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The experiences of family members of nyaope users and their knowledge on the available social policy interventions; a case of east of Johannesburg

A research report on a study project presented to

The Department of Social Work

School of Human and Community Development

Faculty of Humanities

University of the Witwatersrand

In partial fulfilment of the requirements

for the degree (BSW) Bachelor of Social work

by

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Declaration

Plagiarism Declaration

I declare that "The Experiences of Family Members of Nyaope Users and their Knowledge on the Available Social Policy Interventions: a Case of East of Johannesburg" is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

_____ _____

Signature **Date**

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To my parents, who worked hard at ensuring that I get educated. To Nothando, Nthabiseng and Palesa, who have supported and motivated me through the journey. To my extended family and close friends, I say thank you.

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Abstract

Nyaope is a designer drug that has been existing for more than 10 years in South Africa. It has had devastating effects on the users and their families. Policies such as the Prevention and Treatment Substance Abuse Act 70 of 2008 are aimed at helping family members with the rehabilitation of a loved one and to reduce the risk of harm. This study explored the experiences of family members of nyaope users and their knowledge on the South Africa's Prevention and Treatment Substance Abuse Act 70 of 2008 in Boksburg, East of Johannesburg, Gauteng. The study adopted a qualitative research approach, utilising a phenomenological research design. A non-probability targeted sample was interviewed using semi-structured interviews. The sample consisted of family members of nyaope users who are permanent residents of Boksburg and Vosloorus. . Interpretative Phenomenological analysis was employed on the data collected. Findings show that the family members are negatively impacted by the nyaope use, experiencing financial and social burden. The identified themes were the dying relationship, relapse of the nyaope user, the lack of knowledge of social policy interventions and the unknown whereabouts of the nyaope user. It is recommended that there should be should more research on the topic of nyaope and the family experience on substance abuse.

Key Words: Family members, nyaope, Social Policy intervention, The Prevention and Treatment Substance Abuse Act 70 of 2008, whoonga,

List of acronyms

SADC- The Southern Africa Development Community

SACENDU- The South African Community Epidemiology Network of Drug

SANCA- South African National Council on Alcoholism and Drug Dependence

SENDU- The Southern Africa Development Community Epidemiology Network of Drug Use

UN- United Nations

UNODC- United Nations on Drug and Crime

WHO- World Health Organisation

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Chapter 1

Statement of the Problem and Rationale for the Study

Use of nyaope in South Africa is not a new phenomenon. According to the United Nations World Drug Report (2016) 7.06 % of the population in South Africa are users of narcotic drugs. Narcotic drugs are drugs which when used in moderate doses result in euphoria or sleep-inducing properties (Hanson, 2000). 7.06% presented by the United Nations World Drug Report (2016), reveals that 3.74 million people in South Africa were daily users of different drugs, by the time of this report. Nyaope, as known only in South Africa, is one of the narcotic drugs that is made up of different substances including low grade heroin and cocaine. In South Africa, the drug was introduced as "Sugars" in 2005. The name Sugars was originated as a reference to the brown texture of the nyaope powder (Vahed, 2015). Sugars has evolved; it has been modified and given different names in different places of South Africa over time. In most parts of the Gauteng Province, it is now, in 2017, called nyaope. Nyaope is the name used in South African places such as Gauteng townships for example in Soweto, Alexandra, Mamelodi and Soshanguve. Whoonga refers to the same drug in areas such as Durban townships for example Umlazi, Kwa-Mashu and Inanda (Shembe, 2013). In this study, I refer to it as nyaope because I conducted it in Boksburg and Vosloorus, East Johannesburg, in Gauteng, where the drug is named as such (Grelotti, Clossen, Smit, Mabude et.al, 2014).

Heroin and cocaine, used in making nyaope are sometimes used here in South Africa and other parts of the world independently as drugs. Nyaope users in South Africa have high levels of dependency to the drug (Grelotti et.al, 2014). However, for the users of nyaope to have access to the drug they require some financial muscle because it is for sale in various discreet areas of different cities of the country. Those that are involved in the use of nyaope are usually unemployed and have no sustainable income to depend on so that they can maintain their access to nyaope (Mokwena & Morejele, 2014). Furthermore, some studies have reported that nyaope users are usually not attending any school or involved in any other activities in the community, such as sports etcetera. They use nyaope as a way to keep themselves busy and deal with their different stresses of life such as unemployment which haunts a larger population of young people in South Africa (Shembe, 2013). Because of the cost and addictiveness of the drug, nyaope users should get something that will give them sustainable income to maintain their access and use of it. Owing to the financial challenges,

such as unemployment which is mentioned above, nyaope users are forced to engage in petty crimes and sometimes harass family members for money to sustain their drug use (Mokwena & Huma, 2014).

South African policies such as The Prevention and Treatment Substance Abuse Act 70 of 2008 are set out to help citizens of the country in alleviating the social problems such as increasing drug use. Nyaope users in South Africa are admitted into rehabilitation centres when they are viewed to be a threat to themselves and communities that they live in (Grelotti et, al., 2014). The Prevention and Treatment Substance Abuse Act 70 of 2008 states that nyaope users can be admitted as involuntary clients in rehabilitation centres. An involuntary client is an individual who is dependent on a substance such as nyaope, commits criminal activities to sustain his or her dependence and does harm to their own wellbeing or the wellbeing of the family and others (The Prevention and Treatment of Substance Abuse Act 70 of 2008). Involuntary clients can be admitted into rehabilitation centres by family members or law authorities.

The family structure and communities are negatively impacted by nyaope use. Currently there is a wealth of research which argues that there are a lack of studies that clearly describe the experiences of family members living with substance abuse, particularly nyaope (Mokwena & Huma, 2014). Owing to nyaope use causes the family structure to change rapidly, leaving families with feelings of helplessness, disappointment and frustration (Schultz & Alpaslan, 2016). The provision of policies such as The Prevention and Treatment Substance Abuse Act 70 of 2008 are set out to help these families in need. Section 33 describes involuntary clients and gives steps on how to assist families in admitting their members involuntarily into rehabilitation centres as this is a common need. Families can use The Prevention and Treatment Substance Abuse Act 70 of 2008 in admitting their drug using family members however with the majority of nyaope users reported to not having being in a rehabilitation centres (Mokwena, 2015), it is therefore questionable, whether family members know of the Prevention and Treatment Substance Abuse Act 70 of 2008, particularly section 33 about involuntary clients and its provisions.

In light of the above, this study aims to provide an advancement in knowledge for the social work practice on family members who experience nyaope use with one of their own. The study aims to provide context for both practice and the future legislation amendments with particular interests on the Prevention and Treatment Substance Abuse Act 70 of 2008.

Study aim

To explore experiences of family members of a nyaope user and their knowledge of the South Africa's Prevention and Treatment Substance Abuse Act 70 of 2008 in Boksburg; East of Johannesburg, Gauteng.

Objectives:

- To explore whether or not the family members are affected by the use of nyaope by one of them, and how.
- To explore if the family members are knowledgeable on social policy interventions, particularly South Africa's Prevention and Treatment Substance Abuse Act 70 of 2008 section 33 on involuntary clients.
- To explore if the family members use the Prevention and Treatment Substance Abuse Act 70 of 2008, if necessary.

Research Questions

1. Are the family members of nyaope users affected by the nyaope use? If so how?
2. Are the family members knowledgeable of South Africa's Prevention and Treatment Substance Abuse Act 70 of 2008, particularly section 33 on involuntary clients?
3. Are the family members using the Prevention and Treatment Substance Abuse Act 70 of 2008, when needed?

Chapter 2

Definition of terms

Family: According to Corbett (2006) a family is a group of people who are associated either by biology, in essence blood relatives, co-residence or spouse and children of a single person. In this study, I use the term family to refer to anyone who permanently and currently lives with the nyaope user. This includes biologically unrelated persons who live with the nyaope user and are described best as persons who are socially related to the user.

Involuntary clients: these are drug users that are unwilling and do not have the desire to be admitted in a rehabilitation centre or programme. This involves persons whose drug use poses a threat to their wellbeing as well as their family's (The Prevention and Treatment Act 70 of 2008).

Nyaope: is a narcotic drug that is made up of different substances but heroin is the main substance (Grelotti et. al, 2014). The substances in nyaope include rat poison and detergents to increase the level of potency in the drug. Whoonga is one of the names used for nyaope mainly in Durban townships such as Umlazi and Kwa-Mashu. Nyaope is mostly common in South African townships such as Katlehong, Daveyton and Mamelodi. 'Sugars' or 'Brown Sugar' is a low quality grade heroin that is brown in colour, it was introduced in South Africa in 2005 (Vahed, 2015).

Literature Review

This will be a critical literature review. A critical literature review entails extensive literature search and critically analysing the quality of the literature or articles that are based on the study. A critical literature review aims to discuss in-depth the important aspects of the field (Grant & Booth, 2009). In this review, I focus on the literature published on the topic of nyaope and its related topics. A critical review of literature will provide me with the gaps in literature that need to be filled and to critically reflect on the need.

Upon searching for literature, a number of databases, internet sites and search engines were consulted. The University of Witwatersrand's library website was used to search and access the databases for articles and journals that would provide insight on the topic. The databases that were consulted are: JSTOR, ProQuest, Taylor and Francis, EBSCO Host and Google scholar. In searching for literature I used the following keywords: nyaope, whoonga,

sugars, family experiences on substance abuse and nyaope + Johannesburg to gather studies that are aligned to my topic.

Using the above described method of my literature search I provide a discussion in this section divided into different subtopics. These are;

- Experiences of families of substance users on a global level
- Experiences of families of substance users in Africa
- Experiences of families of nyaope user(s) in South Africa
- Legislation in South Africa against nyaope
- Most affected provinces

Experiences of families of substance users on a global level

According to Schultz and Alpaslan (2016) a family with a substance abusing member is often considered as a 'damage' because of the continuing destructive behaviour of the substance abusing member. They present some elements of family conflicts and disruptive behaviours (Groenewald & Bhana, 2016). This leaves families with feelings of guilt, shame, mistrust, hopelessness and signs of depression.

At a global level the ingredients of nyaope; heroin and cocaine, exist and are used independently as drugs. Heroin is under the category of Opiates in the medical criterion which divides the different types of psychoactive drugs. This is a category derived from the word "Opium" which is a plant that produces drugs such as heroin and black opium. Heroin is one of the most popular drugs in the world, and it is predominantly produced in Afghanistan. The highest consumption of heroin, is in West Asia where 0.9% of the population uses heroin (United Nations, 2016). According to United Nations World Drug Report (2016) 17.4 million of the world population are users of opiates which include heroin. The global seizures of heroin indicate that there has been an increase in the production of heroin since 2014 to 2016 which evidently indicates an increase of 5% (United Nations, 2016). Based on the literature, heroin also appears to be the major component in the mixture that formulates nyaope (Fernandes & Mokwena, 2016). Owing to the greater percentage of heroin in nyaope, their effects are similar; thus nyaope or heroin's effects independently. The users are reported to feel euphoric and elated, followed by feelings of drowsiness and relaxation (Mokwena, 2015). Nyaope was previously introduced in South Africa during 2005 as 'Sugars' or 'Brown Sugar' and it contains a low-quality grade amount of heroin that is brown in colour (Vahed, 2015). The name "nyaope" is a South African name for the designer

drug that has been mixed with other substances. A designer drug refers to a concoction of substances that creates illicit drugs. A mixture of nyaope does not exist on a global level, therefore there are no statistics that can reflect the world use of nyaope.

The designer drug impacts on families much as it affects the users. According to Smith and Estefan (2014) substance abuse is compounded by various social problems such as relationship problem and family dysfunction. Furthermore, Smith-Genthos, Logue, Low and Hendrick (2017) argue that the parental supervision are seen as a factor to the substance abuse of the substance abuse of the children. There is an assumption that weaker parental supervision not only provides as a risk factor but also perpetuates the substance abuse of the children. The younger users, compared to the older adults, present with higher rates of use, reduced problem recognition and increased rates of concurrent psychiatric problems. This can be argue to challenges that the families face as most of the nyaope users are generally young adults (Mokwena, 2015). **Experiences of families of substance users in Africa**

According to the Southern Africa Development Community (SADC) Epidemiology Network of Drug Use (SENDU), the number of heroin use has increased in Africa, particularly in the Eastern and the Southern regions of the continent since the late 1990s. Mauritius had 94% of the heroin using population before 2006. However, this has slightly changed as it has been reported 0.91% of the population are consumers of opiates which includes heroin by 2011 (United Nations, 2011). South Africa has between 24-55% populations that uses heroin. One of the other countries that have been reported to be high users of heroin is United Republic of Tanzania with 29% of the drug using population (United Nations, 2006). According to Yusuph and Negret (2016) Tanzania is home to between 25 000 to 50 000 users of heroin and cocaine. They further report that 10% of the 1.3 million inhabitants of Zanzibar are users of "Brown Sugar" or sometimes referred to as "Obama" which is cheap heroin (Yusuph & Negret, 2016). This shows that there are people in Africa who smoke "Sugars" however this is not nyaope as known in South Africa.

The figures provided in the previous paragraph do not reflect the use of nyaope in Africa rather the number of people who use heroin in the Eastern and Southern regions of Africa. Furthermore, these are statistics that reflect the years before 2006 and this indicates that there could have been an increase or a decrease in the use of heroin in Africa.

The above figures reflect that there are more families which are impacted by the substance use in Africa. According to Smith and Estefan (2014) families experiencing

addiction endure considerable stress-related symptoms such as insomnia, anxiety, depression, isolation and suicidal ideation. These are argued to impact greatly on the parents of the users, reporting to have feelings of worry, uncertainty, frustration, loss and shame. According to Groenewald and Bhana (2016) substance abuser are often troublesome in behaviour which lead to the experiences of hopelessness, anxiety, resentment and betrayal. The troublesome behaviours are characterised by the family member's behaviour of staying away from home for longer periods of time and stealing from home and others,

Experiences of families of nyaope users in South Africa

According to various studies, the use of nyaope has been existing in South Africa for more than 10 years (Grelotti et. al, 2014; Mokwena 2016). According to Pienaar and Savic (2015), there are a lack of studies that quantify the extent and impact of substance abuse of nyaope, in South Africa, hence there is a lack of statistics. Although studies describe the use of nyaope as wide-spread in the country, they further argue that there is a lack of studies that explore the extent and impact of the drug on the users, families, communities and the country as a whole (Mokwena, 2015; Mokwena & Morejele, 2014; Vahed, 2016). It is further argued that there are various media publications that are able to document the use of nyaope in South Africa. Some of the media publications are found in newspapers and online news websites such as the Eye Witness News (EWN).

Nyaope is a mixture of various other drugs such as heroin, cocaine and ARVs. However, studies report that heroin and cocaine are the major contributors in the mixture. The inclusion of ARVs is argued to be used as a rehabilitative drug (Grelotti et.al, 2014). There were debates on whether nyaope as a new drug has ARVs as an active ingredient. An ingredient of ARVs known as efavirenz particularly is said to be the active ingredient (Davis, Surratt & Levin, 2015). An active ingredient is any substance that is used in finished pharmaceutical product intended to have pharmacological effects (World Health Organisation, 2011). According to Rough et.al, (2015) efavirenz is a drug that has neurological and psychiatrical side effects such as hallucinations, euphoria, impaired motor ability and manic episodes. Contrary to the studies mentioned previously, the University of Kwa-Zulu Natal found that nyaope is a drug that does not contain ARVs. Furthermore, there was a circulation of news that nyaope also has an inclusion of rat poison in the designer drug (Venter, 2014 cited in Mokwena, 2015). However, this has not yet been confirmed in any proper scientific investigation of the full composition of nyaope. The inclusion of ARVs and

other substances could harm the user. The above side effects are witnessed by the families and the communities of the nyaope user.

Nyaope has devastating effects on the person who uses it. According to Mokwena and Huma (2014a) a person who uses the drug is characterised with deteriorating personal hygiene, dazed looks and known for stealing and selling anything to maintain their habit. The families are affected by the stealing habits. They also witness their family member neglect their hygiene; this could be a concern for the families. Mokwena and Huma (2014a) caution that nyaope is a novel psychoactive drug that is not controlled and listed as an illicit drug that is cheap, widely and readily available. It is a drug that is found toxic in the body organs and leads the brain to dysfunction. The impact of the substance use increases the family's helplessness resulting in a crisis for the family and vulnerability to psychological illness (Smith & Estefan, 2014).

Most literatures in South Africa focus mainly on the users of the drug yet substance abuse, in general, has been proved over and over again that it does not only affect the users but also their families and communities (Mokwena, 2015). One of the challenges that South African families experience is that the disgrace of one family member is applied to the entire family (Groenewald & Bhana, 2016). Families therefore adopt feelings of self-blame and shame which are evident in parents as they were to blame for the use of nyaope by their children. The self-blame occurs when they are looking for reasons as to why their children are using drugs (Choate, 2015). Research's over-emphasis on the nyaope users results in the repetition of existing knowledge especially since most studies are qualitative. This study hopes to generate new knowledge regarding the impact of nyaope abuse on the family system, which appears to have been neglected in common research.

Most affected provinces

Gauteng is one of the most affected provinces by nyaope use. According to Mokwena and Morejele (2014) based on their study of three different provinces in South Africa, Gauteng had 63% of their participants, 50% of those participants are from Soshanguve. Mpumalanga had 19% and North West 18% of the participants for their study. The study collected data from 108 participants in total. In the study the central themes that were identified were unemployment and unfavourable social environment. These are themes that are identified by various studies which are argued to contribute to the initiation and the sustenance of substance abuse. According to Southern African Community Epidemiology

Network on Drug Use (SACENDU, 2017), Gauteng has 174 patients in treatment centres who reported nyaope as their primary substance of use. This is an increase from the previous year and is higher in relation to other provinces.

Legislation in South Africa that addresses Nyaope

According to Pienaar and Savic (2015), policies are seen as a need to address the public concerns of drug use as well as demonstrating a capacity to provide a remedy for the drug use. Policies such as the Prevention and Treatment Substance Abuse Act 70 of 2008 are aligned with strategies such as the National Drug Master Plan that is formulated every 4 years to help the rising numbers of the substance abuse in South Africa decrease. The National Drug Master Plan has been viewed as a strategy that focuses on reduction in demand, supply and harm. This approach was a preventative measure to decrease the use of drugs in South Africa. The National Drug Master Plan is one of the most various ways that Nyaope can be addressed in South Africa.

The National Drug Master Plan does not recognise that there are a number of factors that influence the initiation of substance use and abuse. According to Hobkirk, Watt, Myers, Skinner and Meade (2016) the beginning of the use of substances has contributing factors that include pressure from friends and rarely, family members. The initiation of the use of the drug is also propelled by a lack of opportunities for recreation and employment which results in boredom and curiosity to experiment the drug from its rumoured positive effects. The initiation and the continuous use of drugs is viewed as a coping strategy from the cumulative stress and a contributing factor to the high rates of violence in communities as well (Hobkirk et.al, 2016). The above explains that there are other factors that the National Drug Master Plan fails to recognise which in turn, fails in its attempts to address substance abuse in South Africa. This results in inadequacies that address Nyaope.

Studies that have explored the use of substances in families have argued that there are great challenges for the families to admit their drug using family members (Groenewald & Bhana, 2016). This is not different for the families with a nyaope user and moreover in the South African context. According to Mokwena and Huma (2014), nyaope users have limited opportunities to be admitted to rehabilitation centres as there is a lack of rehabilitation services in South Africa. There is a small number of nyaope users, based on their study, that have had the opportunity to be admitted into rehabilitation centres. According to Mokwena (2015) the public sector has a lack of rehabilitation services and with the high rates of

unemployment and limited access to finance, the private sector becomes unaffordable. This results in most of the addicted and the users being unable to have access to rehabilitation centres. Furthermore, the rehabilitation process requires a one year long intense treatment, family commitment and support to fully rehabilitate the users. The families have experienced that they are often seen as a part of the treatment or programme of rehabilitation. To some extent the families mention that few weeks of the in-patient rehabilitation, they were not allowed to visit (Mzolo, 2015). According to Groenewald and Bhana (2016), one of the experiences that families face are financial burdens when the substance abusing child commits petty crimes. The studies argue that there are feelings of mistrust from the dishonesty and the deceit of the substance user.

There is little that is known from the composition of the drug owing to that, there are higher chances of overdose and possible deaths. The question then becomes what can be done in South Africa? What can be done to help families in South Africa that live with nyaope users and are they negatively affected? According to Shembe (2013) South Africa lacks the infrastructure to control the supply nor does it have sufficient treatment centres and the manpower to cope with the increasing numbers of the users. This shows that there is a gap between the legislation and what it intends to achieve.

According to Vahed (2015), nyaope was not considered as a drug because of the components that it is made of. In year … the Department of Justice and Constitutional Development of South Africa campaigned for nyaope to be classified in the Drug and Drug trafficking Act 140 of 1992. The classifications and amendments were made in 2014 after a decade since nyaope had emerged in South Africa (Mokwena, 2015). The amendment recognises that the possession, production and distribution of nyaope is illegal. Whether or not the classification of the drug into the Drug and Drug Trafficking Act 140 of 1992 has shown a decrease in the demand nor the supply of nyaope, it has not been determined.

According to Vahed (2015), the classification was aimed at increasing the national pressure for a crackdown on the use of nyaope and for the public to take the drug seriously. The public is affected by nyaope and its users with cases such as the wellbeing of their family members, and the crime levels in their neighbourhoods (Rough et.al, 2014). Nyaope has affected the public for more than a decade before the classification; what could be more serious than an overdose of a teenager in the community or the continuous house-break-ins in the neighbourhood? For example, people as young as 14 years old are smoking nyaope

(Davis, Surratt & Levin, 2015). This indicates the level of seriousness about the drug as the parents would be afraid that their children would use the easily accessible and relatively cheap drug. The extended delay for the classification in the Drug and Drug Trafficking Act 140 of 1992 is to show that South Africa does not have an accurate and a recent literature on substance abuse in general and specifically on nyaope.

Chapter 3

Methods

Introduction

In this chapter, I provide a discussion of the methods I employed to accomplish this study. The chapter is in subtopics that look into the research approach and design, study site, population and sample, research instrument, data collection and analysis as well as ethical considerations.

Research approach and design

Phenomenological qualitative research design was employed for this study. According to Heppner, Wampold, Owen, Thompson and Wang (2016) phenomenological research design is research that is aimed at comprehensive understanding through a process of revealing new and meaningful knowledge about a particular phenomenon. Phenomenological qualitative research design allowed me to access and explore the phenomena of the experiences of family members of nyaope users. In line with the aim of this study, I was able to describe the experiences of the family members of nyaope users according to their meanings. The aim of qualitative research is to understand the participants' world from their view and to discover their own framework of understanding; phenomenological approach enables this effectively.

Phenomenological qualitative research seeks to represent the complex worlds of the participants holistically, based on their context and perceptions. It seeks to emphasise the subjective meaning and to assume that there is no single objective reality (Padgett, 2008). This study was a phenomenological research that explored and described the common meaning of several participants who each had experiences of a concept or phenomena subjectively. I collected data from the participants who have experienced the phenomena of nyaope use and developed a comprehensive discussion of the essence of the experience of all individuals.

Study site

The study was conducted in Johannesburg East, Boksburg. The participants were interviewed at the SANCA Eastern Offices which renders its services to the Boksburg city and its townships in the East of Johannesburg. The participants live in Central Boksburg and townships such as Vosloorus, Windmill Park and Villa Liza. The furthest township from Boksburg is Vosloorus which is …km away from the city centre.

Boksburg is a city that is situated in the East Rand in Johannesburg. It is 26 kilometres away from Johannesburg Central Business District (CBD). Boksburg was established in 1887 after gold was discovered. It was named after the State Secretary of South Africa Republic, Dr Eduard W. Bok who worked in the Witwatersrand since 1880-1889. It was an area that was considered a major mining town in the Witwatersrand in the 1880s to the mid-1960s. Boksburg is under Ekurhuleni Municipality.

Figure 1 depicts the map of Boksburg and the sub



The population in Boksburg increased in the late 1800s as a result of the gold discovery because people immigrated to the city with hope to be employed and be financially stable. This population involved all races and most of the workers resided in Boksburg North. Boksburg North, where workers resided, was named Juwele and it was primarily meant for the mine workers. An area where all non-white populations lived in. During the 1960s, all the Black racially categorised residents were moved to a new township in Boksburg called Vosloorus, the Asians moved to Actonville. Juwele, which was later named Stirtonvile, became the sole residential area for the Coloured racially categorised community. These are areas which were developed from the 1950s after the Population Registration Act and the Group Areas Act were passed during the period of apartheid. During apartheid, Black racially categorised people were evicted from the properties that were designated for "whites only". Black racially categorised people, including all those who were categorised in the non-white population, were moved into segregated townships. The Coloured racially categorised community decided to rename their township as Reiger Park in 1962. As the city expanded in

population, sub-places were developed. Sub-places are areas which are under a local municipality. According to Kresse and Danke (2011), sub-places are subordinate areas under a city or town, for example, Villa Liza which is a residential area with a combination of commonly three-bedroom houses and informal settlements as the area is divided into different phases. The houses have lower density suburbs compared to the informal settlements.

Currently, Boksburg is well-known for its retail and manufacturing industries. One of the biggest and well known malls in Johannesburg is East Rand Mall and it is located in Boksburg. The area also has major economic activities in the country such as the Oliver Reginald Tambo International airport and the Tambo Memorial Hospital which also caters for surrounding areas such as Germiston and Benoni. The economic activities are boasted by the global consumer goods factories and industrial factories such as Macsteel and Tiger Brands. These are industries which normally provide employment for the residents who live in the sub-places of Boksburg.

The area of Boksburg is approximately 162.35 km^2. According to Stats SA (2011) there are 260 321 residents and 87 852 households in Boksburg. This figure however does not account for the total residents as the Vosloorus Township has been excluded in the Boksburg Census. The Vosloorus was excluded as it has its own independent municipal status. The below tables (1 and 2) represent the different racial categories of the residents of Boksburg in year 2011.

Table 1: Racial categories of the Boksburg population

Population group	**Total number of people**	**Percentage**
Black African	147623	56.71%
White	73887	28.38%
Coloured	30269	11.63%
Indian or Asian	6438	2.47%
Other	2103	0.81%

Table 2: Gender categories of the Boksburg population

Gender	**Total number of people**	**Percentage**
Male	135737	52.14%
Female	124583	47.86%

The above tables describe the different races and genders in Boksburg. Boksburg has more Black racially categorised people, followed by those of White racial category. The Coloured category and the Asian Category have their own townships such as Actonville which is in the city of Benoni and Reiger Park, however, they have a lower populations than the Black and White categories in Boksburg. The Other category includes the populations which do not identify with the rest of the categories. There are more males than females. One could argue that the number of males is high compared to females in Boksburg due to the migrant labour as the area is known for its industries. Siqwana-Ndulo (1998) argues that the migratory system which has dominated South Africa to ensure the cash economy of the country continues to exist has left the Black male workers in isolation from their families. Female migrant labour in South Africa has occurred at a smaller rate than the male counterparts which has been described as "oscillating". Other factors which impact the migratory system in South Africa include the Apartheid policies such as the "Pass Law", contributing to the smaller rate of women migrating. The economic conditions of the homesteads of the migrant workers was one of factors for the increase in women migrating for labour (Siqwana-Ndulo, 1998).

Boksburg is divided into various sub-places. These are areas where the participants live in and they are presented in the below table. The table excludes all the other sub-places in Boksburg.

Table 3: The sub-places where the participants live

Name	**Population**	**Area**
Chris Hani	751	0.02
Plantation	707	0.48
Villa Liza	12313	4.84
Windmill Park	30134	8.24
Vosloorus	163 216	32.10

The above table presents information on the different sub-places where the participants live. This includes Vosloorus which is considered a main place as it has municipal status with more than 100 000 people as the residents of the area. It is an area which has various extensions in which people reside.

Figure 2 depicts the map of Vosloorus and its sub-places



Vosloorus is an area which was under the Boksburg municipality before it gained its own municipal status. It was founded in the 1960s for the Black racially categorised workers which previously resided in Juwele. The first few sub-places were Nguni section and Sotho section which under the apartheid government were meant to divide the black population according to their ethnicity. Currently 99% of the residents are Black racially categorised people (Census, 2011).

Table 4: Vosloorus sub-places and the population

Name	**Population**	**Area (km^2)**
Mabuya Park	5287	0.56
Marimba Gardens	5628	0.99
Marimba Gardens Ext 9	4271	0.96
Mfundo Park Ext 30	3864	1.02
Nguni Section	28640	3.02
Nguni Section Ext 9	2887	0.56
Sotho Section	16159	5.26
Vosloorus Ext 10	1784	0.25
Vosloorus Ext 14	7448	0.95
Vosloorus Ext 16	4327	0.71
Vosloorus Ext 2	8057	1.51
Vosloorus Ext 20	4571	0.30

Vosloorus Ext 25	9834	1.52
Vosloorus Ext 3	10053	1.12
Vosloorus Ext 31	1204	0.75
Vosloorus Ext 5	4910	0.63
Vosloorus Ext 6	4209	0.72
Vosloorus Ext 7	2993	0.35
Vosloorus Ext 8	2042	0.19
Vosloorus SP	3519	0.94
Vosloorus SP1	23857	3.48
Vosloorus SP2	7674	6.31

Extracted from adrinfrith.com (2011).

Key for Table 4:

Ext: Extension SP: Sub-Place

The above table represents the sub-places that Vosloorus is divided in. It describes the number of people in each of the sub-places and the size for each of the sub-places. Based on the above, one can see that the Nguni section and the Sotho Section have a higher density than other sub-places in the area of township. These are sub-places which are argued to be the first sections to be found in Vosloorus.

Sample

A non-probability, targeted sampling was employed to ensure that the population with the specific characteristics was able to be part of the sample. This was helpful in gathering useful information that was specific to the study (Monette, Sullivan & DeJong, 2011). According to Creswell and Poth (2017), in a phenomenological study a heterogeneous group of participants varying from 10 to 15 individuals are the targeted sample. This study used 8 participants who were family members of the nyaope user(s) this included none-biological related persons who live on a day to day basis with the nyaope user(s).

Population

Study participants

The study participants were the residents of east of Johannesburg who lived with a substance abuser(s). The participants included all races, genders and ages. These were either temporary or permanent residents from the city of Boksburg or any of its townships.

Target population

The study participants were 18 years old and above. They were sober minded at the time of the interview and permanent residents of Boksburg. The participants needed to be living or have lived with the nyaope user(s) during the time of the study. The participants were supposed to be willing, available and accessible for interviews. The target population were family members of nyaope users, including non-residential family members. In this study, family referred to biologically related persons who are or were living with the nyaope user(s). The participants would be related to the nyaope user in any way; as a brother, sister, sibling or any relationship that they would identify themselves.

Actual sample

For the actual sample, I interviewed the family members of the nyaope user and a key informant. The below tables will depict the participants.

For the actual sample, I ended up with the participants who are presented in Table 5 below:

Table 5

Participant's pseudonym	Age	Gender	Race	Related nyaope user's pseudonym	Relation to nyaope user	Employment Status
Sylvia	53	Female	Black	Mojalefa	Mother	Employed
Maria	30	Female	Black	Steve	Sister	Unemployed
Robert	26	Male	Black	Sbusiso	Brother	Unemployed
Michael	47	Male	Black	Oupa	Father	Employed
Sarah	44	Female	Black	Manqoba	Mother	Employed
Bianca	42	Female	Coloured	Rooney	Mother	Employed
Dora	54	Female	Black	Steve	Aunt	Unemployed
Lillian	76	Female	Black	Sbusiso	Grandmother	Pensioner

Table 6: Information on the Key Informant

Name	Gender	Occupation	Office
Iris Mhlongo	Female	Social Worker	SANCA Eastern Head Office

The participants were all between the ages of 26 and 76. Four of the participants are employed, one is a pensioner and three of them are unemployed. The participants are predominantly female; that's six of them and two participants are males. There was one Coloured racially categorised participant and the rest were of a Black racial category. All of the participants are biologically related to the nyaope user. The participants are from the townships of Boksburg which are predominantly occupied by the people of a Black racial category. The areas are: Boksburg central, Villa Liza, Windmill Park, Plantation, Chris Hani and Vosloorus (see also table 6 below). Townships in South Africa are characterised by high substance use and higher unemployment rates. The townships of Boksburg and Vosloorus are no different hence the nyaope use and the unemployment of the participants. Nyaope is a relatively cheap drug which is highly accessible in the townships.

Mrs Iris Mhlongo is a Social Worker who has worked at SANCA involved in the daily activities I was supervised by Mrs Mhlongo in the duration of the volunteering which lasted more than a month. Through observations and assisting Mrs Mhlongo, I was able to further gather information. She was also used as a key informant in the study.

Table 7: Nyaope users related to the participants

Nyaope user pseudonym	**Age**	**Gender**	**Highest grade passed**	**Sub-places where they live**
Sbusiso	26	Male	Grade 11	Vosloorus
Oupa	22	Male	Grade 11	Windmill park
Rooney	24	Male	Grade 12	Plantation
Steve	23	Male	Grade 10	Chris Hani
Manqoba	20	Male	Grade 9	Villa Liza
Mojalefa	28	Male	Grade 11	Vosloorus
Kagiso	24	Male	Grade 10	Vosloorus

The above table represents the nyaope users who were related to my participants. The table shows that all of the nyaope users are young males on their 20s and only one of them

was able to obtain their matric certificate. According to Mokwena (2016), nyaope is highly addictive and obtaining the next bag of nyaope often takes much of their time. This would explain why there is high number of school drop-outs who are nyaope users and how addiction generally affects their mental and social functioning. The above also describes that the nyaope users are usually unemployed. The table also represents the different townships that the nyaope users live in; three of the nyaope users live in Vosloorus which is the biggest township in terms of area as it is considered a main place.

Based on the table, all of the nyaope users are young adults. According to Mokwena and Huma (2016) the nyaope user often starts using nyaope at a young age, normally in their teenage years. This implies that since the emergence of nyaope in South Africa more than 10 years ago, some of the nyaope user above have been using nyaope for more than 5 years at least. Furthermore, Smith and Estefan (2014) argue that the bad habits learnt in teenage years often continue to young adult years. Further implying that the drug use started in their teenage years.

Research instrument

Research instruments are tools which are used for gathering or measuring data that was obtained from participants (Royse, 2007). According to Creswell and Poth (2017), phenomenological research involves interviewing individuals who have a lived experience of the phenomena under study. Interviews were administered to the family members of the nyaope user. Participants were recruited through SANCA, an organisation that provides services to substance users and their families. This includes therapy, aftercare such as relapse management and out-patient treatment.

I requested permission from SANCA Eastern, which is located in Boksburg, east of Johannesburg. During the proposal stage of the research, various branches and offices of SANCA were approached for permission to conduct the study. Different offices of SANCA in the east of Johannesburg explained that there were confidentiality issues for their clients. All the offices explained that conducting research would violate their clients' right to privacy. Eventually, SANCA Eastern, which is the head offices of all of the satellite offices in the East of Johannesburg, gave me permission under the condition that I volunteer whilst gathering information.

Volunteering enabled me to gather the participants easier. The participants were part of the clients which were seeking services of the SANCA social workers at the time or had

used their services. The clients had been at the offices at least once during the time of my volunteering period. The volunteering occurred from November to mid-December when the offices closed. From the volunteering, I was given permission to access files and help with administration, hence I was able to further gather information on the potential and actual participants and further gained information about the organisation. It also enabled me to conduct interviews in the offices. I conducted the interviews to ensure that all the information gathered was valid.

Data Collection

I conducted semi-structured one-on-one, face-to-face and in-depth interviews on 8 family members of the nyaope user. The interviews lasted for about 1-2 hour(s) each with breaks in between, see Appendix D for the interview questions that were used to start the conversations. I also conducted semi-structured, one-on-one, face-to-face in-depth interviews with the key informants. The key informants were people who work in SANCA that deal with nyaope and substance abuse because they have knowledge about challenges that family members and drug users are faced with. The purpose of the interviews was for triangulation so as to ensure reliability of the findings.

Data analysis

Interpretative Phenomenological Analysis (IPA) was used in analysing the data for this study. Interpretive phenomenological analysis is an analytic strategy that is committed to the examination of how people make sense of their own life experiences (Smith, Flowers & Larkin, 2009). In my study, IPA was useful because it aimed at exploring everyday experiences of the families of nyaope user(s)'s lives. Using IPA I conducted three stages which were provided by Smith and Osborn (2013) that I discuss below. For a summary of the stages see table 8:

Table 8

Stage	Description
1	➢ I read and reread the transcript closely, to familiarize myself with the narrative accounts. ➢ I made comments on the language, the non-verbal communication and narratives of transcripts. ➢ I reread the transcripts and took note of the emerging themes. ➢ The comments and notes made were transformed into phrases which

	captured the essential quality of what was found in the transcripts.
2	➢ I identified and made connections between the themes in the transcripts. ➢ I tried making connections between the themes which were emerging. NB: The themes can be clustered together or emerge as superordinate concepts. ➢ I checked the cluster of themes with the actual words of the participants. The actual words of the participants are used as supporting evidence to the clusters of themes.
3	➢ I produced a table of themes ordered coherently. ➢ These are themes which are chosen on the fact that they capture participants' concern. ➢ Themes are translated into a narrative account and are illustrated and explained.

Stage 1

In this stage, I read and reread the first transcript. I read all transcripts individually for the first time to familiarise myself with the data and I also cleaned them where it was necessary. The first stage of IPA requires taking each transcript and making notes on each of the response's alignments as well as the contradictions of the responses towards answering the research question (Storey, 2016). I also ensured that each transcript had appropriate page numbers and the text was well organized with the numbering system for classification so that when I start coding it will not be difficult for me. I then had a second round of reading the transcripts and made notes on the responses.

Stage 2

The second stage of the IPA is to identify and label themes that will be recognised in the transcripts after coding. This includes the notes that will be made from the previous stage (Storey, 2016). I used the second stage of IPA in this study to create central themes of the experiences of family members of nyaope users, these are reported in chapter 4.

Stage 3

The third stage of IPA involves linking themes and thematic clusters (Storey, 2016). In this stage, the researcher provides evidence by using quotations from the responses of the participants in the transcripts and the themes that she had identified. For example, in this study, I have a theme of crime and I provide the quotations from the transcripts as evidence to support the themes where necessary. Subordinate themes can be created, and the thematic clusters can be written in a narrative form. In this study, the clusters were used to illustrate the core experiences of the family members of nyaope users.

Ethical Considerations

The study used human participants and informed consent was acquired (see Appendix B for the consent form for both interviews and tape-recording). The informed consent involved a written letter that explained to the participants what the study entails. This was accompanied by me reading with the participants the information sheet that was also given to them. After reading the information sheet together with the participants (see appendix A), I asked if there was any misunderstanding or any need for clarity of the information contained in the sheet. I explained a few questions or where clarity was needed, as participants asked. Permission to use audio tape was asked from the participants. There were some participants who did not want to be audio-taped due to confidentiality and their personal preference. The below table shows both the participants who gave consent and those who did not want to be audio-taped. As Table 9 shows, out of 8 participants 4 refused to be audio taped

Table 9

Gave consent	**Did not give consent**
Lillian	Sylvia
Dora	Sarah
Robert	Michael
Maria	Bianca

Table 9 describes the different participants who gave consent for audio-taping and the participants who refused to be audio-taped. The participants who refused however, still gave permission to participate in the study. The participants who refused to consent due the possibility of the information being used for future research and being kept for a period of 6 years. The other reasons could also be that there was a lack of trust although there was reassurances of safe-guarding the information.

There was a possibility of the violation of privacy for the participants by asking them to give details on their private information such as their personal experiences with the nyaope user. The study ensured confidentiality for the participants by providing pseudonyms for the participants and the nyaope users. The researcher also safe-guarded information that was given by the participants by saving audio recordings and soft copy transcripts in a password protected laptop. The information may be used for further research or it will be destroyed after 6 years.

The participants could experience emotional distress from the interviews and the researcher arranged free counselling for the participants. The free counselling was arranged with the social worker at SANCA. This ensured that the counselling services were easily accessible and immediate when the participants needed. I also provided the contact details of the counselling services on the information sheet, should the participants require free counselling at a later stage. The participants will have to go to the SANCA offices in Boksburg in order to receive free counselling services. I interviewed the participants about sensitive subjects. Sensitive subjects such as living with drug users and the abusers need to be inquired with caution and responded to with empathy. I am trained in conducting purposive interviews using social work skills and values.

Scientific rigour

Scientific rigour in qualitative studies refers to the trustworthiness of the study. According to Shenton (2004), trustworthiness in qualitative research is questioned similarly to validity and reliability in quantitative studies. A trustworthy study is one that is carried out fairly, ethically and whose findings represent closely as possible as the real-life experiences of the participants (Padgett, 2008). I used IPA to analyse the findings and to closely represent the experiences of the participants. The aim of IPA is to explore in detail how the participants make sense of their personal and social world (Smith & Osborne, 2007).

The study ensured the reliability of data through the use of triangulation of interviews between those conducted with family members and those conducted with key informants at the SANCA organisation. This was meant to give additional information and to confirm some of the information given by the participants. According to Royse (2009), reliability is concerned to see whether the content of the interviews are logical and consistent with the phenomena. The study also used the same questions on each of the participants to ensure consistency.

Verification of the information that was provided also ensured validity of the data collected. Therefore for this study, I consulted different sources to gather information such as professional social workers, literature and reflected the findings to family members of the nyaope user. The aim is to not report on misinterpretation or inaccuracies on the lived experiences of the family members of the nyaope users. I had peer reviews and weekly meetings in supervision to allow me to share my findings to my peers, who also provided their critical thoughts and insight on them.

Validity involves the extent to which the data collected can be corroborated (Creswell & Puth, 2017). This study ensured that validity was achieved through triangulation and member checking. Triangulation involves the use of multiple sources to derive the same conclusion. Member checking involves reporting preliminary results to some of the participants to check for inaccuracies or errors in interpretation. I will also conduct member check meetings to give feedback to the participants regarding the findings of the study as the time becomes available. I will share the findings of the research through presenting the findings in written form to the participants and SANCA.

Limitations

There were time constraints in conducting this study. This had a negative impact in data collection. The study also relatively had limited time to have prolonged engagement with the participants to ensure that there was an in-depth understanding of the context and the experiences of the participants.

There was a limited relevant literature particularly on the use of nyaope in a South African context. These limited the scope of information that the study could have to refer to and to compare its findings. This also affected the triangulation of the findings of the study.

There was a possibility of biasness in the study. The participants could respond to the researcher with socially desirable or exaggerated responses on the actual experiences to sound desirable to the researcher. The participants could respond socially desirable as substance abuse, particularly nyaope is stigmatized (Grelotti et.al, 2014).

Chapter 4

Findings

Introduction

The study aimed at understanding whether the family members are affected by the use of nyaope of their family member(s). If they are affected, how are they affected? The study also aimed at exploring the families' knowledge on social policies that are targeted at substance abuse such as the Prevention and Treatment Substance Abuse Act 70 of 2008.

Out of the discourses of all eight participants for this study, there was a strong emphasis of being negatively affected by the nyaope use in their family. However, little knowledge of the social policy was known. All the participants are biological relatives of the nyaope user(s). This chapter is going to elaborate on the following themes: financial burden and social burden. The social burden is further divided into the following sub-themes; the dying relationship, relapse of nyaope user and its impact to family members, unknown whereabouts of the nyaope user and the final attempts to commit suicide by the nyaope user or any other family member.

Financial burden

Substance abuse costs the economy of the country and it is also a great expense for the families of the nyaope users. The participants all spoke of how the loss of possessions and valuable items are some of the challenges that they face. According to the family members, the nyaope user steals any portable items at home. Sometimes the nyaope user steals items such as clothing that their family members bought for them. This stealing and selling is meant to maintain their nyaope use.

> "*It has got to the extreme that he even sells things that we use at home. Even things like my cups, Tupperware and sometimes food*." (Lillian, 76 years old, Grandmother).

The above description provides an experience of how the nyaope user maintains his nyaope use at the expense of the functioning of the family. Sbusiso has been addicted for more than 5 years according to his Grandmother, Lillian. These are petty crimes which have not only directly impacted the cost of living but also the overall daily maintenance of the family. Lillian's expression *'…it has got to the extreme…'* showcases that the families have been heavily burdened by the petty crimes which are committed by the nyaope user. It reveals that the family has learnt to survive with the nyaope use and how the petty crimes in their recognition have gotten to the level that the families can no longer withstand. There is an

understanding that the stolen items are being sold for the maintenance of the nyaope use. This finding is similar to what is reported in literature concerning nyaope use (Mokwena, 2015; Mokwena & Morejele; 2015).

The participants reported that the nyaope user also steal from the neighbours and local businesses. Unfortunately, the complaints and the repayments of the missing items are attended to and paid by the family members of the nyaope user.

> *"...he would steal from our neighbours. He would steal something and I would have to pay it back..." (*Michael, 45 years old, Father)

The parents are often the ones who have to face the complaints from the community, this is similar to Choate (2015)'s findings. Michael, in the quotation above, explains that it is not only the families of the nyaope users who are affected by the nyaope use but also the communities and they are inevitably a greater cost to the economy of the country. The economic cost of substance abuse including nyaope, is reported by the Department of Social Development (2015) in the following table:

Table 10: Relevant allocations in budgets of provincial departments of Social Development

Programme	**EC**	**FS**	**GP**	**KZN**	**LM**	**MP**	**NC**	**NW**	**WC**	**Total**
Substance abuse, prevention & rehabilitation	9903	8808	100517	44033	3728	17082	6213	28788	52613	271685

The above table shows the budget that is allocated for each of the nine provinces in South Africa. The Department of Social Development in South Africa is responsible for combating and preventing substance abuse in the country. Based on table 10, we can see that Gauteng (GP) at R100517 has the highest budget for Substance abuse, followed by Western Cape at R52613. This implies that Gauteng province has the highest number of addicts and it has a higher risk of the effects of substance abuse. Gauteng is the province where my study site is located. The Department of Social Development works with organisations such as SANCA to combat substance abuse.

Based on the above figures, one could argue that the real cost of nyaope use is not clearly reflected as there are other substances which add to the overall cost. Adding to the budget is also that the other departments are impacted by the substance abuse such as the Department of Justice. Nyaope has been categorised as an illegal drug and that implies that

there are users who have been charged for their possession and trading of nyaope. Each of the departments put efforts and a budget for combating substance abuse and ultimately, nyaope use.

This only focuses on the government's expenditure on substance abuse. According to Cartwright (2008), there are various factors which one has to consider in the cost of substance abuse on a country's economy. These factors include the healthcare expenditure, productivity losses from premature deaths, crimes and illnesses related to the drugs and the private safety of individuals from the crimes experienced. For example, the private sector is also impacted, especially the small and medium businesses which are local to the study site.

Social Burden

The dying relationship

In an African context, family relationships are based on being functional where an individual family member takes responsibility for certain tasks and roles which are ascribed for them (Siqwana-Ndulo, 1998). The family develops dynamics and patterns of living which each member contributes to. For example, the family could share the responsibility of maintaining the house such as cleaning and cooking.

According to White (1991), a family is an intergenerational social group organized and governed by social norms regarding descent and affinity, reproduction and the nurturing socialization of the young members. Amoateng and Richter (2007) argue that there is a difference between a household and a family and each have an independent definition. Using the United Nations (UN) definition of household, it is a group of persons who occupy a common dwelling for at least four days in a week and who provide themselves jointly with food and other essentials for living (cited in Amoateng & Richter, 2007). Both understandings of what a household and what a family is, were vital in understanding the situations of the participants for this study. Factors such as marriage, kinship and socially defined roles and relationships interlink the definition of family and household. A household is, therefore, defined as a traditional institution for production, reproduction and child rearing (Amoateng & Richter, 2007). However, this can be argued differently because due to South Africa's peculiar history, there are still extended family households and migrant labor is still a factor that impacts them (Amoateng, Heaton & Kalule- Sabiti, 2007)

The relationship between the family members develops and the quality of the relationship between each member of the family becomes interdependent. For example, the

mother-child relationship will have stronger connection and an easy-flow communication however, this could not be experienced in father-child relationships. There are multiple factors which could contribute to the quality of the relationships of family members. Factors such as trust, nurture and communication between the family members are feasible. Families essentially share features of intimacy and interdependence, a relative stability over time, defined boundaries that are set one apart from another, with a sense of family identity and the performance of certain tasks directed toward socio-economic, moral, material and spiritual and functions (Amoateng & Ritcher, 2007).

The above are features of families despite their nature. By nature, I refer to biological characteristics and networks. Nyaope use was reported by participants to often disrupt the functioning and creates new and unfavorable dynamics for the family. The wellbeing of the family is therefore put at risk by the use of nyaope. Mokwena (2015) as well as Mokwena and Huma (2016) argue that the behavior of the nyaope user changes. They often become violent and they threaten their family members. For example as reported in the following quotation:

> *"He once took the knife and threatened to kill me while we were fighting as I was no longer willing to let him disrespect our grandparents."* (Robert, 24 years old, Brother).

Robert is a 24 year old male who lives with his Grandmother in Vosloorus. His father is deceased and his mother lives in Springs with his other step-sibling. Springs is a suburb in the east of Ekurhuleni which is 50 kilometers of Johannesburg. He and his brother, Sibusiso were raised by his grandparents. His grandfather passed away several years ago and he is unemployed.

Based on Robert's quotation, one can see that the nyaope user had continuously threatened and disrespected the family, particularly the grandparents. The use of the expression *"no longer"* shows that there comes a point when there is separation in the family as the members unite to protect themselves from the violence and the threats of the nyaope user. In Robert's situation, he feels the need to protect his grandmother as a male figure in the house, since his grandfather is deceased.

Robert's expression that; "*... while we were fighting…"* explains that the relationship between the siblings is tense and negatively impacted by the nyaope use. Based on the expression, one realizes that this was a physical fight. Physical fights or any form of fighting

in the African families seen as a sign of a negative relationship, it is even worse when siblings or family members fight because there is a strong emphasis on unity and harmony within the family. The fighting is also a symbol of disrespect from Robert's position as he is younger than Sibusiso. The fighting could also be seen as a way of the family members protecting themselves and trying to stop the continuous disruption that is caused by the nyaope user. There is a clear indication that other avenues of trying to stop the nyaope user from disrespecting or threating the family have been used and that fighting was seen as an option when all the other avenues have failed. Such incidents are most likely to change the relationship between siblings and other family members. It changes the intimacy of the family and disrupts the stability that the family has created over a period of time. The continuity of the threats, the violent acts and the changed behavior of the nyaope user creates a distance between the user and the rest of the family.

The use of the expression *'no longer'* by Robert in the above quotation further explains that the disrespect that the nyaope user had was often and other family members were continuously trying to control this, but it was not working. In African families, the members respect and have love for each other. When it gets to a point where the family members are now fighting and there is use of weapons such as knives that the nyaope user was threatening Robert with, these are extreme cases that are very rare and when they happen it means that love between family members is now weakened. It is also unheard-of in normal African families that the elders are disrespected, especially at a level of grandparent. When it happens, it means a dead or closer to death family relationship, especially in the case were there is an external factor such as nyaope.

The distant and decaying relationship does not occur drastically with no individual noticing. According to Choate (2016), there is a general shock and disappointment from the family members as they find out that their family member uses substances. One can argue that finding out that their family member is a substance user occurs after several incidents which indicated potential use.

Feelings of disappointment and concern for the nyaope using family member later is replaced with feelings of anger and a *"...don't care... "* attitude due to the stress and the burden that the family displays as a result of nyaope use. This is evident in the two quotations below:

"I chased him out of the house and I really don't care what happens to him." (Bianca, 44 years old, Mother)

"I keep chasing him away but he comes back. I don't want him near the house anymore! Even he knows that." (Lillian, 76 years old, Grandmother)

The above expressions of *"…chasing him away…"* or *"…chased him out…"* reveals that the nyaope user is regarded as a hindrance that requires to be moved or left out. It also reveals that there was force and that there was no mutual agreement for the nyaope user to leave the house. The nyaope user is forcibly removed from the family. In Lillian's description, the nyaope user keeps returning which explains that he has not realized that he is a hindrance to the family even though Lillian describes that the nyaope user knows that he is no longer wanted in the house. Bianca explained that she removed the nyaope user once and the nyaope user adapted to the request. It is clear then that the nyaope user could no longer see himself as a part of the family.

Based on the definition of a household above, it is a common dwelling for a group of persons. From the descriptions above there is indication of how power and position can have an impact on the family dynamics. The household which is clearly owned by the older generation of the family (which could be the mother, grandmother or father of the house) has a sense of entitlement for the owners and it provides the power to dictate what can be done for their properties. The sense of possession from the older generation gives them the ability to request the nyaope user to move out or even to forcibly remove him from their property.

The family members are then in a position where they no longer see the need of having the nyaope user at home and they no longer put in the effort of having a healthy relationship with him. Based on the description of what a family is, above, the family members are given certain responsibilities which work at the functionality of the family. There is a structure that each family creates. This structure and the responsibility that each of the family member has is therefore creating a disruption to the operation of the family. The family, over time, sees that the nyaope user is no longer needed in the operating of the family as he is no longer useful. Through their actions of "…*chasing away*…" and not caring what happens to the nyaope user, there is a clear understanding that the nyaope user is not welcome at home and he is not a legitimate part of the family anymore. They realize that the wellbeing and the functioning of the family is disrupted by the nyaope user and put measures in place to ensure that little impact is acquired from him.

"I sometimes have to ask the rest of the family to keep watch so that he does not steal anything in the house." (Sarah, 44 years old, Mother).

"Sometimes, I make him sleep outside because I fear what he will do inside the house." (Sylvia, 53 years old, Mother).

Based on Sarah's expression, one could argue that the nyaope user is still a part of the family but there is a new ascribed role for the nyaope user based on his behavior. The nyaope user is considered a troublesome child that needs consistent watching over. The family realizes at this point that having the family member around is a burden. The stealing is argued to be part of the behavior of the nyaope user as mentioned above in the literature review (Mokwena, 2016; Mokwena & Morejele, 2015).

According to Adegboyega (1994), there are general assumptions about the family institution. There is an assumption that it is the duty of the head of the family to ensure that the welfare of the members are well taken of. The majority of the participants for this study were females who lead their families. Based on this assumption, one would argue that it is therefore the responsibility of the primary care givers to take care of the family members including the nyaope user. However, this is not the case as the mothers in the study, as described above, have little regard about the wellbeing of the nyaope using family member. The other assumptions are that it is the mother's or the father's responsibility for the children's maintenance and upbringing and that parents are to support all of their children to some or other extent. However, in this study, the mothers were the predominant participants and the actions of the mother's or the primary care givers in the study reflect that they are no longer seeing themselves as responsible of the nyaope user and his wellbeing.

The fact that the nyaope user knows that he is no longer welcome into a place that he/she called home reveals that the communication patterns between the nyaope user and the family are no longer healthy. This contrary to the known communications between the people in normal families, here in Africa. The families are usually shaped in a very humanistic nature where various crimes or misbehaviors are usually forgiven and the family member gets back to be recognized as part of the system again. It appears that nyaope use breaks the bond and actually brings mistrust hence the relationship is dead as evident on the following quote:

> *"He often shouts and accuses us of not trusting him. He always says that we always think that he is up to mischief. Unfortunately, I no longer trust him." (*Dora, 54 years old, Aunt).

First, the relationship, according to the African values and norms, is no longer respectful. In the African traditional culture, a younger individual is supposed to show respect to an older person at all times through verbal and non-verbal communication such as speaking in a low toned voice and minding what is being said to each other. Shouting would be considered disrespectful, however based on what Dora said on the above quotation, there is a reflection of the lack of respect in the relationship between the nyaope user and the family members. This is because the nyaope user *"... often shouts ..."* at his older family members. Dora is the mother of the nyaope user but she physically reflected unhappiness when she was speaking of the experience that her own son makes her and her family with. In addition, the nyaope user ultimately *"... accuses ..."* and *"... distrust ..."* the family members, as emphasized before, this is a sign of a dying relationship. The families in this context are designed in respect and also trust of one another. For example the children of the family can be trusted with the resources at home, for example they can be sent to go and buy something with money or be left home to keep watch of the children or material; but to this point the nyaope user is no longer at any level close to being trusted nor does he trust his own family. This would impact the quality of the relationship negatively, especially if the respect is seen as a vital aspect in the relationship from the parents or family members' point of view.

Furthermore, there is a clear indication of the lack of trust between family members and the nyaope user. There are constant suspicions of what will be stolen or what trouble the nyaope user will bring to the family. The participants reported that the nyaope user often deceives the family in order to get money for his next bag of nyaope. This is indicated by Robert (24 years old, Brother) below:

> *"He sold his Identity Document (I.D) for a fix and now he keeps using the excuse of replacing the "lost I.D" to get money for his nyaope. Sometimes he goes to the extreme of asking money to go register at a school as he does not have matric. There is always a story with him."*

In Robert's description, *"...a fix..."* is an expression often used in township for the nyaope users' slang language to refer to the required dosage of nyaope in order to reach the desired effect. In the above quotation, it appears as if there is some hope in the family. The

user keeps deceiving them, but they still give him money hoping that maybe he is okay. This is the sign of love and willingness to protect the family as per the values of Ubuntu. In Robert's expression, there is an indication that the nyaope user deceives the family by asking for money for his Identity Document. In South Africa, a missing or lost I.D needs to be replaced with a fee of R140 and this is done at the Department of Home Affairs. The nyaope user deludes the family on the things that are of importance to the family and the general society such as the I.D and the importance of education. These are of strong importance in the functioning of the nyaope user individually and in the family. The usefulness of the I.D and the matric certificate and how they provide a picture of a future for the nyaope user gives the families optimism. However, deceit further creates distance between the family members and the nyaope user, especially when the user is given money for what they consider a need like an I.D. Given the participant's response on *"... there is always a story..."* reveals that it is continuous and that at some point the family came to a realisation of the dishonesty of the nyaope user. The dishonesty could trigger emotions of anger and disappointment for the family members and this ultimately leads to a lack of trust.

In summary, the use of nyaope appears to cause the death and decay of families through haunting their relationships. This is through the lack of trust and respect once the family members realise certain behaviours that are disappointing from the nyaope user. This however appears to be a reciprocal process, the family members ultimately become complacent with it and fail to fight against the relationship's death.

Relapse of the nyaope user and the impact of the relapse on the family

The process of achieving sobriety for the nyaope user requires family support. The process of rehabilitation involves continuous visits to the social workers, isolation from family members and the challenges of maintaining sobriety and previous environment that enabled nyaope use. According to Marlatt and Donovan (2007), relapse is defined as the recurrence of drug use after a period of abstinence.

All the nyaope users in this study have been to a rehabilitation facility. All have attempted achieving sobriety, however, none of them have been able to remain sober after attending the 6 week programme given at rehabilitation centres. SANCA, where the study was conducted, is an organisation aimed at getting the nyaope user to achieve sobriety. The organisation provides various services including therapy and referral to the rehabilitation centres. Their referrals to rehabilitation centres are around the Gauteng province and the social workers write reports on the substance use of the clients, which is a part of the process

of achieving sobriety. These reports are used at the rehabilitation centres to gather information about the nyaope user. The report includes a psychosocial assessment of the nyaope user and their history of substance use.

The reasons why the nyaope user(s) are unable to fully achieve sobriety are argued to range from the high potency of the drug to the social environment of the nyaope user(s). Potency refers to the measure of the drug activity in terms of quantity required to give the desired intensity (Neubig, Spedding, Kenakin & Christopoulos, 2003). These are the factors leading to the nyaope user(s) relapsing and starting to use it again. The process of relapse negatively affects the family system as it would for the nyaope.

The nyaope user(s) who are the family member of the participants for this study seek the services of SANCA and the rehabilitation centre voluntarily, as reported below:

> *"The first time he went to rehab was in 2008 or 2009. He asked us to take him to rehab. His grandfather, who was alive at the time agreed and said he will take him." (*Lillian, 76 years old, Grandmother).

> *"He personally asked us that we should take him to rehab because he was tired of the life that he was living." (*Maria, 30 years old, Sister)

This means that, to their own accord they wanted to stop using nyaope. The nyaope user, despite the factors that pushed him to want sobriety, personally he wanted to achieve it. Maria's description of the nyaope user being "…*tired of the life he was living…*" reveals that he wanted to stop using nyaope and all the activities which are associated with the nyaope use. These activities include the petty crimes and the violence. The nyaope user could also be hoping that going to the rehabilitation centre will mend the dying relationship between himself and the family members.

None of the participants mentioned that they seek help on behalf of the nyaope user. Based on the analysis provided in the first sub-theme (the dying relationship), one could argue that the family members do not seek help on behalf of the nyaope user as it has reached to a point of disconnect and dearth. The relationship no longer exists for the purposes of nurturing and caring for the nyaope user, but it is based on the self-care of the family. The other argument is that the family members feel that since there is no visible force that leads to the use of nyaope, it is the responsibility of the nyaope user to seek help and maintain

sobriety. Although one could imagine that after several incidents of arguments and loss of valuables, the need for rehabilitation is obvious.

The willingness and the initiation of the nyaope user to achieve sobriety creates hope for the family members for an end to the troubles endured before. Hence the willingness and the determination of the nyaope user to achieve sobriety receives support from the family members.

'His mother would attend with him each session he had and when the social worker would call, she would ensure that she brought Oupa (nyaope user)." (Michael, 44 years old, Father).

> *"When he was in rehab, we would go visit him and make sure that he is fine and we would support him." (*Dora, 45 years old, Mother).

All the families mentioned above were referred to public rehabilitation centres. These are public rehabilitation centres that are in Gauteng. According to Mhlongo, the social worker, there are two predominantly used rehabilitation centres at SANCA and these are public rehabilitation centres. She mentioned that there are a couple of challenges in referring clients to these centres as they are often above the limit in the capacity to keep in-patients. According to Mokwena (2015), there are a lack of drug rehabilitation services in South Africa and most do not have access to the services that are available.

The family members showed support to the nyaope user. Based on Michael and Dora, in the quotations above, the family members were supportive since the beginning of the rehabilitation process. The rehabilitation process begins with the social worker making an assessment at intake to aftercare once the nyaope user has been discharged. This is an emotionally challenging experience for the user and the family. The process of in-patient treatment involves a 6 week programme in the rehabilitation facilities. The process involves the nyaope user being in complete isolation from the family and the nyaope user experiences the effects of withdrawal from the drug. The isolation creates emotional challenges, especially as the nyaope user tries to change their substance abusing behaviour. During the interviews, the family members would sigh and speak in a low tone when discussing the issue of sending the nyaope user(s) to the rehabilitation centre. This is a reflection of the difficulty of getting the nyaope to be rehabilitated and the challenges which are involved in getting the nyaope user admitted. The families would experience the emotional challenge of taking care of the circumstances at home such as taking care of the wellbeing of the other children and showing support or caring for the nyaope user(s) who are in isolation from the family. The

interviews also revealed the economic cost of showing the nyaope user support in rehabilitation centres.

> *"I would have to take at least two taxis to go and see him in rehab." (*Sarah, 44 years old, Mother).

> *"We would ask my brother to take us to go see him and we would have to refill his petrol."* (Lillian, 76 years old, Grandmother).

There is an indication that there was a constant effort from the family to show support to their family member who was going through the challenge of getting sober and of possibly rebuilding his life. This took an effort of using their own financial resources to get there often. Based on the distance of the two public rehabilitation centres mentioned above, one realises that this would take money and effort for the families to show support for their family member. It shows the love, care and the values of Ubuntu that families have for each other. The family's hope would increase as the weeks went by with the user in the rehabilitation facility.

> *"We saw him getting better when he was there and he was starting to return as the person we all knew." (*Robert, 26 years old, Sibling).

The anticipation of the family for the recovery of the nyaope user and the actual recovery is then turned to a relapse which reminds the families of the previous challenges experienced prior to the process of treatment. The hope that the nyaope user(s) will change his substance using behaviour which has changed his life, was contradicted with the reality that the drug or all substance abuse disorders needs aftercare once one has been released from the rehabilitation facility. Nyaope is a highly addictive drug which means it needs constant monitoring of the treatment. In all interviews, the process for the family member only reflects prior to rehabilitation and the entire process.

> *"When he came back he was okay, you know. He was helping around the house and he was back to what we knew as."* (Robert, 26 years old, Sibling).

> *"He came back and he was normal for three months but we noticed that he had gone back to his ways." (*Maria, 54 years old, Mother).

There is reflection of the family members on what they consider as the normal personality of the nyaope user. There is a reflection on the responsibility and the contribution

of the user as he achieved sobriety. There is a strong significance for the family members in the *"…normal…"* personality of the user. The expression reveals that the family has an idea of two personalities for the nyaope user: when he is sober and not using nyaope, and when he is addicted to the nyaope. The sober personality is what is considered as the normal personality for the families. This is a personality that the family is attached to and the personality they identify with. The expression provided by Robert *"…back to what we knew him as…"* shows this. The family reveals that there was a broken relationship between themselves and the nyaope user during his using days, however, this relationships begins to mend as the user achieves sobriety. The change in the normal personality of the nyaope is noticed by the family members when they realise the same patterns that he had when he was using nyaope. Maria's reflection on *"…gone back to his ways…"* reveals that the family members may feel that the nyaope user's actions when he uses is not part of his personality as it is not considered to be normal.

The family members hoped that the nyaope user would be functioning at "normalcy". Normalcy refers to being the family member who did not use nyaope. This is evident on Maria's quotation when she said *"…he was normal…"* The nyaope user would function at playing the role that he had prior to the use and that there would be developments in the users' life. For example, the nyaope user would be able to reach their milestones which are considered in society as requirements to show development and full functioning such as getting a job and having children or getting married. These would mean that there is a role that one plays in the family system, the community and the society at large, as noticeable in Bianca's (44 year old, Mother) response:

> *"I just wish that he would get a stable girlfriend that he would marry and have children. He needs to get a job and find himself some stability."*

The inability to remain sober means that the family has returned to the state of being disconnected and of unhealthy relations. Evident on both Robert and Maria on the previous quotations as they both consensually say, *"…he had gone back to his ways…."*. This means the nyaope user had returned to his use again and this was accompanied by the family's disappointments and anger:

> *"(Shouting)… No one had forced him to go to rehab and there is no reason why he went back to nyaope, even he won't tell why." (*Dora, 45 years old, Mother*)*

Dora's response filled with anger is based on the confusion to why the family member started nyaope and the reasons for relapsing. Based on the response, there is a clear perspective of the family members and that reveals that there is no reason why the nyaope user started using nyaope. There is also the perception that drugs destroy one's life and this could have been taught or warned to the nyaope user who, despite the warnings and teachings, decided to use nyaope again. The anger is therefore one of the feelings that the family members have as they perceive nyaope as the reason why their family member has changed their family structure and lifestyle. Families feel that the nyaope user has failed maintaining sobriety which was his responsibility in the family.

One of the challenges that the family had to face was the relapse of the nyaope user. It appears that this was a challenge they were not knowledgeable about. The return to substance abuse begins to erode the trust again. The trust would have been built for the period when the nyaope user was sober after being released from the rehabilitation centre. There is an indication that, even though the nyaope user was sober for a period of time, there was a suspicion within the family that he would eventually relapse.

> *"He kept saying that I don't trust him, that I am always thinking of what he is going to do wrong." (*Bianca, 44 years old, Mother).

One of the important aspects of the relationship between the nyaope user and other family members is trust. Based on the above quotation, there is a sense of mistrust between the family members and the nyaope user. The families have experienced deceit and regaining trust in the nyaope user seems to be difficult. The nyaope user also feels that there are constant suspicions about his actions and behaviour. This is influenced by his initial use and the actions during his nyaope use.

There are other external factors that also play a role in the family believing that the nyaope user would not change. According to Swanepoel (2014), there are various factors which cause for the relapse of in-patient treatment. Swanepoel (2014) argues there are social risk factors which includes a lack of support after treatment, conflict management and environmental risk factors (including the availability and accessibility of the drugs and the environmental cues). Furthermore, according to Mokwena and Huma (2016), only 3% of the nyaope users who are admitted into rehabilitation centres are able to achieve sobriety. The other 97% relapsed which reflects on the possibility of the nyaope users being able to fully achieve sobriety. The family realises that there are relatively fewer chances for the nyaope

user to achieve sobriety in comparison to other nyaope users in the community who have been in-patient rehabilitation processes. However, they remained hopeful that the nyaope user would change.

The continued use of nyaope by the family member after being to the rehabilitation centre leaves the family disheartened. This appears to be more of the interests of the family and not really about the nyaope user himself. Due to the contradiction that the nyaope user voluntarily admitted himself into a rehabilitation centre and willingly returns to using nyaope. Furthermore, the participants mention that the nyaope user wishes to return to the rehabilitation centre.

Some of the nyaope user(s) have been to the rehabilitation centre twice. In all the times that the nyaope user has been to the rehabilitation centre, he went voluntarily and even a few of the family members mentioned that they still had hope that the nyaope user would stop after the first and second rehabilitation.

> *"If he could stop, things would be better." (*Dora, 54 years old, Aunt).

> *"We keep coming to SANCA, we have not washed our hands off him yet." (*Sarah, 44 years old, Aunt).

There is a recognition that the behaviour of the nyaope user impacts the functioning of the family. Dora's expression *"...things would be better..."* explains that there is hope and optimism that the nyaope user will stop their use. The family is hoping for a unified structure which was created prior to the nyaope use. The functioning and the structure of the family is referred to as *"...things..."*. The use and the behaviour of the nyaope user are seen as complication to the functioning and the structure of the family. The unified structure that is hoped for is also expressed by Sarah *"...we have not washed our hands off him yet..."* which implies that the family is optimistic on the recovery of their family member. The promise of the nyaope user recovering is shown through the support and the effort that the family members are showing as expressed by Sarah: *"We keep coming to SANCA..."*

In contrast, there are participants which have given up on assisting the nyaope user to achieve sobriety and there is no hope that the nyaope user will stop using substances.

> *"He has been to rehab twice already, I don't think he will ever be able to stop using nyaope." (*Maria, 54 years old, Mother).

"I am waiting for them to tell me that he has overdosed or that he is in jail because clearly rehab did not work out for him." (Sylvia, 48 years old, Mother).

The above quotations show that some of the participants no longer anticipate that the nyaope user will achieve sobriety. The participant's expressions of *'...I don't think he will ever be able to stop…'* show that she recognise that nyaope use may well be considered a lifestyle or behaviour that has overtaken the "normalcy" of the personality of the nyaope user.

Sylvia's description that *'... he has overdosed or that he is in jail….'* expresses the opinion that being convicted or death are the only last options that the nyaope user has. These are options which the family member has accepted as the only resolution to the nyaope user being able to stop. The effectiveness of the process of rehabilitation is null according to Sylvia, and she no longer aspire to see her son achieve sobriety, this is expressed by: "*I am waiting…"* It is seen as though, there is patience for the benefit of not having the nyaope user around.

There are feelings of ambivalence when the nyaope user asks for assistance from the family to be taken to rehabilitation centres even after they have been through the process of in-patient treatment. The participants mention that they are being constantly asked to be taken to rehabilitation facilities as the user notices the impact it has on his wellbeing and relationship with the family which gives hope as there is potential for the nyaope user to change his behaviour again. Furthermore, Mokwena (2015) argues that the nyaope user only wants to treatment as they realise that the physical pain of the drug is unbearable when withdrawing. However, after several attempts to achieve sobriety, the family notices that there are fewer chances of the nyaope user achieving sobriety.

Unknown whereabouts of the nyaope family member and potential harm

The participants also reported that the nyaope users is often not at home. The stress and the relief of some of the family members is discussed below.

According to Guo, Slesnick and Feng (2015), many studies have shown the reciprocal relationship between general family functioning and substance abuse. It is further argued that families with higher family cohesion and management are associated with lower substance abuse risks, whereas families with high conflict is related to elevated substance abuse and comorbid mental health problems. The family is argued to be a factor in causing the disappearance of the nyaope users whose whereabouts are often unknown.

> *"...like right now, I would not tell you where he is. He is forever busy…" (*Dora, 44 years old, Mother).

> *"We often don't know where he is. He can spend days without coming home and only come home when he needs money…" (*Robert, 24 years old, Sibling).

Dora's description that *"He is forever busy..."* reflects on the high addictive nature of nyaope. The nyaope use is highly addictive and creates physical pain when ceased. This results in a cyclical pattern of ensuring the next desired dosage (Mokwena, 2015). This also explains why Robert says that *"... come home when he needs money…"* It implies that the nyaope user comes home when he needs the money for his next dose of nyaope

The above are accounts on the distance that's widening between the nyaope user and the rest of the family. The unknown whereabouts of the nyaope user have left the family members with worry as there are various possibilities of what activities does the nyaope user engage in.

As much there was a worry of where the nyaope user was, there was a slight idea where they could be.

> *"When he went missing, I searched for him everywhere but I knew that I could find him at the Plantation…" (*Bianca, 44 years old, Mother).

> *"He could be anywhere, maybe the hostels, the park where he often smokes his things (nyaope) but I know that he never goes far [as he will come back to ask for money from me." (*Lillian, 76 years old, Grandmother).

In Bianca's quotation, she mentions that the nyaope user becomes *"...missing..."* implying that the whereabouts of the nyaope user were not known. However, there is reflection that there is an idea of where the nyaope user would be as *"...searched everywhere…"* imply that she has looked for the nyaope user at places where she would mostly likely find him. *"...Plantation…"* is a small area in Boksburg.

In Lillian's quotation, she said that there were various places which the nyaope user could be found in, where the nyaope user could be smoking. She refers to nyaope as *"... things…"* and this is a negative connotation that reveals the feelings of being disgusted by the idea of nyaope. She describes *"...hostels…"* and these are places that are characterised as communal living spaces that were built in the Apartheid era for the migrant workers. These

were built in the Black Townships. Today, these areas are still characterised with migrant workers and violence.

One of the important factors, which is also discussed above, is money. It appears that money is the only thing that the participants appears to be referencing as the only factor that calls the user back home. This is problematic because the family members are always suspicious of his presence at home and they always think that he is up for money; he is never up for the love and warmth of his family. This is a discourse that we see here from the family members maintaining the use of nyaope by their own family member. The discourse gives power or reinforces the behaviour. It tells the user that he belongs in the nyaope users' community, not the sober one. This is why it is not a norm for him to be at home and be accepted as he is. Even if he tries to deal with his nyaope use.

> *"Even though I don't see him, I know that he is around the neighbourhood."* (Michael, 47 years old, Father).

The above expression also implicates that within the neighbourhood there is a community of nyaope users who identify with each other based on the nyaope use. According to Mokwena (2015), nyaope users in Black racially categorised townships are easily identified as they assemble in open spaces such as parks and taxi ranks. Furthermore, it is argued that they have created a community through which they support one another in their habit. These are areas which Lillian identified in the above quotation. This also explains how Michael would have known the whereabouts of his son. There is an assumption that the nyaope user is part of the community of nyaope use and that he will be found within the community when being looked for.

The slight idea on the whereabouts of the nyaope user shows that there is no complete disregard of him. The family members are reminded of the whereabouts by the community members who report to the families about the lost items which are allegedly stolen by the nyaope user(s). There is always potential harm because the nyaope users are often injured by the neighbours for allegedly stealing and damaging their property. The family members explained that they fear that when they get injured from the altercations with the neighbours, they could get killed or become disabled.

> *"He once came home badly beaten by the neighbours as he stole the welding machine of a man who does the gates and the bugler frames. He was swollen and they broke his arm…"* (Sylvia, 53 years old, Mother).

"I don't know what he and his friends stole but then he was wanted by the gangs where we live and two of his friends were killed." (Michael, 47 years old, Father).

South African societies are well-known for using mob justice to punish criminals for the crimes that are committed in their communities. Various newspaper articles report on the mob justice on nyaope users who have committed crimes and the consequence of these action range from serious injuries sustained or the disability or the death of the nyaope user. There is concern and worry from the family members due to the criminal activities of the nyaope user that the community will render mob justice on the nyaope using family member. This is evident from the above quotations, thus the violence leading to injuries and the hiding out of the nyaope users. To some of the participants, it has only become an expectation that the nyaope user will be injured and that there will be no shock if the nyaope user is presumed dead.

*"We have buried many nyaope boys here, I am waiting for the day that I will be told that he was beaten to death." (*Lillian, 76 years old, Grandmother*).*

In contrast, there were some of the participants who explained that they were often grateful when the nyaope user is not around as he will not cause trouble at home.

*"When he is not around, we get rest because then he won't bother us about money or nothing gets stolen." (*Robert, 26 years old, Brother).

*"When he leaves for days, I will start realising that I am not shouting as much as he is around and my stress levels are down as I won't get to wonder about what might be missing in the house or I won't have to stop the fights he creates with his brothers because he stole something of theirs." (*Bianca, 44 years old, Mother*).*

The above descriptions reveal that there are social benefits to the absence of the nyaope user. These are emotional benefits such as a sense of relief and lower negative stress levels from the participants. The expression: *"I am not shouting as much as he is around and my stress levels are down…"* indicates that Bianca realises that the presence of the nyaope user influences her own feelings and emotions at home. The actions and the presence of the nyaope user becomes a factor to her wellbeing and to her behaviour at home. She further explains that *"…I won't have to stop fights…"* indicating that she gains new roles such as a mediator between her children because of the actions of the nyaope user. There are also

financial benefits to the absence of the nyaope user. The participants mention that their valuables will not get stolen by the nyaope user.

Attempts to commit suicide by the nyaope user and by the family members

Substance abuse disorders are one of the contributing factors to the suicide rates in South Africa and the world at large. Ahmed (2010) argues that more than 80% of the people in South Africa who commit suicide have some form of mental illness or substance abuse disorder, and approximately more than 30 000 lives are lost annually to suicide. In this study, nyaope users and family members have tried or threatened to commit suicide. This behaviour has been in relation to nyaope use by the family member.

> *"He has tried to kill himself three times already." (*Bianca, 44 years old, Mother).

> *"When he wants money from me and he realises that I don't entertain his requests, he takes a rope that I often use for hanging the clothes to dry and he tells me that he is going to hang himself because I refuse to give him money." (*Lillian, 76 years old, Grandmother).

According to Ahmed (2010), other studies suggest that substance abuse may induce depression, cognitive impairment and aggressive tendencies, hence the increase in suicidal behaviour. Heroin addicts commit suicide at an earlier age than alcoholics and the general population. The rates of suicide in heroin addicts range from 82 per 100 000 to 350 per 100 000. The problems associated with the trials to commit suicide in this study were that the user did not have the money and his family members did not want to give him. These experiences leads the nyaope user to stress and feelings of being rejected. This is then followed by the attempts to commit suicide, perhaps, because they do not see a reason to live anymore. These feelings are clearly influenced by the level of dependency to the drug and the failure to realise that they could live without depending on it. The incidents of the attempts to commit suicide are often witnessed by the family members and leaves them traumatised as demonstrated in the quotation below:

> *"The third time he tried killing himself, we found him and he was not breathing… I was with my older son and we are still traumatised by the incident…" (*Bianca, 44 years old, Mother).

Based on the above, one realises that the nyaope user has tried committing suicide at or close to home which is the vicinity of the family members. This is obvious that they would see him and perhaps some of the reasons they would not worry about his whereabouts and

even if he gets murdered. However, this does not help the family members to sympathise with the nyaope user, but we see that the attempts of suicide are very often, or even told to the family member as Lillian (76, Grandmother) explains below:

> *"…he tells me that he is going to hang himself at that tree (Lillian describes a tree in the backyard of her house)."*

The choice of the nyaope user to attempt suicide at home reflects on what "home" represents for the family and the nyaope user. A home signifies a place of comfort, relationships and safety. Despite the fact that the nyaope user might traumatise the family, the user(s) feels safe and comfortable to commit suicide. The idea could be that being home would dignify their death or it could be attempt for the nyaope user(s) to seek assistance from the family members. Seeking assistance is given by the possibility that the nyaope user tries to commit suicide at home, knowing that there will be someone at home who can try and stop them. It could be a way that the nyaope user wants the family to see their pain and suffering. As mentioned above, substance abuse disorders are often comorbid with mental disorders such as depression, which could be a factor to the nyaope user that's trying to commit suicide. It shows that intimacy and interdependence of the family is tested. No matter which reason for the nyaope user(s) to try to commit suicide, this negatively impacts the family, leaving them traumatised.

The relationship between the nyaope user and the family may not be healthy however, there is still regard for the nyaope user in some of the family members interviewed. The families still experience distress and the constant feelings of worry for the family members, especially when the whereabouts of the nyaope user is not known and there is potential harm. These factors have made some of the family members contemplate committing suicide.

> *"…Oupa's mother is in hospital. I asked what happened and they say that she tried committing suicide…"* Michael (44, Father).

In this interview, the mother tried committing suicide after she heard that her son was injured and possibly that he had died. This shows that the family is greatly impacted. This demonstrated that the behaviour of the nyaope user does not always have a direct impact to the family members. Sometimes it is indirect, this is evident in this finding. If the mother attempts to commit suicide because of the son who had almost died or died because of nyaope, then her attempts to also commit suicide affects other family members negatively. If there are other children witnessing the attempts to commit suicide by the mother, they might

get in shock or become traumatised and this is owing to the nyaope user who leads to the attempts of suicide by the mother, thus affecting the other children negatively.

Knowledge of social policy interventions

One of the objectives of the study was to explore whether families were knowledgeable of the social policy interventions that could assist them in addressing nyaope use and its impacts. Based on the interviews, there was an indication that the participants had considered and have used some social policies such as the Protection Order in terms of the Protection from Harassment Act, 17 of 2011. A protection order is a legal document that aims to protect a person from harassment. This includes protection from any other criminal offence that poses harm to the applicant or the property of the applicant. The protection order is seen as a means to help a victim of harassment, assault, abuse and extortion. The protection order is seen as an attempt from the family members to protect themselves from the abusive actions of the nyaope user, including the threats and the criminal activities. For example the following quotation:

> *"I have filled protection orders for him but he does not follow the requirements of the protection order."* (Lillian, 76 years old, Grandmother).

The families seem to use the social policies when a dire need is realised. The majority of the families in the study have not considered using Protection orders, however, they have used public services other than the SANCA services which include the South African Police Service to threaten and to get stolen items. These are items which are stolen by the nyaope user.

> *"I have called the police on him so I could get the AVON bags which he stole from me*." (Sarah, 44 years old, Mother).

> "*I always tell him that I have called the police when he starts demanding money from me."* (Sylvia, 44 years old, Mother).

Based on the above description, there is a clear indication that the nyaope user also steals branded items such as AVON bags. Sarah often sells these bags to the community and at her workplace as means to get extra income for the family. AVON is a company that provides products to people who want to sell their branded items including cosmetics and fashion accessories. The items being stolen means that there will be no extra income for the family and this generally impacts the functioning of the family. The financial burden of the nyaope use is discussed in the previous theme. The family members not only threaten the

nyaope user with the promise of calling the police, there seems to be actions which are taken with the aid of the police to ensure safety and protection of the family.

The participants were asked about the Prevention and Treatment of Substance Abuse Act 70 of 2008 and none of the participants knew about the Act. The participants were further asked about the Act, particularly on section 33 which describes involuntary clients and how the family members could admit their nyaope using family member(s).

> *"No I don't know that we could do that." (*Michael, 45 years old, Father).

> *"I did not know that, instead I was continuously told about Protection Order when I asked for assistance*." (Lillian, 76 years old, Grandmother).

This is a clear indication that the participants have a lack of knowledge about the act that is meant to help the family members. Lillian, when asked, mentioned that she asked for assistance at her local police station and the other community members who are impacted by the nyaope use of their children and family members. There is also an indication that when the participants seek assistance, the act is not in consideration of the service providers. There is a lack of use of the policy as well. Based on the experience of volunteering and from the observations in the SANCA office, there was only a single case that used section 33 of the Prevention and Treatment of Substance Abuse Act 70 of 2008.

The knowledge of the participants on the social policy interventions was one of the key objectives of the study. The lack of knowledge of the participants and the lack of use of policies such as the Prevention and Treatment of Substance Abuse Act 70 of 2008 is clear.

Chapter 5

Conclusion and recommendations

Conclusion

The aim of the study was to explore experiences of family members of nyaope users. The objective was to explore whether or not they are affected by the nyaope use and how they are affected by the nyaope use. Based on the findings of this study, the family members of nyaope users are negatively impacted by the nyaope use in their family. The family members experience social and financial burdens from the nyaope use.

The family often experience anger, frustration, disappointment, loss of valuable items, the relapse of the nyaope user and the attempts to commit suicide. The functioning of the family is changed by the nyaope use and the roles which were previously created by the family members are changed.

In the end, the presence of the nyaope user creates conflict in the family. The nyaope user also becomes disregarded as part of the family members. The families need to be protected from the violence and the harmful acts of the nyaope user, however there is little knowledge on the social policy interventions that could help them. There is a use of Protection orders and no knowledge about section 33 of the Prevention and Treatment of Substance Abuse Act 70 of 2008 which describes how the families can admit their nyaope user involuntarily for the wellbeing of the families and the nyaope user. The study's objective was to explore if there was the use of the Prevention and Treatment of Substance Abuse Act 70 of 2008, section 33, if necessary. Based on the fact that there is little knowledge of the Act, there is limited or no use of the Act although it is necessary. The experiences of the family members need the provisions of the Act.

In the process of completing the study, it was realised that the literature on nyaope was limited. There are few published articles on nyaope and it impacted in the user, families and the communities. It is, however, widely written in media publications. The literature focused on the nyaope user primarily and how it impacts them. Although, nyaope has been existing for more than 10 years in South Africa, there is still no consensus on its components. The experiences of nyaope users in literature are dealt with greatly in the limited literature available. The family experiences are, however, not explored. There is literature on the family experiences on the general substance abuse and not on nyaope.

Recommendations

These are recommendations made from the interviews and the observations made from carrying out the study.

Research Recommendations

The aim of the study was to explore and document family experiences of nyaope user(s) and the impact this has on the family. Based on the critical literature review that I conducted, there is limited research done on nyaope and more particularly on the family experiences of the nyaope user(s).

There might be a growing number of studies which focus on substance abuse, however, there are very few journal articles that focus particularly on nyaope. There needs to be an increase research which not only focus on the user(s) but also on the families and the communities impacted by the nyaope use. Although there are media publications, scholarly publications will help guide the practice

Practice Recommendations

Based on the volunteering and the observations that I have made at the study site, there is a strong emphasis on the user and the drug that they are using. There is often little concern about the impact of the drug use on the family, communities and the society at large. However, the users do not live in isolation and the effects of the addiction become inherent to other family members.

In the study, there is a clear indication that families of the nyaope user suffer emotionally from the social and financial burdens of nyaope use. It is suggested that the treatment process of nyaope use should include family counselling. This would be counselling that focuses on the user and their family as the user tries to achieve sobriety. The family is also greatly impacted by nyaope use which means they should also be included in the counselling process.

The social work profession could also use campaigns to promote the use of social policies and to provide knowledge to society about the policies such as the Prevention and Treatment of Substance Abuse Act 70 of 2008. These are policies which are meant to protect the society when impacted by the substance abuse, particularly nyaope which is highly addictive. It was saddening that only one case consulted section 33 of the Prevention and Treatment of Substance Abuse Act 70 of 2008.

Policy Recommendations

According to the preamble of the Prevention and Treatment of Substance Abuse Act 70 of 2008, the act's objective was to provide for mechanisms aimed at demand and harm reduction to substance abuse through prevention, early intervention, treatment and re-integration programmes. Based on the above, families are included in the methods of the harm reduction caused by the nyaope use. However due to the lack of knowledge of the policy, there is a need for the education of the family members and the society at large about the policy. This will result in the knowledge of the policy and the strategies such as those outlined in section 33 and the National Drug Master Plan. The education about the policy could be done through campaigns and awareness programmes. These are programmes which can be done for all parties impacted including the workers which consult with the community on matters such as nyaope use. This also involves consultation on adequately implementing the policy.

References

Ahmed, S. (2010). (2010). *Clinical addiction psychiatry*. Brizer, D., & Castaneda, R. (Eds.). Cambridge University Press.

Amoateng, A. Y., Heaton, T. B., & Kalule-Sabiti, I. (2007). Living arrangements in South Africa. *Families and households in post-apartheid South Africa: socio-demographic perspectives*, 43-59.

Amoateng, A. Y., & Richter, L. M. (2007). Social and economic context of families and households in South Africa. *Families and households in post-apartheid South Africa: Socio-demographic perspectives*, 1-25.

Cartwright, W. S. (2008). Economic costs of drug abuse: Financial, cost of illness, and services. *Journal of Substance Abuse Treatment*, *34*(2), 224-233.

Corbett, A. (2004). *What is a family? Why it Matters: Achieving a Workable Definition*. Tasmania Family Institute

Choate, P. W. (2015). Adolescent alcoholism and drug addiction: The experience of parents. *Behavioral Sciences*, *5*(4), 461-476.

Creswell, J. W., & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.

Frith, A. (2015). Census 2011. *URL: http://census2011. adrianfrith. com/place/797032 (visited on 01/12/2017)*.

Grant, M. J., & Booth, A. (2009). A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Information & Libraries Journal*, *26*(2), 91-108.

Grelotti, D. J., Closson, E. F., Smit, J. A., Mabude, Z., Matthews, L. T., Safren, S. A., ... & Mimiaga, M. J. (2014). Whoonga: potential recreational use of HIV antiretroviral medication in South Africa. *AIDS and Behavior*, *18*(3), 511-518.

Groenewald, C., & Bhana, A. (2016). "It was bad to see my [Child] doing this": Mothers' experiences of living with adolescents with substance abuse problems. *International Journal of Mental Health and Addiction*, *14*(5), 646-661

Guo, X., Slesnick, N., & Feng, X. (2016). Changes in family relationships among substance abusing runaway adolescents: A comparison between family and individual therapies. *Journal of marital and family therapy*, *42*(2), 299-312.

Hanson, D., J. (2000). *Prevention and societal impact of drug and alcohol abuse*. Ammerman, R. T., Ott, P. J., & Tarter, R. E. (Eds.). Psychology Press

Heppner, P., P., Bruce E. Wampold, B. E., Owen, J., Thompson, M., N. &. Wang, K.,T (2015). *Research Design in Counseling.* Nelson Education

Hobkirk, A. L., Watt, M. H., Myers, B., Skinner, D., & Meade, C. S. (2016). A qualitative study of methamphetamine initiation in Cape Town, South Africa. *International Journal of Drug Policy*, *30*, 99-106.

International Narcotics Control Board. (2006*). Report of the International Narcotics Control Board for 2005.* United Nations Publications.

Kresse, W., & Danko, D. M. (Eds.). (2012). *Springer handbook of geographic information*. Springer Science & Business Media.

Marlatt, G. A., & Donovan, D. M. (Eds.). (2005). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors*. Guilford Press.

Meade, C. S., Towe, S. L., Watt, M. H., Lion, R. R., Myers, B., Skinner, D., Kimani, S. & Pieterse, D. (2015). Addiction and treatment experiences among active methamphetamine users recruited from a township community in Cape Town, South Africa: a mixed-methods study. *Drug and alcohol dependence*, *152*, 79-86.

Mokwena, K. (2016). "Consider our plight": A cry for help from nyaope users. *Health SA Gesondheid (Online)*, *21*(1), 137-142.

Mokwena, K. E. & Huma, M. (2014). Experiences of '*nyaope'* users in three provinces of

South Africa. *African Journal for Physical, Health Education, Recreation and Dance,* September (1:2), 352-363.

Mokwena, K. & Morojele, N. (2014). Unemployment and unfavourable social environment as contributory factors to *nyaope* use in three provinces of South Africa. *African Journal for Physical, Health Education, Recreation and Dance.* (1:2), 374-384.

Monette, D. R., Sullivan, T. J., DeJong, C. R., & Hilton, T. (2011). *Applied Social Research: a Tool for the Human Services*. Belmont, CA: Brooks.

Mpofu, E. (Ed.). (2011). *Counseling people of African ancestry*. Cambridge University Press

Neubig, R. R., Spedding, M., Kenakin, T., & Christopoulos, A. (2003). International Union of Pharmacology Committee on Receptor Nomenclature and Drug Classification. XXXVIII. Update on terms and symbols in quantitative pharmacology. *Pharmacological Reviews*, *55*(4), 597-606.

Padgett, D., K. (2008). *Qualitative Methods in Social Work Research* (2nd Ed.). Los Angeles: Sage.

Pienaar, K., & Savic, M. (2016). Producing alcohol and other drugs as a policy 'problem': A critical analysis of South Africa's 'National Drug Master Plan' (2013–2017). *International Journal of Drug Policy*, *30*, 35-42.

Rubin, A., & Babbie, E. R. (2016). *Empowerment series: Research methods for social work*. Cengage Learning.

Rough, K., Dietrich, J., Essien, T., Grelotti, D. J., Bansberg, D. R., Gray, G., & Katz, I. T. (2014). Whoonga and the abuse and diversion of antiretrovirals in Soweto, South Africa. *AIDS and Behavior*, *18*(7), 1378-1380.

Royse, D. (2007). *Research methods in social work*. Cengage Learning.

Shembe, Z. T. (2013). *The effects of whoonga on the learning of affected youth in Kwa-Dabeka Township* (Doctoral dissertation: University of South Africa).

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for information*, *22*(2), 63-75.

Siqwana-Ndulo, N. (1998). Rural African family structure in the Eastern Cape Province, South Africa. *Journal of Comparative Family Studies*, 407-417.

Smith, J.A, Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Sage.

Smith, J. M., & Estefan, A. (2014). Families parenting adolescents with substance abuse—Recovering the mother's voice: A narrative literature review. *Journal of family nursing*, *20*(4), 415-441.

Smith, J. A., & Osborn, M. (2007). Pain as an assault on the self: An interpretative phenomenological analysis of the psychological impact of chronic benign low back pain. *Psychology and health*, *22*(5), 517-534.

Smith-Genthôs, K. R., Logue, E. M., Low, B. E., & Hendrick, S. S. (2017). The Forgotten Ones: Siblings of Substance Abusers. *Journal of Loss and Trauma*, *22*(2), 120-134.

Storey, L. (2016). *Analysing qualitative data in psychology*. Lyons, E., & Coyle, A. (Eds.). Sage.

Swanepoel, I. (2014). *The causes of relapse amongst young African adults following in-patient treatment for drug abuse in the Gauteng province*. Masters Dissertation, University of Pretoria

The Prevention and Treatment Substance Abuse Act 70 of 2008

The Protection from Harrassment Act 17 of 2011

United Nations on Drug and Crime (2011). *The World Drug Report*

United Nations on Drug and Crime (2016). *The World Drug Report.*

Vahed, G. (2015). Migrants, drugs and xenophobia: The case of Whoonga Park in Durban.

The Oriental Anthropologist, *15*(2), 261.

World Health Organisation (2011). *Definition of Active Pharmacuetical Ingredient*.

Yusuph, K., & Negret, I. (2016). Adolescents and Drug Abuse in Tanzania: History and Evolution. *Advances in Research, 7(2), 1-10.*

Appendix A

Participant information Sheet for a study entitled:

'The experiences of family members of nyaope users and their knowledge on the available social policy interventions; a case of east of Johannesburg.'

Good day,

My name is Lebohang Motsoeneng and I am currently in my final year of studying Social Work at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting research regarding the experiences of family members of nyaope users and the knowledge of social policy interventions, particularly the Prevention and Treatment Substance Abuse Act 70 of 2008, section 33. It is hoped that the data gathered will assist in providing information about the lived experiences of the family members and to understand whether there is knowledge of the Prevention and Treatment of Substance Abuse Act 70 of 2008, section 33. The outcome of this study could inform both knowledge base and practice of Social Work in addressing social problems caused by nyaope use.

As a family member, you are ideally positioned to contribute to the research. I therefore wish to invite you to participate in my study. If you accept my invitation, your participation will be entirely voluntary and you are free to withdraw at any time without penalty. There are no consequences or personal benefits of participating in this study. If you agree to take part, I will arrange to interview you at a time and place that is suitable for you. The interview will last approximately one hour. If you choose to participate, you may withdraw from the study at any time and you may also refuse to answer any questions that you feel uncomfortable with answering. If you decide to participate, I will ask your permission to tape-record the

interview. Only the researcher or the supervisor will have access to the tapes. The audio will be kept in a password protected computer which only the researcher has access to. The audio will be transcribed into Microsoft Word document. A copy of your interview transcript will be stored permanently in a locked cupboard and may be used for future research.

Please be assured that you name and personal details will be kept confidential and no identifying information will be included in the final research report. The results of the research may also be used for academic purposes (including books, journals and conference proceedings) and a summary of findings will be made available to participants on request.

- Please contact me on (cell) 0844124201 or (email) lebohangmotsoeneng0@gmail.com or my supervisor, (cell) 0622028278 Oncemore Mbeve on (email) oncemorembeve@outlook.com if you have any questions regarding my study. We shall answer them to the best of our ability. If you have any concerns and complaints about the study please contact Human Research Ethics Committee (Non-Medical) Contact Details: Chairperson: Jasper. Knight@wits.ac.za or the administrator: Shaun Schoeman (tell) (+27) 0117171408 or (email) Shaun.Schoeman@wits.ac.za

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

Yours Sincerely,

Lebohang Motsoeneng

Appendix B

Consent Form for the Participation in the Study entitled:

'The experiences of family members of nyaope users and their knowledge on the available social policy interventions; a case of east of Johannesburg.'

I hereby consent to participate in the research study. The purpose and procedures of the study have been explained to me.

I understand that:

- My participation in this study is voluntary and I may withdraw from the study without being disadvantaged in any way.
- I may choose to not answer any specific questions asked if I do not wish to do so.
- There are no foreseeable benefits or particular risks associated with participation in this study.
- My identity will be kept strictly confidential, and any information that may identify me, will be removed from the interview transcript.
- A copy of my interview transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research.
- Direct quotes from my interview, without any information that could identify me may be cited in the research report or other write-ups of the research.
- I understand that my responses will be used in a write up of an honours project and may be presented in books chapters, journal articles or books or conferences.

Name of Participant:

Signature

Appendix C

Interview Questions

'The experiences of family members of nyaope users and their knowledge on the available social policy interventions; a case of east of Johannesburg.'

The interview questions for the participants.

1. How old are you?
2. Can you briefly describe your family member who uses nyaope?
3. In what ways do you think you are affected by the use of nyaope amongst your family? Any challenges?
4. Has the nyaope user tried to stop using?
5. Has the nyaope user been to a rehabilitation centre?
6. Have you tried admitting him/her into a rehabilitation centre as family?
7. Do you know about the Prevention and Treatment of Substance Abuse Act 70 of 2008 about involuntary clients?
8. The researcher will clearly explain to the participants about the Act if the participants do not know.
9. In your opinion what do you think need to be done to reduce the nyaope use in the townships?
10. In your opinion what else do you think you can contribute to the study?

APPENDIX D

Informed Consent for Audio-recording of Interviews

'The experiences of family members of nyaope users and their knowledge on the available social policy interventions; a case of east of Johannesburg.'

I hereby give my written, informed consent to voluntary participation in this study and audio-recording of interviews for accuracy of data transcription.

- I am aware that I may stop the interview at any point and that I may withdraw my participation at any stage with no negative consequences.
- I understand that only the researcher will have access to the interview transcripts and that a pseudonym will be used to ensure confidentiality of my identity.
- I understand that I may access the results of this study following final write up of the research paper(s).

I consent to voluntary participation in this study:

Participant Name and Surname: _____

Participant Signature: _____

I consent to audio-recording of the interviews:

Participant Name and Surname: _____

Participant Signature: _____

Interviewer:

Interviewer Name and Surname: _____

Interviewer Signature: _____

The experiences of family members of nyaope users and their knowledge on the available social policy interventions; a case of east of Johannesburg.