "the initial realisation that a child is using drugs seemed to be a traumatic experience for the parents. Some feelings that are highlighted included the fear that the child was going to die; a feeling of failure or responsibility for the addiction; and shame because of being judged by the community as a parent who cannot control his/her child".

In this regard as the study illustrates the argument is that where substance abuse and/or addiction is concerned there are various factors that come into play which may be viewed as stressors related to having a family member that is addicted to nyaope. Moreover the use of nyaope leads to the users to behave in an unusual manner that is not acceptable and/or desirable within the family structure which puts too much strain on a family as a system and to the family member that is close to the addicted person.

4.5. Exploring and describing financial problems linked to nyaope addiction, when family member is addicted

The third objective was to explore and describe financial problems linked to nyaope addiction, when family member is addicted. Masombuka (2013) has highlighted on her work that parents have mentioned that they face various financial struggles when they have children that are addicted to the drug nyaope. On the quotes below participants describe financial issues that they face in their families due to having a family member that is addicted to the drug nyaope.

> *"It has affected the family a lot as we have gone through things trying to help him in terms of financial and emotional issues, (Participant 5)".*
>
> *"This issue has affected me in a way that now I am not free in our own home we have to hide things as we are scared they will be stolen. Another thing is that now my aunt is the only person working in the house, so I can say this drug is affecting us as now we experiencing financial strain; on top of that he steals things from the house and then my aunt has to work on replacing them instead of using the money to buy new things that we need at home" (Participant 7).*
>
> *"It has caused me lot of stress and now I am on medication due to that stress. Another thing when he has stolen from people I have to pay so that they do not beat him up as he is the only one I have as family so that has also put strain on me financially and*

it's not like I have a choice because if I don't pay they will take him to parliament and beat him up maybe to death" (Participant 6).

All the 15 participants have mentioned how the theft they experience at their home has affected them financially, and seven participants among the fifteen have mentioned how they got into financial debts due to trying to help their children to fight this addiction. Barnard (2005, pp. 13) confirms that "abusers have a tendency to steal from family thus resulting in financial loss, as stolen items have to be constantly replaced". Hosken (2009, pp. 9) concurs with Barnard in indicating that "nyaope addicts are also known to steal cutlery, water meters, window handles, clothes and electrical appliances from their homes. This leaves parents with a great sense of loss of trust in their children and feeling exposed because their assets are not secured and they themselves do not feel safe in their own homes".

In addition Copello, Templeton and Powell (2010, pp. 67) state that "family members are frequently an unpaid and unconsidered resource, providing health and social care to their substance abusing relatives or family member. They may also carry a significant burden in terms of costs linked to the substance abuse of their addicted family member". This has been found to be true in this study as other participants have mentioned that they have to replace things which the addicted family member has stolen from them and from their neighbours.

The study reveals that the use of nyaope has financial effects on families and this is due to the facts gathered in the findings that the addicted person tends to steal from their families and therefore someone within that family has to replace the stolen products, another issue is that when the addicted person has stolen from the neighbours their families try to protect them from being beaten up or sent to jail and therefore they replace what they have stolen from the neighbours that also leads to families faced with financial issues. Moreover families try to help the addicted person to deal with their addiction which comes at a price they end up getting into debts trying to help the addicted person get into a rehab. In this regard the researcher suggests that nyaope may be cheap to get, however it has serious effects on the families' finances.

4.6. Explore the awareness of available resources to deal with the problem of nyaope on family members of the person using the drug 'nyaope'

The fourth objective that the study was aiming at achieving was to explore the awareness of available resources to deal with the problem of nyaope on family members of the person using the drug 'nyaope'.

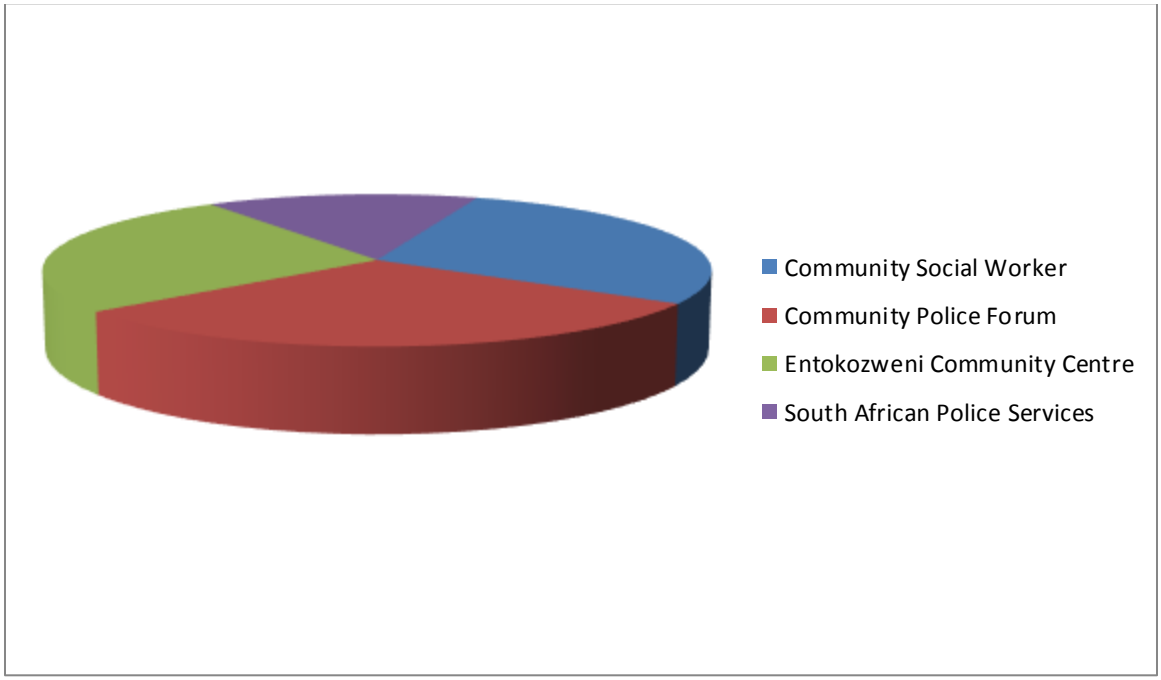

Figure 4.2: Available Resources to Families of Persons Addicted to Nyaope to Deal with the Problem of Nyaope (N=15)

There were four types of resources that participants mentioned that they have and are using to fight the usage of nyaope in the community and within their families and that involve the Community Police Forum, the Community social worker and the centre for youth and community development known as Entokozweni community centre as well as the police.

The community police forum is people within the community who volunteered to patrol at night within the community with the aim of fighting the crime that seem to be increasing in the community. The community police forum in many occasions work with the South African Police Services (SAPS). However the community police forum in most cases handles situations in the manner that they see fit for their community before involving the police and that is beating up the suspects in a place that they call "parliament".

The social worker on the other hand also works together with the community and other organisations that are within the community to look at different issues within the community including the recent and most crucial issue which is the use of nyaope. Nevertheless different people utilize different sources and the figure above illustrates in percentages on how these resources were and/or are being utilized by the participants. However the participants who mentioned the CPF as a resource, four of them have mentioned that this resource has not really worked as their addicted family member is continuing with the undesirable addictive behaviour.

Theme 1: Relapsing of patients/nyaope survivors after rehab

Sinha (2001) argue that stress as a factor result in many drug addiction patients to relapse. When participants were asked about available resources within their community and their effectiveness, six participants mentioned that their family members have been to rehab however they have relapsed after some time and went back to using the drug. Quotes below describe how these addicted family members have relapsed.

> *"Last year he was sent to rehab, and he was doing fine then he came back after 6 months he relapsed again and then still we tried to emotionally support him up to today" (Participant 5).*
>
> *"I have tried to help him as we took him to rehab and then when he came back his friends were waiting for him then he got back to using the drug, and then there was nothing else I could have done more than that" (Participant 8).*
>
> *"I am tired of this person because he went to rehab few years ago and not once but he is always going back into using this nyaope even though he can see that this thing is killing him, so now I just decided to let him be and he will see for himself when the time goes as long as he stays away from me and my other children who obey and respect me I am really tired" (Participant 14)*

Three participants mentioned that their children have started using and also relapsed to using the drug nyaope because of the kind of friends they keep and that have shown the power of peer pressure in the lives of the nyaope users concerned. Gouws, Kruger and Burger (2008, pp. 131) state that "peer group is a critical determinant in the development of a value system. Since acceptance by their peer group is essential for adolescents, they conform to the

standards and limits for admissible behaviour set by the group. This is particularly the case in families in which parental influence has declined".

Furthermore it is argued by Gouws, Kruger and Burger (2008) that adolescents primarily turn to peers in reaction to parental neglect and rejection. The unstructured leisure hours spent with peers afford adolescents the opportunity to develop skills enabling them to assume roles. The peer group sets the standards and behaviour limits to which adolescents conform. Criteria for acceptance by the peer group sometimes clash with those that parents deem suitable.

The study reveals that many people relapse and go back into using nyaope because of the kind of friends they keep, even though they have planned to quit but keeping the same friends result in them going back to nyaope. Moreover parents believe that their children are using nyaope because of their peers and therefore the blame does not go to the person using the drug rather goes to their friends. The study reveals that family members of the person addicted to the drug nyaope finds it challenging to deal with relapses and that leads to them giving up on the addicted person as they view the relapse as a choice.

Theme 2: Corporal punishment as means to correct the addictive behaviour

The community police forum helps the community to deal with the problem in the community of Swaneville, it is said that in most cases it is effective and therefore families of persons that are addicted to nyaope seem to resort to this resources to help their family members that are addicted and also save themselves as a family from this situation of nyaope.

> *"I was very hurt that I even called the CPF (community police forum) to come get him and beat him up at the parliament so he can stop with this behaviour; that is how hurt I was by this" (Participant 8).*

> *"At some point I had taken him to parliament where they beat these children who break the laws and when we got there I felt sorry for him because they were going to beat him up very bad so I told those men to just talk to him. Another thing he had attitude towards the CPF men and that is when I have realized that he is not going to change whether the CPF intervenes or not and therefore as a family we had to look at other alternatives such as the community social worker or police because now I was out of options" (Participant 1).*

The study reveals that in this community the CPF is trusted in solving problems such as nyaope and other aspects that comes with the use of nyaope such as theft. The people who were interviewed stated that they have asked assistance from the CPF to deal with the nyaope issue; however the CPF may be seen as useful to combat undesirable behaviours caused by nyaope and to scare people from using the drug but it is not as effective as it is expected as people still continues to use the drug nyaope and get into their unacceptable actions and/or behaviour. The findings illustrate that violence that is used as a punishment to stop a certain undesirable behaviour is not really working however it makes people to be worse than they are and continue with their undesirable behavioural patterns.

Theme 3: Involvement of social workers in helping the community with substance abuse issues

Social workers are professionals that aim at helping individuals, families and communities to deal with problematic situations and/or circumstances that limit them to function to their full capacity by eliminating or minimising those problems/conditions (Sheafor and Horejsi, 2011). The quotes below show how the community social worker has been of help to the family members of the persons addicted to nyaope.

> *"We have tried to help him but it is hard as he is mainly influenced by friends and therefore he does not listen. I have went to the social worker and asked for assistance, at some point it feels like the social worker is not doing much to help my family as she has told me that they can only help us if my child is willing to be helped. Another thing the social worker has advised me to go with my child to the clinic at Kagiso where they deal with addiction and that will not work out as this child is running away every time I seek help for him" (Participant 12).*

> *"I have gone to the social workers to seek guidance on how to help my child and that is when I was told about the substance abuse clinic at Kagiso, which we have gone with my son and he qualified for rehab admission after the 6 weeks period. However rehab did not work as he came back and in few months he was back into using this drug and I could say that it is very painful to just sit and look at him destroy his life like this, so now I am planning on taking him to 'stout school' which is known as Busasa in Krugersdorp" (Participant 15).*

Eight participants have mentioned involving social workers in dealing with the nyaope problems in their families. However it is said that the involvement of social workers has not been effective thus far. The study illustrate that people tend to go to social workers hoping that they will solve their problems without understanding that social workers can only help people with their consent and if the specific person does not cooperate then social workers cannot be able to help change the situation. Moreover the study reveals that the community social worker that people had turn to for assistance they have been very helpful in the sense that they have helped with referrals and also with helping these families to be able to deal with the problem of nyaope within their families.

4.7. Coping strategies of the family of the person addicted to nyaope

The last objective was to identify coping strategies of the family of the person addicted to nyaope.

When participants were asked on how they are coping with the situation of living with persons addicted to the drug nyaope, many have illustrated that it is hard to cope however they have learned to accept the situation and learn to live with it. Few themes have emerged when this aspect of the study was explored.

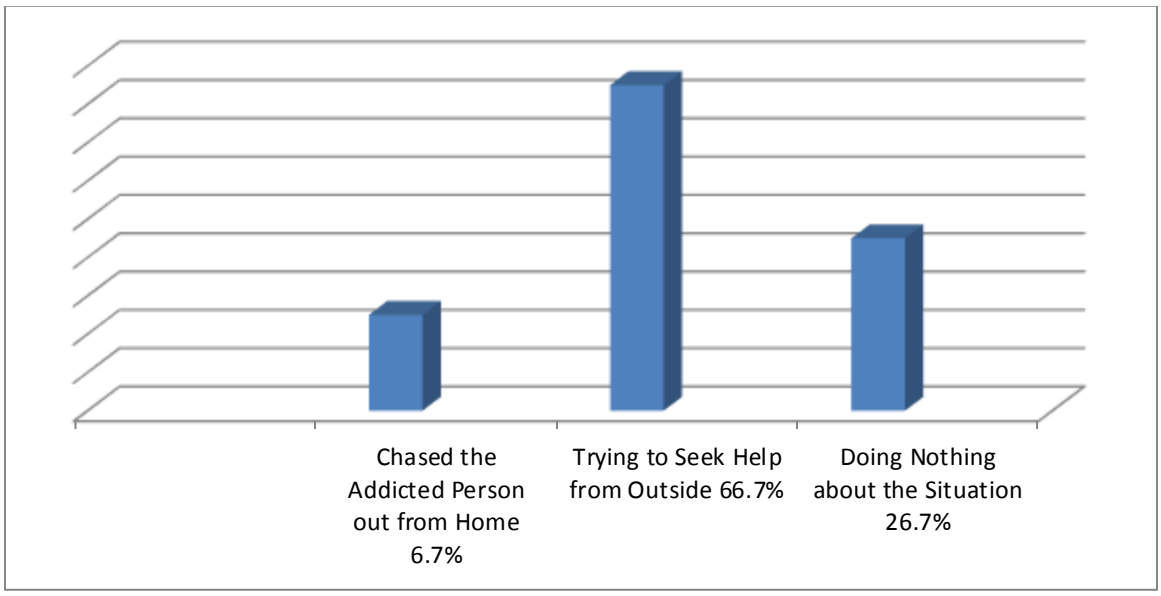

Figure 4.3: Actions Taken by Families to Cope with the Situation (N=15)

Theme 1: Learned helplessness and hopelessness

Mikulincer (2013) argues that when people are faced with situations that seem to be hard to solve especially when resources to deal with those situations are limited they tend to feel helpless and hopeless and therefore accept the situation as it is and learn to live with it. Quotes below describe how hopeless the participants are in dealing and solving the problem of nyaope within their families.

> *"We try to cope but it is hard as we now out of options on how we can beat this problem as it affects the whole family; so we will see when and how all of this will end, we really tried to help him but he doesn't accept our help" (Participant 13).*

> *"I try to cope but it is hard because we don't know what will happen and when will this end so I guess we have just accepted this situation" (Participant 10).*

Learned helplessness and hopelessness it is said that it is a response that many individual may adopt in order to cope with a hard situation that may be very challenging to change. Moreover it is argued that learned helplessness may be viewed as generalized passivity (Mikulincer, 2013). The study reveals that families with a family member that is addicted to nyaope due to their actions caused by the influence of the drug they tend to not know what to do and how to deal with the situation and therefore they learn to accept the situation and not do anything to change it. Five participants have shown the signs of learned helplessness as they have mentioned that the person addicted to nyaope will see where they end with this behaviour and they also expect anything as they do not know what to do hence they believe the addicted person has made a choice to engage in this drug and get addicted.

Theme 2: Homelessness

When participants were questioned about their coping means few have mentioned that they are coping better since the addicted family member has left or was chased away from home. This also illustrates how homelessness emerges for other people who are addicted to this drug nyaope. Hoksen (2009) in her work revealed that the use of nyaope contributes to the homelessness in South Africa, as some of the persons addicted to nyaope run away from home to access the drug easily and/or some do not want to comply with rules at their homes.

> *"We are coping well now that he is away as he ran away from home because when he was here I had to lock up my room but he would break the door and now we at the point where we have given up on him" (Participant 5).*

"I ended up chasing him away from home because I couldn't deal with the fact that things go missing in the house. So now things are better" (Participant 14).

The study reveals that homelessness is caused by various reasons. One participant has mentioned chasing her child away because of the addiction; this illustrate lack of support from the family's side directed to the addicted person, however this also shows that to a certain extent families do not know how to deal and cope with the situation of having a family member who is addicted and displaying an undesirable behaviour and therefore chasing the addicted person from home seem to be the only available effective solution.

Another one participant has mentioned that his younger brother has left home due to the use of nyaope; and they were trying as a family to help him quit using the drug. this also illustrates that people who are addicted to nyaope do not want if their families are trying to help them to overcome their addiction and in that way they feel that there is lack of support and that their way of living is being judged and therefore they tend to want to leave home and go be with the people that they relate to better and those are people who are also into some sort of addiction and who live away from their families.

Theme 3: Making use of support systems available to cope

There are various support systems that were mentioned by participants when asked how they cope with the problem of having an addicted family member within their families and all the problems it comes with. Quotes below illustrate how these support systems have been utilised and effective for these families.

"We are trying to cope as I have involved social workers in this matter, they are really helpful in the sense that they always come by for a home visit to check on how we are doing and help us with other useful resources that can help us deal with this issue" (Participant 12).

"I try to cope as we receive support from the organization named Entokozweni and they send care givers to always come to check up on our living conditions with this problem and other related issues, I can say they are very supportive and at the moment support is what we need since this has put so much strain on our family and between us and our neighbours" (Participant 8).

"We cope through the support of elders in the community as they know we do not have parents" (Participant 3).

"even though he came back from rehab and relapsed we have not stopped trying to seek help, which is why we have gone to the social worker to get help on how we can deal with this as a family and we have been referred to an organization name Entokozweni and they have substance abuse programs that are aimed at helping young people of our community who are addicted to nyaope and other drugs; receiving all this help is helping us cope as I have hope that my son will be helped when time comes. However it is hard because of his attitude and behaviour within the house, but at least having other people involved in this is helpful" (Participant 15).

Fourteen participants have mentioned that they are utilizing available resources such as support systems to help them cope and deal with their family situations of addiction. The study reveals that to the nyaope issue even though it may seem as a family issue just like any other problem people need support systems to help them cope with their situations. The study shows that when support is being given from external and internal sources the situation can be handled better regardless of how worse it is.

4.8. Conclusion

The data analysis helped the researcher to be able to identify various significant themes in which allows one to draw conclusions on the effects of nyaope on families with a member that is addicted. Data analysis has revealed the stigma attached to nyaope that family members with an addicted person experience from the community, impacts of nyaope on emotional impacts and the causes of the emotional distress, financial issues related to the use or addiction of nyaope, the use or utilization of available resources to the family as well as their coping strategies.

CHAPTER 5

MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

This chapter summarises the main findings that have emerged from analysing the objectives of the study, it also draws conclusions in relation to the findings and provide recommendations flowing from the findings and conclusion.

5.2. Summary of key findings

5.2.1. To explore family members' experiences of stigma from members of the community, when a family member is addicted to nyaope

When this objective was looked at, it has been revealed that neighbours has developed stigma against the families with persons that is addicted to the drug nyaope to the extent that there were labels and names directed to families of persons addicted to the drug nyaope. Furthermore looking at the labels and names given the families of persons addicted to the drug nyaope the concept of dysfunctional family came into play where it was mentioned that when a family member is addicted to nyaope it is because they were raised in a dysfunctional family and that there were no rules at their homes to guide them and ensure that they display or give a desirable behaviour. Moreover this stigma has led to many people, specifically the participants who were parents into questioning their parenting skills, as well as their life choices/decisions and therefore blaming themselves for the behaviour of their children who happened to be the addicted person in the family.

5.2.2. To explore the family's emotional distress caused by nyaope, when a family member is addicted

Dube (2007, pp. 28) explains that "when one member of the family abuses drugs, it is said that every family member suffers because it causes disruption and disharmony within the family; which leads to emotional distress and physical manifestation of the emotional distress". There is a high level of emotional distress related to having a family member that is addicted to nyaope, this is mainly cause by various factors such as the financial strain the families find themselves in because of the drug nyaope being used by one of the family

member, the interpersonal family relationships that is ruined as a result of one family member using the drug nyaope and the fear the family finds themselves in due to being afraid that the family member who is using nyaope might end up dying either killed by the community when they got beaten up for stealing or dying from this drug itself as people using this drug tend not to eat well and at times they get sick and not seek medical assistance.

5.2.3. To explore and describe financial problems linked to nyaope addiction, which families experience when a family member is addicted to nyaope

Copello, Templeton and Powell (2010, pp. 67) state that "family members are frequently an unpaid and unconsidered resource, providing health and social care to their substance abusing relatives or family member. They may also carry a significant burden in terms of costs linked to the substance abuse of their addicted family member". There are various factors that cause financial strain on families that have a family member that is addicted to the drug nyaope. To start with people who are addicted to the drug nyaope are said to be stealing from their families and from their community (neighbours) when such occur their families are the ones that take the financial responsibility of replacing the things they stole either from the family or neighbours. In this regard in some instance the bread winner of the family end up owing the neighbours and sometimes get into debt trying to repay them on what was stolen by the person addicted to the drug nyaope.

Furthermore families do try to help the person addicted to nyaope by sending them to rehab, however the person addicted to nyaope seem to be going back into using the drug and the family try to help over and over which causes financial strain as well. Consequently the findings show that having a family member which is addicted to the drug nyaope comes with financial problems for the family.

5.2.4. To explore the awareness of available resources to deal with the problem of nyaope on family members of the person using the drug 'nyaope'

The findings show that there are various resources that people from the community of Swaneville resort to, to seek help with dealing with the problem of nyaope in their families when they haave a family member that is addicted to nyaope. The findings show that people do utilise the resources once they are aware of them; for example people who were interviewed in this study they have mentioned available resources and it shows that different people have utilised some of these different resources. In this regard the researcher will state

that people within the community are aware of the available resources such as the social worker which helps with referrals and also the Entokozweni Community Centre as well as other effective resources.

5.2.5. To identify coping strategies of the family of the person addicted to nyaope

Many families are faced with the problem of having a family member that is addicted to nyaope. However all families deal with the problem in different ways and their coping means are also different. Different coping mechanisms work for different individuals and/or families. There is no coping means that is said to be the best or effective, which is the reason people resort to different ways. There are three different types of coping strategies that were identified and those involve not having the family member who is addicted to nyaope as part of the family, for example some participants mentioned chasing the person addicted to nyaope out of home and other mentioned that things got easier when the person addicted to nyaope ran away from home. Therefore not having the addicted person around helps others cope better with the situation.

Furthermore another coping strategy that was identified is the learned helplessness and hopelessness. Some people tend to accept the situation as it is and learn to live with it as they do not believe that it can change and therefore they do nothing about the addiction of the family member. Lastly other people tend to live in hope and faith and that is what helps them cope with the situation and this was the third coping strategy that was identified in this study.

5.3. Conclusions

Data analysis helped in identifying significant findings that were in line with the objectives of the study. Data analysis revealed that there is stigma attached to having a family member that is addicted to nyaope and the whole family suffers from that stigma. Moreover the stigma attached to having a family member that is addicted to the drug nyaope leads to the families of people that are addicted being emotionally abused by their neighbours in terms of being called by names and their family as a unit being labelled based on one person's actions and/or behaviour. This stigma and/or abuse has led to many parents/guardians whom their role is to provide and care for their family question their parenting skills and therefore blame themselves for the actions and behaviour of the addicted person.

Furthermore having a family member that is addicted to nyaope, family members are more likely to experience emotional distress. The emotional impacts of having a family member

that is addicted involve stress, depression and sadness; these emotional effects lead to physical consequences in the sense that other people end up having physical sicknesses and forced to be on long term medication to control the physical health conditions they find themselves in.

Moreover there are financial issues related to having a family member that is addicted to the drug nyaope, these financial issues cause conflicts to all parties involved; for example the study has revealed that persons addicted to nyaope steal from their families and neighbours and in most cases there has to be someone held responsible and accountable for those actions, unfortunately the primary care giver of the addicted person take responsibility for all the damages be it is within the family or to the neighbours.

Nevertheless there are available resources that were identified to deal with the problem of having an addicted family member to nyaope and those involve the Community Police Forum, South African Police Services (SAPS), community social worker and the Entokozweni community centre. However people choose which resource to utilise considering what is best for them as a family. Lastly people cope with the problem of having an addicted family member to nyaope in different ways, where others deal with the problem and others chooses to accept and learn to live with the problem.

5.4. Recommendations

To respond to the findings of the study, the following recommendations have been developed by the researcher. Most of the recommendations in relation to the findings involve awareness and educational programs/projects. In other parts of the world, for example in traditional African communities, social needs and problems are dealt with by the family, both the immediate and extended family (Rwomire & Raditlhokwa; 1996, pp. 6-7) cited in Engelbrecht (2005). Non-formal education from generation to generation has, therefore, been part of people's social existence. In this respect Mugo (1999, pp. 222) cited in Engelbrecht (2005) refers to education where practices were not trapped between walls. However people were engaged and taught about social phenomenon that they are faced with day by day to empower them with knowledge, understanding and skills to deal and cope with such problems.

5.4.1. Recommendation in relation to the stigma attached to the use of nyaope directed to families

As far as the findings are concerned it is revealed that families are being stigmatized when having a family member that is addicted to nyaope. The recommendations that the researcher have developed in this regard is that the community is provided with some sort of education such as substance use awareness where they will be taught about how many people get hooked on the use of nyaope that they end up addicted and that it is not related to the type of family background they are from and be taught also on how they can assist families faced with the nyaope problem to deal and cope with these situations. That will reduce the level of stigma and it will allow people from families with a person that is addicted to nyaope to be open about their situation and be able to seek help.

Moreover at a family level the researcher suggests that the families should also use the available resources such as the social worker and the centre for community and youth development to be assisted on how to deal with the stigma and be able to cope as a family. The social worker in this regard should work together with the organisations within the community to raise awareness on effects of nyaope on families of the addicted people to help the community understand the struggles that families of persons addicted to nyaope experience.

5.4.2. Recommendation in regards to dealing with emotional distress caused by having a family member that is addicted to nyaope

The findings revealed that families that have a family member who is addicted to nyaope have been seeking help outside their families in different organizations however that has not been enough as they still experience high levels of stress in relation to the use of nyaope by their family members. The researcher has recommended that since there is a centre/organisation that is helping these families with referrals and other related issue perhaps that organisation should establish a support group where these families can attend and offer support to each other as in most cases dealing with a common problem as a group helps as they can learn how to deal and cope with this problem from one another and knowing that you are not the only one facing such issues also helps.

5.4.3. Recommendations in regards to awareness of available resources

The findings show that the community is only aware of resources which they perceive as effective on their perspective, this illustrate lack of knowledge in terms of resources to help their family members deal with the addiction of nyaope. Therefore in this regard the researcher has recommended that organisations dealing with substance use should visit this community and create awareness on substance use where they will also educate the community about effective resources that they can use to deal with the problem of nyaope. Moreover also teach the community that beating up the people addicted to nyaope due to their actions of theft it is actually a violation of rights and therefore it is not acceptable no matter how effective it can seem in dealing with the problem.

5.4.4. Recommendations for future research on this topic

This research has mostly focused on families of people addicted to the drug nyaope, therefore this research presents family members' views. Nevertheless it would be useful to also understand the other side/views of this topic on whether the addicted persons understand the challenges and effects of their behaviour on their families. In that regard the researcher recommends that future studies should also focus on that angle. Moreover on future research studies on the phenomenon of nyaope the researcher recommends that the focus should be on available resources and their effectiveness in assisting families to deal with the problem of nyaope.

5.5. Concluding comment

The findings have revealed many challenges that families with persons addicted to the drug nyaope face, nevertheless despite all the pain these addicted people bring to their families; the families are willingly trying with everything in their power to help their addicted family members. This has shown that the use of drugs as a whole including nyaope does not only affect the persons addicted but it also affects their families either directly or indirect. Moreover this study has also revealed that the use of nyaope increases due to its availability in the sense that it is cheap and accessible for everyone regardless of whether they have resources or not. Furthermore this drug is highly addictive in the sense that many people got hooked at the moment they were still testing/trying it. "At the bottom of every person's dependency, there is always pain, discovering the pain and healing it is an essential step in ending dependency." (Chris Prentiss, 2011).

REFERENCES

American Psychiatric Association. (2006). *American Psychiatric Association Practice Guidelines for the Treatment of Psychiatric Disorders: Compendium 2006.* American Psychiatric Association.

Babbie, E. R. (2007). *Badania spoĹ ,eczne w praktyce*. A. Kloskowska-DudziĹ (Ed.). Wydawnictwo Naukowe PWN.

Babbie, E & Mouton, T. (2001). *The Practice of Social Research:* South African Edition. Oxford University Press.

Barnard, M. (2005). *Drugs in the family: The impact on parents and siblings*. York: Joseph Rowntree Foundation.

Bezuidenhout, F. J. (2004). *A reader on selected social issues,* (3rd Ed.). Pretoria. Van Schaik Publishers.

Bowman, D., Spicer, J., & Iqbal, R. (2012). *Informed Consent: Introduction: why focus on informed consent?; 2. Deciding who decides: capacity and consent; 3. Putting the informed into'informed consent': information and decision-making; 4. Freedom of expression: the voluntary nature of consent; 5. A patient's prerogative? The continuing nature of consent; 6. Concluding words about consent; Index*. Cambridge University Press.

Braun, V. & Clarke, V. (2006). *Using thematic analysis in psychology. Qualitative research in psychology,* 3(2), 77-101.

Burrow-Sanchez, J. J. and Hawken, L. S. (2013). *Helping Students Overcome Substance Abuse: Effective Practices for Prevention and Intervention*. New York: Guilford Publications.

Copello, A. Templeton, L & Powell, J. (2010). *The impact of addiction on the family: Estimates of prevalence and costs*. United Kingdom: Taylor & Francis Ltd.

Corbett, A. (2004). *What is a Family? And why it Matters: Achieving a Workable Definition*. Australia: Tasmanian Family Institutes.

Creswell, J. W. (2009*). Research design. Qualitative, quantitative and mixed methods approaches,* (3rd Ed.). United States of America: Sage Publications.

De Vos, A.C. Strydom, H. Fouché , C.B & Delport, C,S,L. (2005). *Research at Grass Roots For The Social Sciences and Human Service Professions,* (3rd Ed.). Pretoria: Van Schaik Publishers.

Dhlamini, M. M. (2009*). Revisiting delinquency as a form of communication*. MA dissertation, Pretoria: University of South Africa.

Dodgen, C. E. and Shea, W. M. (2000). *Substance Use Disorders: Assessment and Treatment*. New York: Academic Press.

Donalek, J. G. & Soldwisch, S. (2004). *Demystifying nursing research: An introduction to qualitative research methods, Urologic Nursing*, 24(4): 354 and 356.

Dos Santos, M.M.L.F. (2006). *Defeating the dragon: Heroin dependency recovery*. MA. Dissertation, Pretoria, University of South Africa.

Dube, D.J. (2007). *Social factors influencing adolescent drug abuse in high schools in Atteridgeville,* MA. Dissertation, Pretoria: Tshwane University of Technology.

Dudley, J. R. (2005). *Research methods for social work*. *United States of America*: Pearson Education, Inc.

Durrant, R., & Thakker, J. (2003). Substance use and *abuse: Cultural and historical perspectives.* Sage Publications.

Einstadter, W. J. and Henry, S. (2006). *Criminological Theory: An Analysis of Its Underlying Assumptions,* (2nd Ed.). Lanham: Rowman & Littlefield.

Engelbrecht, L. K. (2005). *Perspectives on the community education model of social work: implications for education and practice.*

Fossey, E. Harvey, C. McDermott, F & Davidson, L. (2002). *Understanding and evaluating qualitative research.* Australian and New Zealand Journal of Psychiatry, 36: 717-732.

Gouws, E. Kruger, N. & Burger, S. (2008). *The Adolescent*, (3rd Ed.). Johannesburg: Heinemann Publishers.

Granfield, R. and Reinarman, C. (2014). *Expanding Addiction: Critical Essays*. New York: Routledge.

Grinnell, R. M. & Unrau, Y. A. (2011*). Foundations of evidence-based practice.* (9th Ed.). Oxford: Oxford University Press, Inc.

Hays, R. B. (2010). *All in the Family: Faith Issues for Families Dealing with Addiction*. USA: WestBow Press.

Hornby, A.S. (2006). *Oxford advanced learner's dictionary of current English*. Oxford: Oxford University Press.

Hosken, G. (2009). *Two women held in bust at school.* Pretoria News. November 11: 3.

Jason, L. A., Ferrari, J. R. and Davis, M. (2014). *Creating Communities for Addiction Recovery: The Oxford House Model.* New York: Routledge.

Kalunta-Crumpton, A. (2016). *Pan-African Issues in Drugs and Drug Control: An International Perspective*. USA: Texas Southern University, Routledge.

King, N. and Horrocks, C. (2010). *Interviews in qualitative research*. London: Sage publication. (fix on intext)

Lee, T. Y., Shek, D. T. L. and Sun, R. C. F. (2015). *Student Well-Being in Chinese Adolescents in Hong Kong: Theory, Intervention and Research*. Asia.

Lichtman, M. (2012). *Qualitative Research in Education: A User's Guide*, (3rd Ed.). London: Sage publication.

Maithya, R.W. (2009). *Drug abuse in secondary schools in Kenya: Developing a programme for prevention and intervention. PhD thesis*, Pretoria: University of South Africa.

Masombuka, J. (2013). *Children's addiction to the drug nyaope in Soshanguve Township: Parents' experiences and support needs.* Pretoria: University of South Africa.

Maree, K. (2007). *First steps in research*. Pretoria: Van Schaik Publishers.

Maughan, K. & Eliseev, A. (2007). *Heroin floods schools*. The Star, August 16:1.

McMillan, J. H. & Schumacher, S. (1997). *Research in education: A conceptual introduction*, (4th Ed.). New York: Longman.

Mhlongo, G.T. (2005). *Drug abuse in adolescents in Swaziland*. MA dissertation, Pretoria: University of South Africa.

Mikulincer, M. (2013). *Human Learned Helplessness: A Coping Perspective*. Springer Science & Business Media.

Miller, T., Birch, M., Mauthner, M., & Jessop, J. (Eds.). (2012). *Ethics in qualitative research*. Sage.

Mohasoa, I.P. (2010). *Substance abuse among male adolescents*. MA dissertation, Pretoria: University of South Africa.

Palys, T. (2008). *Purposive sampling. The Sage encyclopedia of qualitative research methods*, 2, 697-698.

Pitney, W. A. and Parker, J. (2009). *Qualitative Research in Physical Activity and the Health Professions*. Northern Illinois University: Human Kinetics.

Prentiss, C. (2011). *The Alcohol and Addiction Cure: A Holistic Approach toTotal Recovery*.

Power Press.

Privitera, G. J. (2013). *Student Study Guide with IBM SPSS Workbook for Research Methods for the Behavioral Sciences*. London: Sage Publication.

Ramothwala, P. (2013). *Calls to ban killer Nyaope. The New Age*. [Online]: http: //thenewage.co.za/printstroy.aspx. Accessed: 13 December 2013.

Rice, M. D. N. (2008). *The victimological impact of heroin abuse on the family: a study in progress. Acta Criminologica:* Southern African Journal of Criminology, 2008(Special Edition 1), 96-116.

Rubin, A. and Babbie, E. R. (2010). *Essential Research Methods for Social Work*, (2nd Ed.). Brooks/Cole: Cengage learning.

Schilit, R. & Gomberg, S.L. (1991). *Drugs and Behaviour: A sourcebook for the Helping Professions*. Newbury Park, London, New Delhi: Sage Publications.

Sheafor, B. W & Horejsi, C. R. (2011).*Techniques and Guidelines for Social Work Practice* (9th Ed.). Pearson.

Sinha, R. (2001). *How does stress increase risk of drug abuse and relapse?* Yale University School of Medicine: Springer-Verlag.

Smith, G.H. Coles, C.D. Poulsen, M.K. & Cole, C.K. (1995). *Children, Families, and substance abuse: Challenges for changing education and social outcome*. Baltimore. Brokes Publishing Co.

South Africa Department of Social Development. (2013). *National Drug Master Plan 2013-2017. RP 05/2007*. Pretoria: Government Printer.

South African National Council on Alcoholism and Drug Dependence (SANCA). (2016). SANCA National Treatment Report.

Weyers, M. L. (2001). *The theory and practice of community work: A South African perspective*. Keurkopie Potchefstroom South Africa.

United Nations Office on Drugs, & Crime. (2010). *World drug report 2010*. United Nations Publications.

United States. General Accounting Office. Office of the General Counsel, & United States. Government Accountability Office. Office of the General Counsel. (2004). *Principles of federal appropriations law* (Vol. 3). Government Printing Office.

APPENDIX A

PARTICIPANT INFORMATION SHEET

Research topic: The effects of Nyaope on families of children using and/or addicted to the drug Nyaope.

Good day,

My name is Hlengiwe Nkosi and I am a final year student registered for the degree Bachelor of Social Work at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting research on effects of nyaope on families. It is hoped that this information will enhance social workers' understanding of the experiences of people in this situation and help improve preventative strategies and support services for families.

I therefore invite you to participate in my study. Your participation is entirely voluntary and refusal to participate will not be held against you in any way. If you agree to take part I shall arrange to interview you at a time and place that is suitable for you. The interview will last approximately an hour. You may withdraw from the study at any time and you may also refuse to answer any questions that you feel uncomfortable with answering.

With you permission, the interview will be tape-recorded. No one other than my supervisor will have access to the tapes. The tapes and the interview schedules will be kept for two years following any publications or for six years if no publications emanate from the study. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report.

As the interview will include sensitive issues, there is the possibility that you may experience some feelings of emotional distress. Should you therefore feel the need for supportive counselling following the interview, I have arranged for this service to be provided free of charge by Ms. Promise they may be contacted at 073 0666 212 .

Please feel free to ask any questions regarding the study. I shall answer them to the best of my ability. I may be contacted on 074 292 1239, or my supervisor Mrs. Masson on the email address francine.masson@wits.ac.za. Should you wish to receive a summary of the results of the study; an abstract will be made available on request.

Thank you for taking time to consider participating in the study.

Yours sincerely

APPENDIX B

CONSENT FORMS

CONSENT FORM FOR PARTICIPATING IN THE STUDY

Research topic: The effects of Nyaope on families of children using and/or addicted to the drug Nyaope.

I hereby consent to participate in the research project. The purpose and procedures of the study have been explained to me. I agree to be interviewed in relation to the topic. I understand that my participation is voluntary and that I may refuse to answer any particular items or withdraw from the study at any time without any negative consequences. I understand that my responses will be kept confidential.

Name of participant: …….

Date: ……

Signature of the participant: …….

CONSENT FORM FOR AUDIO-TAPING OF THE INTERVIEW

Research topic: The effects of Nyaope on families of children using and/or addicted to the drug Nyaope.

I hereby consent to tape-recording of the interview; and I agree to the verbatim quotations. I understand that my confidentiality will be maintained at all times and that the tapes will be destroyed two years after any publication arising from the study or six years after completion of the study if there are no publications.

Name of the participant: …….

Date: ……..

Signature of the participant: ……..

APPENDIX C

INTERVIEW QUESTIONS (INTYERVIEW SCHEDULE)

- How old are you?
- What is your relation to the person using nyaope?
- What is the family structure (how many members does this family have and is it a nuclear or big family)?
- How does the family survive (who is the main bread winner and how many members are employed)?
- What does nyaope mean to you as an individual (what do you think when you hear the term nyaope)?
- Tell me more about this person's addiction to nyaope (in terms of when and how did it start; how did you come to know about it and/or what did you observe)?
- What was your reaction when you found out about this person's addiction?
- What effects have you observe that this drug 'nyaope' have on this person?
- What effect does this person's addiction has on you as the parent/guardian/bread winner and the whole family?
- What are your experiences and feelings regarding to this person's addiction to nyaope?
- What effects does this person's addiction have on the family (in terms of relationships with the community 'neighbors' and relationships among the family members)?
- Have you tried to assist this person to overcome this addiction; what have you done thus far to assist this person in overcoming this addiction?
- How do you cope (do you get any support and from whom)?