An Exploration of Recovery from Nyaope Addiction Amongst Youth in Alexandra Township.

A Dissertation Submitted to the Psychology Department, School of Human and Community Development, University of the Witwatersrand, in Partial Fulfilment of the Degree of

Master of Arts in Social and Psychological Research.

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Declaration

This dissertation is submitted in partial fulfilment of the requirements for the degree of MA in Social and Psychological Research in the faculty of Humanities,

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I declare that this research report is my own unaided work, and has not been submitted before at any institution for examination. All sources used in this report have been referenced as required using the APA referencing format.

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Writing this report was one challenging task emotionally, physically, and mentally. There were times at which I felt like I could not continue anymore due to the demanding nature of the process. However, I managed to maintain focus and overcome my struggles with the support of a few people who played an important role during this time of my life. I would like to take this time to thank these people individually for their contribution.

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Abstract

The aim of this study was to explore the journey of recovery from nyaope addiction among youth in Alexandra township, South Africa. The target sample was 8 participants, but the researcher managed to obtain a sample of only 7 participants. These individuals had been through challenging experiences as nyaope addicts, and the researcher conducted interviews with them to find out in detail the factors that had been present in their addiction stages, as well as those had been present in their journey towards overcoming addiction. According to the findings that emerged, the journey towards recovery was filled with challenges that needed to be navigated. Some of these challenges were related to attempts at professional treatment and at self-treatment. In conclusion, it is clear that nyaope addiction is one complex type of addiction, and that recovering is a continuing journey, and that support for those individuals who have come out of treatment should never be ceased

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Chapter 1: Introduction to the Study

1.1 Introduction

Both groups of school-going and non-school-going youth in South Africa are confronted with the issue of substance abuse, which is usually accompanied by such adverse results as addiction (Mokwena & Setshego, 2021; Mohammadpoorasl et al., 2012). The Council for Medical Schemes (CMS) reports substance abuse in the country to be rising, with about 15% of people found to be battling with the problem (CMS, 2021). In line with this finding, it is stated that the most prevalently abused substances include alcohol, marijuana, cocaine, crystal methamphetamine, and heroin (SADAG, n.d, as cited in CMS, 2021). In line with this finding, it is reported that 30% of individuals in South Africa have an alcohol problem, dagga and cocaine consumption has risen by 20% within two years, and 42% of drug consumers in Cape Town use methamphetamine (Online rehab, 2022).

In terms of nyaope addiction, as the main focus of this study, the South African Community Epidemiology Network on Drug Use (SACENDU) reports nyaope to have become more prevalent in Gauteng and KwaZulu-Natal than in other provinces, with 20% of individuals in KwaZulu-Natal and 10% in Gauteng expressing that nyaope is their main drug of use (SACENDU, 2019). Nyaope is a drug that is made up of multiple substances such as marijuana, low-grade heroin, cocaine and other supplementary substances like rat poison and antiretroviral medication (Masombuka & Qalinge, 2019).

The purpose of the proposed study is to explore the journey of recovery from nyaope addiction among youth in Alexandra township.

1.2 Problem Statement

Nyaope consumption has increased dramatically in South Africa and has also become more intense among young Black people in townships (Dada et al., 2017, as cited in Masombuka & Qalinge, 2019). Nyaope addiction raises concern due to the addictive

properties contained in its ingredients, making use cessation very challenging for these young people (Mokwena, 2016). Furthermore, the effects of nyaope addiction have been found to transcend these young people to also include their families and social environments (Nkosi, 2017). Consistent with this finding, nyaope addiction has been linked to youth dropping out of school, risky sexual behaviours, fights, road accidents, and death (Nevhutalu, 2017; Mahlangu, 2016). This is further compounded by the sometimes lack of accessible treatment services for these youth (Mahlangu & Geyer, 2018). This limited access to treatment services is looked into in terms of individuals who have recovered from nyaope addiction before.

In terms of aetiology, nyaope use initiation is linked to an incapacity for effective emotional and psychological responses to the demands and pressures of one's environment, peer pressure and seeing one's parents use substances, as well as living in a socio-economically disadvantaged environment (Kliewer & Murrelle, 2007; Yule & Wilens, 2011; Atherton et al., 2015).

1.3 Rationale

In South Africa, research on individuals who have attempted natural recovery from nyaope addiction is limited. Although the country has seen a significant growth in nyaope addiction among youth, research has mostly focused on the experiences associated with medically-assisted recovery, while neglecting the lived experiences of those who have made efforts to overcome nyaope addiction without professional assistance (Nevhutalu, 2017; Fernandes & Mokwena, 2016; Khumalo, 2020). It is envisaged that increased knowledge and understanding as regards the factors and processes that inform natural recovery will result in government and other relevant institutions directing assistance and support towards strengthening and facilitating attempts at natural recovery, and therefore add to existing literature. Furthermore, knowledge and understanding of the struggles encountered by former users in their attempts at getting into professional centres may indeed prompt the

government to strengthen the strategies employed through natural recovery and facilitate healing for nyaope addiction for Black youth in disadvantaged townships, where nyaope is widely available and cheap, as stated in Mahlangu (2016). If support from the government is provided successfully, willing nyaope addicts will, in the future, have effective natural recovery strategies to employ if they do not have the resources for professional assistance, or if they are simply not willing to go the professional assistance route.

Therefore, it is hoped that the results of this study will help give great insight into the ways in which natural recovery may be attempted by nyaope addicts who are trying to overcome addiction. Furthermore, the results could also help to identify the contribution of personal, familial, and community resources in overcoming addiction. Knowledge of this nature could be the basis of community programmes that could promote recovery from nyaope addiction.

It has also been discovered that almost all the available rehabilitation centres in the country have a success rate of treatment that is as low as 3% (Mokwena, 2016). Furthermore, it is reported that nyaope addicts residing in townships find it difficult to get into treatment due to the absence of economic opportunities that render them incapable of reaching far away treatment centres (Harker et al., 2020). This is further investigated in this study that was conducted with 8 Black youth in South Africa. The aetiology of substance use has been found to be social, psychological, and biological factors (Sahu & Sahu, 2012). This study was conducted with 8 Black youth from Alexandra township in South Africa who have recovered from nyaope addiction and have also not used it for at least a year. They were between the ages of 18-35 years. This study aims at addressing factors that promote recovery from nyaope addiction, as well as those that hinder it.

1.4 Study Objectives

The aim of this study was to explore the ways in which youth in Alexandra recovered from nyaope addiction and to understand the factors that came into play during this process. The intention was to assess these factors and to develop a thorough understanding of these youth's experiences as regards recovery directed towards efforts that could facilitate healing and re-integration of other Black youth into society. Therefore, the specific objectives of the study are as follows:

(1) To explore the motivations for recovery from nyaope addiction among youth in Alexandra township.

(2) To explore the facilitators of and barriers to nyaope addiction recovery among youth in Alexandra township.

Therefore, the research questions will be as follows:

(1) What motivates youth to stop using nyaope?

(2) What are youth's experiences of recovery from nyaope use?

(3) What are the facilitators of and barriers to nyaope recovery?

(4) How do youth in Alexandra prevent themselves from using nyaope again?

1.5 Definition of Terms

. Nyaope: Nyaope, also known as whoonga, is defined as a substance that is made up of multiple substances such as marijuana, low-grade heroin, cocaine and other supplementary substances like rat poison and antiretroviral medication (Masombuka & Qalinge, 2019).

. Addiction: Addiction is defined as failure in the regulation of drug-taking, or the uncontrollable urge to look for drugs and use them, ignoring the harmful results that come with consumption (Sussman & Sussman, 2011).

. Active addiction: A stage of addiction where the world of addicts becomes narrower, people, experiences, and previously enjoyed activities are done away with, and everything gradually loses its importance (Kemp, 2011).

. Recovery: Recovery is defined as a process through which individuals, families, and communities plagued by substance use and addiction employ internal and external mechanisms in an attempt to tackle these challenges, heal from pain that has been caused by use, continue to shield themselves from exposure to such challenges, and create for themselves a life of purpose (White, 2007).

. Willpower: The ability to practice self-control (Job et al., 2010).

. Mob justice: This is also called instant justice, and includes such actions as assault or physical punishment inflicted on people suspected of having committed a crime against others (Loqani & Magadze, 2022).

. Relapse: Relapse is defined as the recurrence of substance use following a period on non-use of the same substance (Kabisa et al., 2021).

.Youth: Youth is defined in South Africa as individuals falling between the ages of 15-35 years (Statistics South Africa, 2020, as cited in National Youth Policy, 2020.

1.6 Conclusion

Nyaope consumption has gotten more rife among black youth in South African townships, and this is of major concern (Dada et al., 2017, as cited in Masombuka & Qalinge, 2019). Nyaope is a highly addictive substance (Mokwena, 2016) and its consequences have been found to not only adversely affect the addicts, but their families and communities as well (Nkosi, 2017). Addicts are in desperate need of treatment, but unfortunately, government treatment facilities have been found to be limited to a certain extent (Mahlangu & Geyer, 2018). Accordingly, some addicts in impoverished townships have been fortunate enough to receive professional assistance while others have been found to resort to pursuing their own

journeys and processes of self-treatment known as natural recovery. Therefore, this study explores the experiences of nyaope addiction among youth in Alexandra township, and the processes and courses of action that have informed these individuals attempts at recovery, professional and non-professional.

Chapter 2: Literature Review

2.1 Introduction

Through this literature review, the intention is to discuss nyaope and its use, as well as describe, compare, and evaluate aspects that contribute to the understanding of recovery from nyaope use. First, nyaope use will be discussed, followed by an evaluation of the multiple areas that are intertwined with the term *recovery*. Recovery from nyaope use, which is of great importance here, will be defined in great detail. Furthermore, arguments deemed central to the comprehension of the term *recovery* will be also be offered.

Due to the composite nature of nyaope addiction recovery, the following areas will be discussed:

(1) Nyaope
(2) Recovery from nyaope addiction
(3) Nyaope addiction treatment
(4) Factors that promoted recovery from nyaope addiction
(5) Factors that hindered recovery from nyaope addiction
(6) Coping mechanisms following recovery

2.2 Nyaope Use

Nyaope is reported to be a fairly new substance of use that is mostly present in South African townships populated by people of African descent, and since it became popular, many young people also of African descent have become addicted to it (Mokwena, 2016). It is reported that 15% of young adults in South Africa are victims of nyaope consumption, with

10% of these victims based in KwaZulu-Natal, while 5% is based in Gauteng, with 81% of these consumers being of African descent (Fernandes & Mokwena, 2016; SACENDU, 2018; Dada et al., 2018, as cited in Masombuka & Qalinge, 2019).

Nyaope is reported to abound in many places and is also cheap and therefore easily accessible to consumers (Tyree et al., 2020). Consistent with this finding, it is confirmed that nyaope is highly affordable and is said to be worth R20-R30 in Black townships of South Africa, making it accessible to children as young as 12-13 years of age (Mthembi et al., 2021). Additionally, nyaope ingredients are said to contain highly addictive properties, causing continued consumption and making it difficult to stop use (Fernandes & Mokwena, 2020). Therefore, it can be said that nyaope addiction continues to be a problem due to the drug's commonplace availability, affordability, and addictive nature. These factors encourage consumption initiation and continued use.

2.3 Recovery From Nyaope Addiction

It is imperative that the term *recovery* be defined, given that the main focus of the study is on recovery. This definition is provided so as to assist research, policy creation and implementation by government and treatment centres, and as well as intervention efforts to curb nyaope use (Khumalo, 2020). It is acknowledged that the concept of recovery has been contentious, but an encompassing definition has been offered, as a process where people and their environments plagued by substance addiction employ internal and external mechanisms in an attempt to tackle these challenges, heal from pain that has been caused by use, continue to shield themselves from exposure to such challenges, and create for themselves a life of purpose (White, 2007). Therefore, this definition will apply with regards to youth. Specifically, this study will focus on what is referred to as *natural recovery*.

Natural recovery is defined as quitting substance abuse or addiction without any form of assistance from external sources such as professional treatment centres or mutual support

groups (White 2004, as cited in Khumalo, 2020). In support of this, natural recovery is reported to include the use of a substance at a lower-risk level than before and complete abstinence from the substance (Witkiewitz et al., 2020). Despite this, one study reports on individuals who had quit cocaine consumption naturally, but who had begun alcohol consumption at significantly high levels (Sobell et al., 2000). This is an indication of a substitute behaviour where a primary substance of use is replaced with another readily available substance that is also expected to provide certain effects (Sinclair et al., 2021). Based on this, the substance use history of the affected individuals needs to be looked into to gain a better understanding of why some individuals manage to quit their primary substance of use, while others look for a different substance as a compensatory mechanism.

2.4 Nyaope Addiction Treatment Services

Government drug rehabilitation services have been reported to be largely scarce in South Africa, making the prevalence of nyaope addiction an even bigger problem (Ephraim, 2014; Ho, 2013, in Mokwena, 2016). Another study corroborates this finding and reports that rehabilitation centres are limited in number, and there are also long waiting lists of individuals awaiting admission (Myers et al., 2008) due to the treatment demand for young people that has greatly increased over the years (Fernandes & Mokwena, 2016). According to Fernandes and Mokwena, unemployment in the country plays a role in nyaope users accessing treatment because the majority of available services are private and therefore costly, further restricting admission (2016). The private and costly nature of treatment makes access to services almost impossible, particularly for Black and Coloured individuals who were put at a disadvantage in the apartheid era (Myers et al., 2010). This implies that the vast majority of Black and Coloured users are excluded from treatment and left without any form of appropriate recourse. This leads to some consumers of nyaope coming up with treatment attempts by locking themselves in communal properties so as to avoid interaction with their

negative social spaces that are conducive to nyaope use (Stuurman, 2014, in Mokwena 2016). This indicates that some users are willing to heal from their addiction, but are frustrated with the lack of accessible services. This highlights the need for the government to intervene and provide assistance to addicts in disadvantaged environments who lack the financial capacity to pay for private professional treatment.

2.5 Facilitators of Nyaope Addiction Recovery

It is reported that the recovery process involves the growth of what is termed *recovery capital*, defined as a combination of factors that facilitate recovery, including personal (resilience), support from friends and family, and resources available in the community such as job opportunities, as well as adequate shelter (Cano et al., 2017). It is stated that persons who possess more resilience are more likely than those with lower resilience levels to display a desire to be successful when they are faced with challenges, helping them to remain committed to their set goals (Fadardi et al., 2010). This is supported by another study that reports that resilient individuals have the capacity to cope and direct attention, enabling them to carry out and complete tasks with success (Alim et al., 2012). This may be an indication that nyaope addicts high in resilience may adhere to treatment, professional or natural, and therefore recover successfully. Therefore, incorporating resilience-fostering efforts into professional and natural recovery strategies may help nyaope addicts recover quickly and fully. Given this, the relationship between resilience and treatment of nyaope addicts specifically may need to be further explored.

Other studies have explored the relationship between an addict's locus of control orientation and recovery. A study by Fernandes and Mokwena (2016) found that nyaope addicts with an internal locus of control were willing to take responsibility for their use and get into treatment. This finding is relevant as it focused specifically on nyaope addicts. However, those nyaope addicts were not in treatment, and it is easy to assume that they

would have completed treatment successfully due to their particular locus of control orientation. Therefore, the link between addicts' locus of control orientation and healing may also need to be researched further.

In terms of social capital, it is reported that perceived support from family is associated with adherence to treatment and that treatment centres need to be aware of the significance of family involvement (Mahlangu & Geyer, 2018). This is supported by another study conducted with drug addicts undergoing treatment which found that family support contributed to addicts' capacities to face the difficult journey of recovery (Ghazalli et al., 2017). To underpin the significance of family involvement further, it is stated that excluding recovering drug addicts from having positive connections with significant others only hinders recovery and may send them back to addiction (Baharudin et al., 2012). This is an indication that families of nyaope addicts undergoing self-treatment should learn coping strategies and being available both emotionally and materially to facilitate the recovery process (Mzolo, 2015). However, in cases where addicts have alienated family members and have consequently been rejected (Gruber & Taylor, 2006), the consistent presence of family and valued others in the rehabilitation process might be difficult. Conversely, addicts who are affluent seldom face family rejection and community stigma because they are not compelled to commit crime or beg in order to be able to feed their habit (Ibragimov et al., 2017). This is an indication that an addict's socioeconomic background may influence the level and nature of the support they receive.

In terms of community capital, a study found that having a job, better education, and proper housing were associated with successful recovery from addiction (Sánchez et al., 2020). This finding is supported by another study conducted with individuals who have overcome alcohol and other drug use (AOD), which states that more educated persons had greater chances of finding jobs, and this greatly facilitated their recovery (Eddie et al., 2020).

In line with this finding, another study conducted in Cape Town on racial disparities in schooling found that at the age of 22, 60% of white people are employed while less than 30% of Africans are employed at 22 (Blueshtein, 2013), suggesting that more Black addicts are less likely to recover from addictions than white addicts. Accordingly, black nyaope addicts are more likely to recover at a slower pace than their white counterparts.

2.6 Barriers to Nyaope Addiction Recovery

One factor that may hinder recovery from nyaope addiction is associated with withdrawal symptoms. It is reported that nyaope is "highly addictive, even after only one dose, and has severe side-effects such as anxiety, aggression, stomach cramps, and slowing of the heart rate and lungs" (Venter, 2014, as cited in Khumalo, 2016, p. 26). This is supported by another study that reports that nyaope withdrawal symptoms include severe stomach cramps and other negative effects (Khine & Mokwena, 2016). This may be an indication that the experience of these withdrawal symptoms may delay recovery amongst nyaope users due to the unbearable physical pain involved. In line with this, a study that looked into the management of drug and alcohol withdrawal tested treatment patients undergoing detoxification, and some patients failed to return for subsequent testing, suggesting that they had succumbed to their withdrawal pain and were using again (Potter et al., 2010).

A different study, however, found the process of coping with withdrawal pain to be associated with family support, where addicts with significant withdrawal pain and low levels of support from family members needed specialized care (Kosten & O'Connor, 2003). This is an indication of the significance of family support that may apply to nyaope addicts undergoing detoxification to help them cope better with the process. In addition, a different study reports on the poor treatment of withdrawal pain that sometimes occurs (Donroe et al., 2016), which may also lead to recovery being delayed due to addicts resuming drug use. In addition, treatment is lengthy and demanding, and results in patients failing to adhere to

treatment. This is an indication that the detoxification process is challenging and therefore requires considerable care and monitoring of addicts.

2.7 Coping Mechanisms Following Recovery

According to Mahlangu (2016), after an individual has come out their rehabilitation process, they should have access to appropriate therapy in an effort to avert a relapse. In support of this, cognitive therapy is reported to be one of the commonly used pathways for bringing about positive thinking and coping ways in addicts post-treatment to prevent a relapse (Melemis, 2015). Cognitive therapy aims to curb the intense influence that high-risk environments have on the recovering individual through awareness-raising and coping-strategy-building, and also reducing the likelihood of relapse by encouraging a healthy and balanced way of life (Hendershot et al., 2011). According to Hendershot et al. (2011), however, although the clinical usefulness of cognitive therapy has been corroborated by research findings, the processes through which specific skills are obtained and maintained are not properly defined, and therefore, it is not clear which skills are most effective in long-term recovery. Cognitive therapy could still be useful for individuals who have undergone natural recovery for nyaope addiction. These individuals will, however, be required to visit public hospitals and clinics to receive this service. Further research may need to be conducted in an attempt to illuminate the specific skills most relevant to long-term abstinence.

Spirituality has also been reported as playing a significant role in individuals' journeys to recovery from substance addiction. Spirituality has been defined as the practice of transcending the personal self to include a broader view on existence that brings into one's life purpose and significance (Lepherd, 2015). Following rehabilitation, it is reported that a spiritual stance contributes to an inclination to think positively about changing (Galanter et al., 2007, as cited in Mahlangu, 2016). It is further reported that incorporating an element of spiritual awareness has benefits that are relevant to recovery for individuals in rehabilitation

and for facilitating the process of life-rebuilding. In support of this, one study reports on a lady named Elizabeth Vargas who gave acknowledgement for the significant influence that her faith and spirituality had on her challenging recovery process (Ghadirian & Salehian, 2018). Therefore, natural-recovery addicts may need to consider adopting a spiritual stance in order to continue abstaining.

The formation of mutual support groups beyond rehabilitation is also referenced in Mahlangu (2016) as valuable for increasing self-dependence and positive functioning. The value of mutual support groups is supported in another study that reports that the nature of these groups enhances maintenance of skills and knowledge obtained in rehabilitation, given that recovery from substance addiction is long-lasting and multidimensional (Kelly et al., 2021). In line with the long-lasting nature of addiction recovery, participants in a different study expressed how internalizing addiction as a chronic illness gave them the confidence to begin thinking of changing their lives for the better (Stokes et al., 2018). Furthermore, a study examining first-third year internal medicine residents attending a mutual support group meeting for recovering addicts found that the participants at the end expressed confidence and positivity in the support groups and also expressed their willingness to encourage other recovering addicts to sign up (Kennedy et al., 2019). Based on these findings, the availability of mutual support groups beyond rehabilitation for nyaope addiction will yield benefits to sustain recovery. Therefore, natural-recovery addicts may need to consider seeking and reaching out to other individuals who have been in rehabilitation.

While acknowledging the reported value of mutual support groups for patients, Stokes et al. (2018) suggest that support groups should also be made available for parents and other family members of recovering persons in order to equip them with the skills necessary to support and be able to tackle the demands associated with recovery. In line with this, it has been found that family members who are able to show care and support for the recovering

individual have a significant positive influence on their recovery, resulting from a shift in mindset (Wepener, 2019). This is an indication that individuals recovering from nyaope addiction may also benefit greatly from the support of family members who are better-equipped to exist with a recovering family member.

2.8 Conclusion

It has been indicated that young Black youth in disadvantaged townships in South Africa have been troubled by nyaope addiction since its arrival (Mokwena, 2016). As reported in Tyree et al. (2020), nyaope addiction among these youth has been exacerbated by such factors as its cheap cost and widespread availability, with Gauteng and KwaZulu-Natal being the leading provinces in terms of youth nyaope addiction (SACENDU, 2018). In addition, Fernandes and Mokwena report that treatment services for nyaope addiction for these youth is highly inaccessible due to these services' private and costly nature relative to the prevailing high unemployment rate for youth in townships (2016). Therefore, in response to this prevailing restricted access to treatment services, some Black nyaope-addicted youth have embarked on a journey of natural recovery where quitting nyaope use has occurred without the use of professional aid (White, 2004, as cited in Khumalo, 2020). In their attempts to quit nyaope use naturally, these youth have had to draw on their own resilience and support from friends and family to facilitate the process (Cano et al., 2017), and have also had to overcome struggles such as withdrawal symptoms and low family support (Kosten & O'Connor, 2003).

In light of these facts, it is clear why it is important to understand how black youth from disadvantaged townships manage to reach a state of natural recovery. Given the struggles faced by these youth, it is also clear that the government should intervene and make professional treatment services accessible for these youth.

Chapter 3: Theoretical Framework

The theoretical framework that will form the basis of this study is the bio-psychosocial approach (BPS). The researcher will adopt this model as a guide to gain a comprehensive understanding of the subjective experiences of individuals who have undergone natural recovery.

The model suggests that the biological, psychological, and environmental aspects of an individual need to be taken into consideration for a speedy recovery to occur (Al-Sabbah et al., 2021). Therefore, the aspects of the BPS model are perceived to be factors that tested the potential participants' abilities to quit nyaope consumption and maintain abstinence.

The bio-psychosocial model was founded by George Engel (1977), and is defined as a model that occurs across disciplines and focuses on the interactions between biological, psychological, as well as socio-environmental factors (Taukeni, 2020). According to Taukeni (2020), George Engel (1977) stated that this model uncovers how a disease develops through the combination of biological (genes), psychological (temperament and personality), and social (cultural, socioeconomic, and familial) factors. These factors that influence the development of an illness are long-lasting and are said to be predisposing (Wright et al., 2019). According to Wright et al. (2019), biological factors cannot cause and maintain a disease in isolation and without socio-environmental and psychological influences. Consistent with the purpose of this study, addiction is reported to be "a brain disease caused by a dysfunction of brain systems involved in reward and pleasure seeking" (Leshner, 1997; Volkow & Li, 2005, as cited in Racine et al., 2017, p. 2). Accordingly, with respect to nyaope addiction, individual risk factors (Attention deficit hyperactivity disorder or depression) act with familial (abuse or neglect), social (bullying or peer pressure) factors to bring about nyaope use and eventually addiction (Whitesell et al., 2013).

It is reported that following an individual's vulnerability, future confrontations with stressors in the surrounding context can precipitate the start of the manifestation of disease symptoms (Lunt et al., 2007). In line with this, it is reported that an individual's biological vulnerability may remain hidden until psychosocial risk factors occur and act as triggers ((Bronzina & Abela, 2006; Lutgendorf & Constanzo, 2003; Schotte, Van-Boschhe, De Doncker, Claes, Cosner, 2006, as cited in Lunt et al., 2007). Similarly, an individual may start to use nyaope following a prolonged period of stress brought about by family neglect, bullying, affiliation with deviant peer groups, and unemployment. It is stated that whether the experience of these environmental stressors elicits a stress reaction is dependent upon the individual's cognitive appraisal, defined as an interpretation of a negative event (Hewett et al., 2018). According to Hewett al. (2018), the individual judges whether or not an event is a potential threat, and if it is not a threat, no action is initiated against it, but if it is, the individual decides how to cope with it.

Precipitating factors are followed by perpetuating factors, which are, according to Wright et al. (2019), specific actions taken by the individual in an attempt to lessen or avoid the stress they are faced with, which may provide temporary relief, but which may also result in long-term experience of stress. For example, it is reported that lost-lasting use of opioids to alleviate pain has been associated with individuals being even more sensitive to pain over time (Ballantyne and Mao, 2003; James, 2017). Avoidance coping is also reported to be effective in the short-term as employed by individuals with depression, anxiety, and stress, but ineffective in the long-term as it results in more depression, anxiety, and stress (Rathakrishnan et al., 2022).

The usefulness of the BPS model was shown in a study conducted with children of alcohol-dependent parents and children of non-dependent parents to explore the biological aspect of the model. It was found that alcohol dependence was, to a great degree, heritable.

The study specifically investigated the subjective experiences of alcohol intoxication and body sway while under influence, and the children of the alcohol-dependent parents had less body sway and were also less likely than the children of the non-dependent parents to express feeling intoxicated when provided with the same amount of alcohol. Studies that followed revealed that these low levels of subjective intoxication were associated with future alcohol use disorders as these children were less sensitive to the effects of alcohol and therefore needed to consume more (Skewes & Gonzalez, 2013). As much as the BPS model has proved effective, Skewes and Gonzalez (2013) found that the model was limited in providing hypotheses that could be tested, and was therefore different in this respect from such theories of behaviour change as the Health Belief Model and the Theory of Reasoned Action/Theory of Planned Behaviour (TRA/TPB).

Another study also utilised the BPS model to explore the lived experiences of Indian youth who abused substances in Durban, South Africa. The results showed that the youth lived in environments (homes, schools, and neighbourhoods) with high levels of drug abuse exposure. It was also found that, while non-using peers and family members were not in favour of drug use, the wider community was in favour of using and as a result, alienated and excluded non-users, creating risk factors for these non-using individuals. The psychosocial factors identified in the study, however, influenced non-use for some individuals and treatment seeking for those who abused drugs (Gopal & Collings, 2012).

As promising as the BPS approach is, it has faced challenges of criticism. It is reported that the BPS model fails in guiding clinicians to be reflective and self-aware when it comes to their tones in emotion and placing importance on being trustworthy, empathetic, genuine, and curious (Benning, 2015). It is also reported that the model is limited in its theoretical foundation, lacks convergence in its presentation of psychological and medical terminology, and that the causal connections in each subsystem are not fully known (Havelka et al., 2009).

Consistent with this, Wright et al. (2019) state that more conceptual work is required to account for the processes through which the concerned factors, biological, psychological and social ones, come together to influence disease development, its progression, as well as treatment. Furthermore, it is reported in Taukeni (2020) that the comprehensiveness of the model makes it, to a certain degree, inaccessible to disadvantaged contexts due to its being costly and time-consuming to apply. This finding speaks to the researcher's intended study in that it may be difficult to use the model in a setting like Alexandra township, given its low socioeconomic capacity.

The biopsychosocial approach provides an understanding of how nyaope addiction comes about and also identifies factors that can facilitate restoration to health. Therefore, the research will explore the individual and psychosocial factors that individuals were faced with, that contributed to their use of nyaope. With the use of the BPS approach, factors that helped these individuals overcome the risk factors for nyaope use and addiction in their environments will be explored and understood. The researcher has to, however, use this model while bearing in mind the criticisms that have been brought forward.

Chapter 4: Research Methodology

This study used a qualitative research method. Qualitative research, as was the basis of this study, is defined as a type of research where studies on the ways in which individuals comprehend and make sense of phenomena as they occur in their contexts, as well as the resulting meanings that are made, are carried out (Aspers & Corte, 2019). Accordingly, qualitative research aims to investigate the reasons and ways in which certain human behaviour is produced. Therefore, smaller samples are generally selected and used. Qualitative methodology was useful in capturing participants' realities relating to their journeys to recovery from nyaope addiction.

Specifically, the researcher used the Interpretative Phenomenological Analysis (IPA). This approach was first developed by a psychologist named Jonathan Smith (1996), and also derived from the concept of phenomenology, first conceptualized by Husserl (1931), defined as the study of human experience and how reality is perceived as humans become consciously aware of it (Smith & Osborn, 2015; Noon & Hallam, 2018). IPA is defined as an approach which focuses on exploring an individual's lived experience in an extensive manner (Smith & Osborn, 2015). It is stated that IPA, as a participant-focused approach, has two main aims, which are to understand the world from the participants' point of view and context and to explore how these participants make sense of their lived experiences (Alase, 2017). Furthermore, it is stated that, since interpretation is carried out from the personal point of view of the researcher, reflexivity, which is an active and clear act of self-evaluation, has to be practiced to prevent biases and prejudice from influencing analysis (Clancy, 2013).

Therefore, this approach helped the researcher understand in detail the lived human experiences of the youth in Alexandra. Through this approach, the researcher was able to capture the experiences of a group of individuals who have managed to recover from the use of nyaope. The researcher captured participants' thoughts on what processes were facilitative to recovery, as well as the processes that were detrimental to recovery. The study was mainly centred on understanding the lived experiences of a group of individuals who had, due to being addicted to nyaope, been exposed to various experiences. The exploration of these lived experiences pertained to the participant questions and aims that were included in the study. As such, the aim of the researcher was not to make predictions about human behaviour, but to gain a better understanding of it. These aims were to be explored using a qualitative research methodology because the intention was not to determine the prevalence of nyaope addiction among youth or to describe how users' lives might turn out in the future. Instead, the interest lay in the ways in which participants perceived and interpreted their

experiences around recovery. This was made possible by an investigation into the factors that participants deemed most relevant to their successful recovery and detrimental to it.

4.1 Study Setting

The study took place in Alexandra. Alexandra, also known as Gomora and informally abbreviated to Alex, is a township in the Gauteng province, and forms part of the City of Johannesburg Metropolitan Municipality. The township has a population of approximately 500 000 people who live in about 80 000 formal houses and about 20 000 informal houses or shacks (Stats SA, 2011, as cited in Mbanjwa, 2018). The population is made up of approximately 99. 0% Black Africans, 0.4% Coloureds, 0.1% Indians/Asians, and .01% Whites. According to Mbanjwa, the township is confronted with such socio-economic challenges as unemployment (estimated at 60%), low education levels, and an increased rate of HIV infection. Furthermore, it is stated in Masombuka (2020) that Alex is one of the townships in South Africa that are troubled with the spread of nyaope addiction. The high rate of unemployment and nyaope addiction may have a bearing on access to treatment facilities for nyaope addiction, resulting in some addicts taking measures to cease consumption without professional help. As such, the township is deemed an appropriate setting for conducting this study.

4.2 Sampling and Participants

For this study, a sample of up to eight individuals was to be used. The researcher managed to obtain a sample of seven participants. The researcher used both convenience and snowball sampling methods. Convenience sampling is defined as a method of obtaining research participants on the basis of their easy availability and accessibility (Taherdoost, 2016). In terms of convenience sampling, there were already two accessible potential participants in Alex who would be approached directly by the researcher. Snowball sampling is defined as a method employed when reaching potential participants with the relevant characteristics is

difficult, and as such, the pre-existing potential participants are used to recruit more potential participants that they know (Naderifar et al., 2017). Accordingly, more participants were obtained through referrals.

For individuals to be eligible for inclusion in the study, they needed to be Black African males and females aged 18 and 35 years, living in Alexandra. However, the researcher managed to obtain a sample of only males. Additionally, the participants needed to have been addicted to nyaope specifically and overcome their addiction. They also needed to have attempted recovery through natural recovery. The particular individuals were selected because they were from the socio-economically disadvantaged township, Alex, which is mostly populated by Black people, some of whom are victims of nyaope addiction. Therefore, these individuals would be in a better position to provide valuable insight into the processes around nyaope addiction recovery. They would also be suitable for providing insight into the experiences associated with getting into and receiving professional treatment, as well the experiences associated with attempting to overcome nyaope addiction without any form of external professional assistance. Additionally, the potential participants needed to be between the ages of 18-35 years because youth, as targeted by the study, was defined as individuals falling within those age ranges. Furthermore, these individuals needed to have stopped using nyaope for at least a period of one year.

4.3 Procedure for Recruiting Potential Participants

In order to gain access to potential participants, the researcher was referred directly to potential participants by the supervisor. The supervisor was in a position to refer the researcher to the potential participants based on his previous work with them. The researcher was required to travel to Alex with a script providing the purpose for approaching the individuals and a summary of the study. An introduction of the study, purpose, and aims were included. Potential participants who expressed interest first went through a screening process

to check if they met the inclusion criteria. For example, they were asked their age, ethnicity, language, and if they had ever been addicted to nyaope and successfully recovered, as well as how long ago they had reached their state of recovery, and whether or not they were currently using again after recovery. The researcher exchanged phone numbers with those who met the criteria to begin the process of obtaining informed consent and collecting data through recorded in-depth interviews. Those who were found to not meet the criteria were kindly informed that they could not be included in the study and were thanked accordingly for their time.

4.4 Data Collection Methods

After the University Human Research Ethics Committee (Non-Medical) had approved the proposal and participants had been recruited, the researcher made arrangements for conducting interviews. First, a script containing an introduction of the researcher, purpose of the study, a voluntary participation and confidentiality explanation, and lastly, a question of whether they would like to take part in the study was used (consent). This process was recorded to serve as proof that informed consent was indeed obtained.

After informed consent had been obtained, a demographic questionnaire was used to capture the background information of the respondents. Following this process, the actual in-depth interview process would begin. The interviews followed a semi-structured guide. Semi-structured means that the interviews would follow a set of pre-defined open-ended questions and questions that would be produced during the course of the conversation between the interviewer and interviewee (DeJonckheere & Vaughn, 2019). The researcher used in-depth interviews based on that they would allow him to know and understand on a deeper level, the specific processes that were entailed in the journey towards recovery from nyaope addiction, and how they were understood and interpreted by these particular group of individuals. Furthermore, it is stated in Heald (2014) that semi-structured interviews allow for the

establishment of rapport and trust between the interviewer and the interviewee, which may in turn elicit more open and truthful responses from the participant. These interviews were done by the researcher in English. Sesotho, Setswana, and IsiZulu were used where participants were not comfortable with or did not understand English. Each participant was to be interviewed only once.

The individual interviews were conducted face-to-face in an agreed-upon location between the researcher and the participant. Because the researcher would not be able to remember all the information that participants would provide, each interview process would be recorded using a phone application called *Cube ACR*. The researcher used an interview guide containing multiple open-ended questions. The questions explored the trajectory of addiction, participants' various motivations behind their desire to overcome addiction, getting into professional treatment, what may have led to *natural recovery* attempts (White 2004, as cited in Khumalo, 2020), what factors, both positive and negative, informed the process of professional and natural healing, as well as what factors were present post-treatment as regards the continuing journey of recovery. The interviews ranged from 25 minutes to more than 1 hour, depending on each participant's nature of responses. The interview schedule was greatly dependent on the availability of each participant.

The interviewer stopped interviewing when saturation was achieved and there were sufficient consistencies in the obtained information for the establishment of themes during data analysis. Saturation is defined as a point where no new information occurs in the collected data, and is also related to the size of the sample (Saunders et al., 2018). According to Saunders et al. (2018), saturation is associated with recurring information or themes in collected data across participants, which was in line with the thematic approach that was followed in this study. This meant that as more participants became available for

interviewing, the faster the saturation point was reached in the study. Again, the researcher used both convenience and snowball sampling methods.

4.5 Data Analysis

Data analysis was achieved by listening to the recordings for similarities and differences, thereby developing themes and categories. To enhance the study's trustworthiness, the researcher decided to conduct mock interviews prior to the actual study. These interviews were conducted similarly to the actual ones to test how the questions would be perceived and if they indeed capture the relevant information on nyaope addiction.

Following the interview process, the data from the audio-recorded interviews was to be transcribed. This means that the audio-recorded interviews needed to be transferred to textual format verbatim. To ensure accuracy, the researcher was required to listen to the interviews multiple times so as not to miss and omit important details. To support this, the process of repeated listening accustomed the researcher to the nature of the available data, helped eliminate expectations, and also brought forth main ideas that might occur during analysis (Bailey, 2008). In addition to the process of repeated listening of the audio recordings, the researcher was also required to read and proofread the transcripts repeatedly. Furthermore, it was also required that the transcripts be checked against the audio-recordings for confirmation and accuracy.

To begin the analysis process, the researcher needed to re-read the transcripts. This allowed the researcher to build more familiarity with the data. This process was followed by looking for and capturing words that would inform the creation of initial codes in detailed note-taking. With each reading, the text was marked with initial ideas. The researcher considered what was said, how it was said, and what it said about each participant's lived experience. Thereafter, the researcher went back to look at the transcripts to establish emergent themes in each one. These emergent themes were derived from the detailed notes

made previously, and were made up of concise phrases that spoke to what was found by the researcher. These concise phrases were more abstract in nature than the initial notes, and allowed for the establishment of links at a more theoretical level. Although the connections were more theoretical in nature than the initial notes, their foundation was still significantly built on the nature of participants' responses with regards to their lived experiences. Following this process, the researcher looked to create connections between the emergent themes based on conceptual similarities in line with what was said by the early founders of the IPA approach (Smith & Osborn, 2015). Some themes grouped together, while others emerged as superordinate themes. Therefore, the superordinate themes ranked higher, with the subordinate themes falling below. At this stage, the researcher looked at the transcripts again to maintain consistency with the raw data. At this stage, the researcher had also employed the interpretative analysis aspect of IPA. However, the researcher made sure to still maintain the core message conveyed in participants' narratives. Following this, the researcher combined the sub-themes into superordinate themes, thereby offering a complex demonstration of participants' lived experiences (Denovan & Macaskill, 2012, as cited in Noon & Hallam, 2018). The sub-themes were placed under relevant major themes. In addition, quotes from participants were provided to convey each individual's own lived experience.

In terms of moving on to the next case, the researcher repeated the same process as previously illustrated. The researcher approached every case based on respect for and awareness of its own individuality (Smith, Flowers, & Larkin, 2009, as cited in Noon & Hallam, 2018). Following the careful analysis of each transcript, a final table of superordinate themes and relevant sub-themes was created. The researcher looked at the table of themes again, reviewed, and made slight changes as needed.

4.6 Reflexivity and Trustworthiness

In order to minimise researcher bias, the researcher approached the transcription and data analysis process with reflexivity. Nyaope addiction is a sensitive topic, and I, as the researcher, needed to remain conscious of my own values, beliefs, attitudes as regards nyaope addicts, and their capacity to influence the research process and potentially distort observations and results (Palaganas et al., 2017). This means that I was required to be involved in a continuous process of questioning what I knew and how I knew it as it related to analysing the data. To make the reflexivity process successful, I kept a journal in which to reflect on possible themes and patterns that I found which might be distorted by my own lived and cultural experiences.

4.7 Ethical Considerations

To make certain that the study followed ethical considerations, a few issues needed to be addressed. Ethical clearance for this research project was obtained from the Human Research Ethics Committee (non-medical) of the University of the Witwatersrand. In this regard, the researcher needed to submit a completed ethics application form to the committee, accompanied by a certificate, to serve as proof that training in conducting research with human participants had been obtained. Also, participants were fully informed of the overall goal and purpose of the study. Furthermore, they were fully informed of their roles and what was expected of them in the research. The aim was to help them make an informed choice as to whether or not they wanted to take part in the study. Before, interviews could commence, participants were informed that they had to agree to take part in the study, and that this needed to be captured.

To address confidentiality and anonymity, before interviews could commence, confidentiality of information was explained. Participants were made aware that all the information shared in interviews would be treated as strictly private and would be grouped

together with other participants' responses and reported anonymously so that no one could be able to identify them as the sources of the reported information. However, complete anonymity was not possible because the researcher had to meet with and interview participants face-to-face. In terms of confidentiality, all electronic data is stored in a password-protected computer and all confidential documents are locked away and will be destroyed after 5 years following completion and submission of the report. Finally, participants were informed that the obtained information would be made available for other researchers to use, but would not include their names or any other information that could identify them. In terms of voluntary participation, participants were informed that participation in the study was completely voluntary and therefore would not be compensated for participation, and that should they experience any form of discomfort at any stage in the interview, they should inform the researcher and could also leave the interview process without fear of negative consequences. Furthermore, the potential benefits of taking part in this study needed to outweigh the risks involved. Therefore, it was not expected that participants would be harmed or disadvantaged by participation except for the possibility of feelings of discomfort when discussing sensitive subjects (such as nyaope use and treatment seeking for it). The potential benefits would involve their contribution serving to provide much needed information that was hoped would benefit nyaope addicts in terms of overcoming addiction, and also bringing awareness to rehabilitation centres and the South African government that might help improve service delivery around nyaope addiction treatment.

Lastly, the researcher would ask questions that might be upsetting to some participants. Therefore, should a participant become uncomfortable or upset when answering some of the questions, it was recommended that they leave the study. Additionally, they would be given the contact details of the South African Depression and Anxiety Group (SADAG) in order to

obtain free telephonic counselling services. To speak with a counsellor, the number telephone number is 011 234 4837. Counsellors are available throughout the week from 8am to 8pm. For a 24-hour helpline, the telephone number is 0800 456 789.

Chapter 5: Findings and Discussion

5.1 Introduction

Following data analysis, the findings were discussed under three themes. Each theme is discussed in a separate section, and under each theme, relevant subordinate themes are used to unpack each theme. Each section begins with some introductory thoughts on what is to be discussed, and concludes with a brief summary of the major findings.

Given the qualitative nature of the study, the researcher has combined the findings and discussion sections into a single section. The intention is to aid the flow of the report by linking the findings back to the extant literature, and in the process, also facilitate a greater understanding of the research's context and findings on the reader's part. The discussion that follows is based on the study's research questions and will mainly focus on the common (1) elements that were found in the participants' motivations behind their attempts to overcome nyaope addiction, (2) factors involved in their journeys to overcome addiction, and lastly, (3) factors that were found to be related to relapsing post quitting.

The identity of the individuals who participated in the study has been protected through the use of pseudonyms. All the quotes used in this paper have come directly from the raw data, and changes to quotes have only been made where it has been necessary to shed more light on participants' experiences.

Three themes derived from the semi-structured interviews have been explained in great detail. The first theme seeks to discuss the factors present in the participants' active addiction stages that preceded their turning points. These factors relate to the suffering that occurred as a result of the losses, financial, familial, and with regards to employment, that the individuals

experienced. The theme goes on to discuss the factors that were found to have played a role in solidifying the participants' turning points. Therefore, this theme discusses the motivations or driving forces behind the individuals' journeys towards quitting nyaope use and finding healing.

The second theme discusses two categories of factors that were found to have been involved in the journey towards quitting and finding healing. As a result, this theme was named *factors involved in the journey towards abstinence.* These factors included those that facilitated attempts to quit, as well as those that seemed to hinder the process, and therefore made the journey challenging for the participants. Therefore, this theme illuminates precisely how abstinence was made easy, as well as how it was made difficult.

The third and last theme relates to relapsing and was named *factors around relapses*. This theme discusses two categories of factors related to relapses. These factors were found to be those that acted to prevent participants from relapsing and those that acted as triggers, and made remaining abstinent difficult. Therefore, this theme illustrates precisely the forms of help that have kept the participants on the path of abstinence since they quit nyaope use and the forms of obstacles that they continue to face in their lives post quitting.

The themes are as follows:

(1) Turning points

(2) Factors involved in the journey towards abstinence

(3) Factors around relapses

Since this is an IPA study, the intention is not to generalize the findings to other populations of individuals who have quit nyaope use, but rather to illuminate the experiences of a particular group within a specific context, as well as to allow readers to be able to draw connections between the findings, previous research, and their own personal and professional experiences.

Theme 1: Turning Points

5.2.1 Introductory Thoughts

The aim of this theme is to illuminate participants' motivations for seeking healing for their nyaope addiction. The researcher would like to begin by providing some introductory thoughts and context with regards to the period that preceded the desire to overcome addiction. The change towards wanting to stop using nyaope seemed to have been preceded by adverse experiences that befell the participants. The painful nature of these experiences seems to have acted as a 'wake-up call' to the individuals. The pain found in these experiences also seemed to have been preceded by a single factor relating to the financially demanding nature of nyaope addiction. According to the participants' narratives, the financially demanding nature of their addiction saw them relinquish all the money and everything else of monetary value they possessed to feeding the destructive habit. Based on the analysis, the events followed one another in a sequential fashion.

It was deemed wise to provide some context to the concerned individuals' motivating factors to reach a stage of abstinence. This was done to help the reader grasp the connections between important events with regards to the participants' personal experiences. Furthermore, providing context also gave the researcher a point from which to proceed and explore the factors important to the study.

The first theme, *turning points*, comprises two themes, namely, *hitting rock bottom* and *a desire for an improved life.* This theme is illustrated by the unpacking of the two subordinate themes sequentially as they were found to have occurred through analysis.

5.2.2 Active Addiction Stage

Firstly, the researcher begins with the period relating to the active addiction stage of the participants. This period was seen as the beginning of the participants' downfall. This period

relates to the financially demanding nature of nyaope addiction where every penny and anything else of monetary value was expended to feed participants' addiction. The amount of nyaope used by participants was found to have increased gradually with time, requiring the individuals to use the drug in higher quantities. The need to consume a larger quantity of the drug meant that the economic implications thereof also increased, thereby putting the participants under pressure and straining their financial capacities. The following quotes from the participants are presented:

"*I never stopped or decreased. My dosage kept on going higher and higher*", *Tiger (unemployed).*

"*Truly, you must start from the first step and then increase overtime, because it starts with a joint, remember I started with two puffs, then it went to a joint, my own joint, then it escalated to a bag, a full bag of it, a R25 bag, a small plastic bag, then from that one plastic bag a day it escalated to two plastic bags a day then three, the urge increases, it wants you to use it more*", *Psyfo (unemployed).*

Psyfo's quote is supported by a previous research finding on nyaope addiction, and reports that nyaope costs, on average, R25 to R30 (Mokwena, 2016). This quote gives an indication of how much the need to sustain his addiction cost him. In line with his statement, if he used a minimum of three bags a day, with one small bag costing R25, then he used R75 a day to feed his addiction. To an average person from the impoverished township, Alexandra, R75 a day is a lot of money. From this, it can be concluded that the financial implications of nyaope addiction are significant.

"So I ended up buying 12 bags a day and me buying 12, that means I have to start hustling more and hustle", Bucks (unemployed).

From the above statement, it is apparent that approximately 12 bags of nyaope on a daily basis was rather significant and indeed more money was needed. The participant also

mentioned that he had to *hustle* more and more. This statement was interpreted to mean that the participant had limited money to buy nyaope, and therefore had to come up with ways of raising the money needed to smoke, legally or otherwise. To help solidify *Bucks*'s statement, another participant, *Cyrus (unemployed),* said the following statement:

"I started then, began smoking two daily, then three then started missing school. Understand?"

What was interesting in *Cyrus*'s statement was that he had also started to miss school. This was interpreted to mean that this participant had begun to miss school due to his addiction being a hindrance. The period when this participant had started engaging in truancy is in line with previous research findings with regards to the social costs of nyaope addiction that see school children engage in problematic behaviours such as leaving school to find various means, legal and illegal, of generating money to sustain their addiction (Mthembi et al., 2021). In addition to truancy, the destructive impact of nyaope consumption has been seen in its disruption of the educational interests of many high school learners and delaying of progress, with South Africa witnessing an increased rate of youth school dropout (Bala & Kang'ethe, 2021). From this, the potential impact of nyaope consumption on educational advancement is seen. The finding that some participants progressively increased the amount of nyaope that they smoked is consistent with previous research where a study discovered that addicts also consumed drugs in continually increasing amounts (Erseh et al., 2012). In line with this finding, it was found that ongoing consumption was linked to developing what is termed *tolerance*, and therefore addicts would be compelled to use more significant amounts of nyaope, and frequently (Mokwena, 2016). Furthermore, it is reported that the need for an increase in drug use amount is associated with the "link between dopamine function and reward liking, suggesting a role for extracellular dopamine levels following drug administration and drug wantin" (Pariyadath et al., 2013, p. 210, cited in Berridge, 2007).

Accordingly, it can be seen how the participants would need a greater financial capacity to meet their increased need for consumption. This financially demanding nature of nyaope addiction preceded what was labelled *hitting rock bottom,* which is illustrated in the next section.

5.2.3 Hitting Rock Bottom

This period, *hitting rock bottom*, was where participants' lives were beginning to fall apart. This time was found to have been characterized by the pain of losing things of great value to the participants. A fairly large amount of money had already been lost during the active addiction stage, as discussed previously. When the participants hit rock bottom, the situation grew even worse to include loss of business and employment, and therefore income, as well as loss of family. Furthermore, participants suffered great violence at the hands of community members due to criminal activities that they had taken part in. Firstly, the loss of money, business, and employment is discussed.

5.2.3.1 Loss of Employment

Loss of employment had to do with *Star* and *Psyfo* losing their business and job respectively. During this period, the individuals suffered loss of income. This situation meant that they would no longer be able to afford to sustain their addiction. Therefore, the participants were compelled to find other ways of making money so that their addiction could continue being fed. This period was particularly pertinent to two specific participants who had jobs. The one participant named *Star* was a craftsman and owned a small business, while the other one named *Psyfo* was employed as a chef at a restaurant. As an indication that *Star*'s business was successful and generated money, *Star* (self-employed) made the following statement:

"Because I am a person who works and have a lot of money, so I did not have any use for that money, so you would find that sometimes I am bored and I want to do something else with my money."

The following quote is used to place more emphasis on what had been achieved by *Star* prior to his addiction:

"When I started smoking, I was already married, I was a good person, I already had a car, you see."

It is apparent from the participant's quotes that he was successful until he became addicted to nyaope. Following his addiction, the business began to slowly suffer and eventually collapsed. It would be safe to state that *Star'*s business went bankrupt as a result of all the money that was made through the business being used to purchase the drug in large quantities. In support of this, *Star* went on to say the following:

"As long as you do not give money to buy it, there is nothing you can tell me 'cause I feed my own addiction".

The above quote serves as confirmation that the business was destroyed after he had gotten addicted to the drug as it was found that the excessive consumption of nyaope was associated with having a negative impact on a lot of different businesses (Nkosi, 2017). With regards to his losses, *Star* made the following statement:

"They knew that I was a good guy and pushing my things very well, running my business well, married and when I started smoking, they became down."

It can be seen that Star lost his capacity to continue manufacturing goods as a craftsman due to his addiction. Since Star was self-employed, the collapse of his business meant that he no longer had an income. Star's quote was consistent with a quote from a previous study with different participants which said, "*I was married with children and I had a business and I had to relinquish all of that; I had to ultimately give my children up for adoption"* (Heald, 2014,

p. 76). This quote serves as confirmation that nyaope addiction does have the power to destroy addicts' lives and leave them with almost nothing. Furthermore, *Star* seemed to not be open to being helped by those around him at the time. The participant mentioned that he fed his own addiction, and therefore *no one could tell him anything*. This meant that the participant was not willing to receive advice from anyone since he thought that he was self-sufficient, and therefore did not need anyone's help. In support of this, research does report that addicts tend to avoid directly dealing with their problems by using their drug consumption as an escape, and therefore become unwilling to cooperate with and alienate individuals trying to provide assistance (Khumalo, 2016). Due to this kind of unwillingness to cooperate, he continued on his path of self-destruction.

With regards to *Psyfo*'s loss of a job, this loss was interpreted to have happened due to his addiction having a negative impact on his job. One study does report that substance addiction results in families being financially burdened due to struggles prevailing following addicts' loss of jobs (Daley, 2013). A different study mentions that substance addiction led to its participants' competence and effectiveness declining, work relationships breaking down, as well as absenteeism, eventually resulting in job loss (Rawat et al., 2021). Additionally, a study of 23 hotels found that 30% of the employees were drug abusers, and as a result were absent from work two to eight times, arrived late as often as three times, requested to leave early as often as two times in a week, and that 75% of them consumed their drugs while on duty (Magaju, 2010). These previous findings are an indication of the harmful impact of drug consumption on job performance, and possibly also an indication of similar struggles that befell *Psyfo*.

Following the participants' loss of means of income, it was revealed that the individuals attempted to counteract this income loss by beginning to sell the valuables that they possessed in order to continue feeding their addiction. With regards to *Star* who owned a

business as a craftsman, he also began to sell his machinery that was integral to running the business. *Star* made the following statement:

"*I found myself selling some of my work tools*."

To further solidify the nature of this period, the following quote from *Psyfo* is presented:

"What I can tell you is that when your finances start to be used up, you start to sell like your clothes."

Accordingly, one would say that the addicts had plunged into desperate times that saw them sell anything that they had that could get them money. Rawat et al. (2021) also found that participants in their study had also begun selling their possessions after their financial woes in order to continue their consumption. The participants continued to sell their valuables to a point where everything of monetary value ran out. Since these were desperate times, the addicts resorted to stealing, which is discussed next.

From the series of major losses presented above that the participants suffered, it is apparent that the addiction continued to have a firm hold on the participants, given that they were propelled towards illegal and possibly dangerous means of feeding their addiction, which was stealing. It is important to state that prior to engaging in the illegal activity of stealing, the participants had already been committing crime through nyaope consumption because as reported by Mokwena (2016), the drug was declared illegal in March, 2014. Despite the money and property loss already suffered, there did not seem to be a positive change directed towards seeking assistance, considering that they were now stealing and robbing. The illegal acts of stealing that the participants engaged in to support their addiction are supported by extant literature. A connection was established between drug abuse and committing crime to pay for drugs, thereby causing harm to society (Rafaiee et al., 2013). To make this case clearer, quotes extracted from the raw data are presented:

"*This is not Gaddafi country, when you hustle, you have to do some other weird things just to have that 'guap' (money)*", *Bucks.*

The above statement was interpreted to mean that the participant was plunged into a life of crime in order to continue using nyaope. The following quote confirms that the participant did end up doing "some weird things" as mentioned previously.

"So, you'd rather I waited around the corner and robbed you?", Bucks.

The above quote means that when appropriate means of obtaining money were unavailable, the individual resorted to other socially unacceptable means such as robbing and stealing. It is reported that school learners who are nyaope addicts in Gauteng are willing to engage in almost any type of criminal activity in order to obtain their next fix, and even go as far as forming what has been referred to as nyaope clubs in order to steal (Nkosi, 2017). The following quote also relates to stealing and came from *Psyfo*:

"Then you start to steal from the neighbours and the community at large."

In line with the participants' quotes as regards stealing, a study conducted with nyaope users' caregivers found that their children did steal, with one of the caregivers stating, "*this child steals anything and everything at home and in the community and I am constantly carrying the financial burden of replacing the goods that he has stolen*" (Masombuka & Qalinge, 2019, p. 56). The period during which participants were engaging in illegal acts of obtaining money to sustain their addiction was eventful. This means that they suffered physical violence at the hands of the public in order to *punish* them, which is discussed in the next sub-theme.

5.2.3.2 Mob Justice Against Nyaope Addicts

This is of importance, given South Africa's history of vigilantism, particularly in Black communities. In most Black communities, when a person is suspected of having committed a crime or has been caught committing a crime, physical punishment is inflicted by community

members ahead of police intervention. To serve as an example, a highly organized vigilante organization, known as *Mapogo a Mathamaga*, was formed on the basis of combating crime. One study relates how journalists have narrated the manner in which angry crowds have dragged suspected perpetrators out of their homes to give them "a hell of a hiding" prior to releasing them over to police officials (Oomen, 2004). Although the vigilante organization mostly operated within rural areas, it was deemed important to highlight the idea behind vigilantism in general. It is reported that mob justice is carried out due to anger stemming from a lack of justice because criminals are always protected by rights (Smith, 2015). Therefore, Smith reports that the rights afforded to criminals help encourage immoral behaviour in which crime is deeply rooted, and that vigilante groups are in place to restore traditional forms of order through their own means of punishment (2015). Accordingly, the physical punishment suffered by participants was interpreted to be in line with attempts to restore order in communities. The following quote from *Bucks* serves as an indication of the pain that he suffered at the hands of the public:

"They wrote the essay or whatever about mob justice hitting you, taking you, being nude, girls and people and the embarrassment, they wrote about those things, or they read, it is either they wrote, or they read, or they spoke. I did not speak, I did not write, I did not read. I was that main person. Whatever that they are reading about, I was that person".

The long quote was kept long in order to fully capture the message that the participant was trying to convey. This message was reinforced by the solemn tone with which he spoke when he communicated the pain and embarrassment that he experienced. Furthermore, the visibly deep scars in the individual's face served as proof that he did indeed undergo physical trauma. This was interpreted to be the consequences of the "weird things" that *Bucks* mentioned to have engaged in to feed his addiction. One study does report that mob justice against nyaope addicts is rife as they are sought out after having committed theft and other

crimes, and are attacked and beaten up, stoned, and even necklaced by members of communities (Dastille & Mpuru, 2021). According to Dastille and Mpuru (2021), literature on the lived experiences of mob justice victims is somewhat limited because in most cases, the individuals do not survive or live long after the ordeal.

The period when some of the participants were engaging in illegal activities and the resulting violence inflicted by the public seemed to be somewhat associated with trauma for the individuals. In support of this, the participants spoke about death and seemed to have come close to it. This period forced them to *pause* and contemplate their mortality. One participant, *Bucks* in particular, mentioned death more than once at different stages of the interview process, and his experiences seemed to have been deeply painful and traumatic. *Bucks* said:

"I was face to face with death. They (the public) want to kill us".

In line with *Bucks*' statement relating to death, *Psyfo* said the following:

"People would end up killing me and for me to stop this thing is for me to go and seek help."

The above quotes are consistent with Dastille and Mpuru's (2021) finding that nyaope addicts are severely beaten up by community members in order to inflict punishment. A third participant named *Tiger*, witnessed one of his friends, also a nyaope addict, nearly die following alleged food poisoning. According to the participant, a trap was set for them as *nyaope heads* and the poisoned food had been left lying around by workers at a mall. The participant stated that he, along with his friends, had stolen food before from the very same workers who set the trap. *Tiger* interpreted this experience as extremely inhumane because they were targeted with the sole intention of causing death. This vicarious experience seemed to have pushed *Tiger* towards a reflection of the danger that they were in as nyaope addicts. It

was at this stage that the participant finally admitted that he was indeed an addict that needed help.

The struggles brought about by nyaope addiction saw some participants face separation from and loss of family ties, which is discussed in the next sub-theme.

5.2.3.3 Loss of Family Ties

This sub-theme had to do with participants losing ties with families. During this period, families continued to suffer financial strain which negatively impacted the normal operation of the family structure. Eventually, the family unit reached a point at which the strain brought about by the financial crises encountered caused succumbence and complete loss of functioning. Furthermore, this sub-theme also had to do with feelings of shame and embarrassment that were felt by the individual during his active use stage and the family as a whole. The individual felt responsible for the shame and embarrassment that prevailed against the family. In terms of family loss, *Star* said the following:

"They knew that I was a good guy and pushing my things very well, running my business well, married and when I started smoking, they became down".

The above quote was used previously and is repeated here in order to serve a different purpose. Previously, it was used with regards to loss of business, while at this point, it is used with regards to loss of family. The above quote indicates that *Star* attributed his loss of family to his costly addiction that required him to spend a lot of money. The kind of loss suffered by the participants was in line with losses reported in previous research with regards to drug addiction. One study reports that substance addiction results in families being financially burdened due to funds being put towards feeding addicts' habit or financial struggles prevailing due to addicts' loss of jobs (Daley, 2013). The end of an employment opportunity therefore puts emotional and financial pressure on other family members who are required to accommodate the addict's needs before their own, as well as pay for the addict's

medical treatment when he is physically or mentally ill (Zabeko, 2020). Zabeko goes on to state that when the addict is not home, those left behind are anxious that the addict may be accumulating debt to feed his addiction, and that conflict arises when he returns and is warned of the harmful consequences of the addiction on the whole family (2020). Ongoing arguments end up causing harm to communication processes in the family, with non-addicts drawing back feeling hurt (Radebe, 2015). According to Radebe, the family falls into a state of instability, and healthy functioning of the structure collapses (2015). This is an indication of the harmful impact that drug addiction may have on the family's functioning, which may eventually lead to separation, which was what happened in *Star*'s case.

It was also discovered by Dale that substance addiction tends to weaken the family foundation due to shame and embarrassment (2013). The term *embarrassment* was of great interest here as it was emphasized by one participant, *Bucks*. It seemed that *Bucks* was filled with guilt for the embarrassment that he felt he had brought upon his family. As a result of this guilt, the participant felt that he had to leave his home and family and go live on the streets. Due to this separation from his family, this was interpreted as family loss. According to the individual's interpretation, the only way to protect his family from further embarrassment was through dissociation from them. The participant said the following statement:

"*I was trying to cut the embarrassment. I thought maybe they would forget. People would end up forgetting that there was a child there who is named Bucks, and that is, yes, they would speak about something else. Leaving my community as in going far away from where I stayed, telling myself that I would rather become homeless than having shelter and home for people busy judging my family."*

Bucks's feelings of guilt for the shame brought about by his addiction on his family were also expressed by one participant in a previous study on drug addiction who stated that "*I*

don't want to feel, I don't want to think because when I think and feel I'm that guilty now, the guilt and shame of the last four or five years" (Snoek et al., 2021, p. 4). In addition, *Bucks* felt that his family also faced judgement from the community. This is consistent with previous research where it was found that parents of drug addicts did indeed have to deal with judgement from those around them (Flensburg et al., 2022). According to Flensburg et al. (2022), parents are deemed responsible for their children's detrimental habits through social expectations and what it means to be a positive role model, since it is widely accepted that any child's future is greatly dependant on parents' rearing practices. In addition, it is reported by Dale that the parents may themselves indeed feel guilty about and responsible for their children's drug addiction (2013). Accordingly, the role of substance use on the development of guilt associated with shame and embarrassment is indicated. It is not only the family of the user or addict that suffers these negative feelings, but also the user themselves.

The researcher found *hitting rock bottom*, which involved economic and family loss, and fear of death that resulted from mob justice to have played important roles in pushing participants towards an important turning point of admitting addiction. These were interpreted as factors that motivated participants to finally admit that they were addicts, and that their addiction was a destructively negative habit.

For one participant, *Star*, the complete destruction of his business and therefore income loss that led to his family loss, seemed to have impacted him in a way that caused a mental shift that caused him to stop and reflect on his experiences as an addict. Family loss was the major turning point in the participant's life where he recognized the destructive nature of nyaope addiction.

With regards to the three other participants, the concept of death seemed to have triggered a response leaning towards positive change. The violence that they suffered and witnessed seems to have forced them to contemplate their mortality, which in turn inspired them to

change their ways. It was at this point that the participants experienced a major positive shift by realizing and admitting that they were addicts. In line with this, research has found an association between individuals reflecting on death and a greater appreciation for life. It was found that "death reflection- focusing in a specific and vivid way on one's death significantly enhanced state gratitude compared to subjects that did not think about their own mortality" (Araceli et al., 2011, p. 159). Since this previous study focused specifically on life-threatening events and gratitude for life, it is in line with the experiences of the current study's participants who suffered and witnessed violence that threatened their lives and the lives of those around them. Therefore, it is concluded that the violence suffered by the current study's participants enhanced their appreciation for life, which was seen when they wanted to quit consumption.

The pain suffered by the participants through their loss of money, business, and family, as well as the physical pain that they were subjected to, saw them admit their addiction in hopes of achieving drug-free and better lives once again. Although admitting addiction was a step in the right direction, great losses had to happen before the participants could realize that their addiction was destroying their lives. In support of this, it was stated by the participants that an addict could only admit needing help once they were *down and out*. To solidify the case further, the following quotes are provided:

"*The illness will attack you to a point where you feel helpless and then eventually ask for help*", *Alex*.

"*I felt like I was powerless over what I am doing now*" *Star*.

"*In most case,s a person would admit after 10 years of using Nyaope, where they are now deep, even the community is fighting them, where now you are considered a bad person, a person who lives on the street, with no house, no parents, no one, where you are a person who is always on the streets*" *Psyfo*.

In line with findings by Heald (2014), the suffering from loss that befalls drug addicts as a result of their consumption was found to be meaningful to them.

5.2.4 A Brief Summary of the Findings

1. Nyaope addiction resulted in use of the drug escalating over time, requiring the participants to progressively use more money to support the addiction, ultimately resulting in complete loss of financial stability and breaking down of the family unit.
2. Loss of money led to the participants engaging in illegal activities to support their habit, resulting in the painful experience of violence which saw them come close to death.
3. Admitting addiction took place following great pain from loss and facing death.

Theme 2: Path Towards recovery

5.3.1 Introductory Thoughts

The aim of this second theme is to illuminate the process that followed the participants' admission of addiction. This theme comprises three subordinate themes, *desire for a better life, factors that aided the journey, and those that made the journey challenging*, each of which is illustrated accordingly. The processes that characterized each of the three subordinate themes seemed to have occurred sequentially at times, and at other times simultaneously. Admitting addiction seemed to have been accompanied by what the researcher termed *mental preparedness* for the journey, which spoke to the participants' complete willingness to remain on their chosen path. *Mental preparedness* was found to have continued into the process of abstinence and healing. Furthermore, when the individuals discovered that abstinence could be achieved, their faith in the journey was reaffirmed. This discovery on the participants' parts was at some points accompanied by the absence of the drug. This multifaceted process significantly made the journey towards abstinence bearable.

With regards to the challenging nature of the journey towards abstinence, some aspects were encountered prior to the commencement of professional treatment, while some were

encountered when the journey had already commenced. With the former, the challenges related to the individuals who were embarking on the journey of professional treatment, while the latter was particularly related to those who had decided to embark on *natural recovery*. This period was particularly draining both physically and emotionally.

It was discovered that four participants attempted natural recovery prior to receiving professional help from treatment centres, while two participants received professional treatment without attempting natural recovery. The decision to attempt recovery, both naturally and professionally, was found to have been solidified by the first subordinate theme, *desire for a better life*, which is illustrated next.

5.3.2 Desire for a Better Life

Desire for a better life was found to comprise *thoughts about one's life* and *comparing one's life with others' lives*. This desire for a better life seemed to have reaffirmed the participants' choice to turn their lives around, and this served as encouragement for them to stay on their chosen path of positive change. *Thoughts about one's life* had to do with the future and how it would be for them. For the participants, this meant that they would face a hopeless future if they did not try to overcome their addiction, and that was unacceptable to them. This was interpreted positively to mean that the participants had not given up on themselves and were truly willing to put in the effort to work for a hopeful future. The following quote from *Cyrus* is intended to serve as an example and refers to the period when he was undergoing professional rehabilitation:

"*I started having thoughts about my life, how I am going deal with my life away from drugs and I began realizing what I was doing was not right*".

The above quote does serve as an indication that the participant did think about his future and how a life of nyaope addiction might disrupt it, hence the admission of addiction. In support of this, it has been reported that "autobiographical memories have relevance to our

current goals" (Cole & Berntsen, 2016, p. 1). According to Cole and Berntsen (2016, as cited in Klein, 2013; Schacter, 2012; Seligman et al., 2013; Suddendorf & Corballis, 2007; Szpunar & Jing, 2013), re-living the past and experiencing the future in advance are important for goal-orientedness such as having an aim, making important decisions, and achieving one's goal. Additionally, it has been reported that anticipating an achievement of future success has been found to be associated with an investment of great effort and successful execution of relevant actions in one's current life (Oettingen, 2012). The desire to overcome nyaope addiction seemed to have also been solidified by looking at one's present life and others' present lives, which is discussed next.

The participants also seemed to use the current status of their lives and of those around them as benchmarks of success or failure. This means that if the participants saw someone else's conditions of living and perceived those conditions as being poor, they were then more motivated to move away from such conditions through pursuing healing. For an example, *Star* said the following:

"*I saw that, uh, it was not okay for me to use drugs like Nyaope, like I used to see my friends that I used to be with they were always dirty, staying in the streets, I said, no, I do not want to be that."*

Conversely, if the participants perceived someone else' s living conditions as being better than or superior to theirs, they were more motivated to pursue the journey towards healing in order to achieve almost the same level of status. For example, *Bucks* made the following statement:

"*People have, uh, gotten spouses, you see they have peers, they have things that attributed to them getting life partners, I am still on my own, you see*".

The theme presented above is further illustrated in terms of social comparison theory. Social comparison theory states that individuals are internally motivated to obtain almost

precise evaluations of the self and assess their own abilities through self-other comparison in order to eliminate uncertainty in this area, and therefore create definitions of the self (Li et al., 2019). According to Li et al. (2019), the theory states that a comparison target is chosen, and based on that individual's performance, one of two comparison types is made, either upward social comparison or downward social comparison. It is reported that upward social comparison occurs when individuals perceive themselves as occupying lower positions than those with whom they compare themselves and as a result, experience a feeling of discontentment (White et al., 2006). Accordingly, the researcher found this to be in line with *Bucks*'s previous quote as regards the achievements of his peers having spouses and other things, which he lacked. In support of upward social comparison, *Bucks*'s motivation to pursue healing possibly stemmed from similar feelings of discontentment. Accordingly, these feelings of discontentment may have resulted in the individual wishing to achieve the same level of status and achievements as his peers.

White et al. (2006) go on to state that downward social comparison occurs when an individual perceives themselves as occupying a better position than their comparison target, which according to the theory, enhances well-being. This is in line with *Star*'s quote provided previously as regards his former friends being *homeless* and *always being dirty*. Accordingly, the participant felt a sense of superiority and doing better than his comparison targets, and this gave him the internal drive to continue with his journey towards healing.

The desire for a better life was followed by positive and negative factors that were found to have been involved in the process of pursuing healing. These relevant factors form part of the next two themes, and are illustrated accordingly.

5.3.3 Factors that Aided the Process of Pursuing Abstinence

In illustrating the subordinate theme *factors that aided the process, willpower,* and *knowledge that abstinence could be achieved* were found to have been an integral part of the process.

Prior to engaging in the process of natural recovery or professional treatment, participants seemed to exhibit what was interpreted as *a will to reach a state of abstinence*. With regards to their will to heal, participants seemed to show a certain level of awareness of the path and challenges that lay ahead. In other words, they were required to mentally and within their hearts accept that attempting healing would be accompanied by struggles, and as the struggles arose, they would have to handle them to the best of their abilities. Accordingly, if healing was going to succeed, they needed to follow what they had told themselves in their minds and hearts. The following quotes are intended to convey participants' will to overcome their addiction:

"*For one to quit drugs, it requires your heart. You must tell yourself that you do not want this anymore*", *Cyrus*.

"*It is all in your mind if you want to change or what", Siya (unemployed).*

"*It's the heart. Hence, I'm saying, it comes from the heart to say I don't want it anymore*", *Alex (unemployed).*

The above quotes are in line with what is referred to as a *growth mindset*, whereby a person holding this particular type of mindset relating to an attribute such as intelligence or addiction is of the view that the attribute is not permanent and that every individual possesses the capacity for change (Sridharan et al., 2019). Furthermore, another study with adolescents found that the growth mindset had a positive influence by reducing the harmful effects of repeated drug use on reasoning ability (Wang et al., 2019). A further study discovered that the growth mindset was associated with individuals reporting to have used more self-

determined strategies such as looking for help and attaching new meaning to the current situation (Burnette et al., 2020). In line with the growth mindset, the participants of this study approached the process of abstinence with a clear mindset and pursued active strategies to navigate it. This meant that although the journey was fraught with challenges, the participants were willing to face those challenges head-on in various ways. This aspect is illustrated in terms of coping strategies that are employed by people to deal with events that are perceived to be stressful. Three coping strategies that have been put forward include task-oriented coping, emotion-oriented coping, and avoidance-oriented coping (Myers et al., 2013), but for the purposes of this paper and what was discovered from the participants, only the first coping strategy will be used.

With task-oriented coping, it is reported that individuals make efforts to engage in strategies aimed at solving the perceived problem or stressor (Smith et al., 2016). Smith et al. (2016, p. 319) report that this includes "action planning, problem solving, and positive reappraisal". The task-oriented coping strategy was found to have been particularly relevant to individuals who attempted natural recovery. During the process of natural recovery, they utilized their own strategies to tackle the process.

It was found that two types of strategies were used by participants who attempted self-treatment. Firstly, the individuals utilized a strategy that was aimed at reducing access to nyaope and nothing else. During this period, the individuals just stopped smoking without any means to help make the process easier for them. The following quotes serve to indicate what was done:

"*Firstly I told myself that I want to stay home for a day and see what will happen and then I found it difficult*", *Psyfo*.

"*I've tried to stay at home and trying to quit on my own*", *Bucks*.

"*I asked them to lock me up in the house*", *Tiger (unemployed)*.

The quotes presented above are consistent with findings by Mokwena (2016) where nyaope addicts were found to engage in isolation strategies, and would even go as far as locking themselves in rooms. The strategies presented above show that the participants' aim was indeed to reduce the access that they had to nyaope. However, these strategies proved to be insufficient to cope with the intense and painful nature of the process. At this stage, the participants seemed to not have had a way to deal with the withdrawal symptoms associated with ceasing to smoke. A previous study with nyaope users found that some of the individuals reported such experiences as stomach cramps, sore joints, hallucinations, and insomnia when they attempted to quit consumption (Ngcobo, 2019; Varshney et al., 2022). Following this perceived insufficiency of the first type of strategy relating to natural recovery, the relevant individuals went on to utilize a second strategy. This second strategy still relating to natural recovery included different coping ways aimed at alleviating the physical pains that were part of the withdrawal symptoms already mentioned. To clarify further, the following quotes indicate what was done differently by the participants.

The following quote came from *Star*:

"*I used alcohol for a week and I also went away for five days. I was in the rural areas, there was no chance for me to get it there*".

The above quote indicates that *Star* used substitution and also changed environments in an attempt to quit nyaope consumption. Substitution has been shown to occur as a compensatory strategy when a primary substance has been quit, and the new substance is available and expected to provide certain benefits (Sinclair et al., 2021). In line with this, it is stated that substitution is a part of Opioid Maintenance Treatment (OMT) whereby a recovering individual receives prescribed drugs such as methadone and buprenorphine to reduce harm associated with opioids (Shapira et al., 2020). Shapira et al. (2020), however, state that individuals also engage in substitution behaviours that are not medically approved whereby a

user initiates the behaviour outside of the professional treatment environment. In this case, *Star* engaged in his own self-approved substitution strategy whereby he used alcohol. Although the course of action that was followed by *Star* was not medically-approved, it is important to note that he had not received professional treatment at this point, but had attempted natural recovery. More strategies used by the participants are indicated below.

"*A drip does make a person, uh, not feel those severe withdrawals because, to tell you something, if you listened to me, when I was counting those withdrawal symptoms, stomach aches, sweats, it is, uh, joint pains, uh, uh, tiredness, feeling as if you do not have the energy. So putting water in your immune system, you must know water is life*", *Bucks*.

"*You must eat soft foods. I would eat a lot of porridge. You beat nyaope in the body by eating and drinking lots of water. We also danced and sweated out a lot in prison. Nyaope is mostly eliminated from the body through sweating out. That's the trick. Exercise, sweat out a lot, and eat soft foods*", *Tiger*.

In line with the above quotes in terms of eating and drinking, it is stated that a recovering addict needs to follow a healthy diet because the liver and kidneys were put under strain during active use as they constantly worked to rid the body of toxins from the drug (Peeke, 2006). Additionally, it is reported that drug consumption jeopardizes nutrition and badly affects the user's eating habits (Mahboub et al., 2021). It is also stated in Mahboub et al. (2021) that during detoxification, individuals receiving pharmacotherapy reported consuming food in very limited amounts, and that food was not important to them as they experienced loss of appetite, nausea, as well as digestive problems. This is also supported in a further study that found that repeated drug use was associated with loss of appetite due to a minor or more significant dysfunctionality in the digestive system, and that the user's nutritional status went down, requiring higher doses of the drug which were ultimately linked to the occurrence of more unpleasant side-effects (Kose & Yasuno, 2020). Based on these previous findings,

the positive impact of the natural recovery strategies of consuming essential nutrients through food and fluids followed by the participants is confirmed.

In line with *Tiger*'s quote with regards to physical exercise, one study reports that clinical evidence points to the positive impact that physical activity has through directly influencing drug consumption and alleviating the experience of withdrawal symptoms (Castillo-Viera et al., 2022). Furthermore, physical activity was found to give rise to positive emotions and cause a decline in the experience of anxiety and depressive symptoms, which are reported to be associated with poor recovery (Thompson et al., 2018; Castillo-Viera et al., 2022). It is stated further in Thompson et al. (2018) that from a behavioural approach, taking part in exercise may help a recovering individual avoid elements that may lead to urges to use again, and offer an experience of novel spaces, which may also provide experiences that are instantly rewarding, safe, and that also provide a form of diversion. This finding is particularly important because *Tiger* did mention that nyaope was available in prison, but chose not to pursue consumption. Accordingly, *Tiger*'s involvement in physical exercise provided him with a different way of feeling positive emotions.

The following quote came from the third participant, *Alex*:

"*The guy decided to buy us methadone, a family friend. It is a bottle of medication. When you get withdrawal symptoms in the morning, you drink it and you do not experience any for the whole day".*

In line with the above quote, the use of methadone and its administration in greater doses is reported to have been shown to be effective in causing withdrawal symptoms from heroin to subside (Anderson & Kearney, 2000). In support of this, the effectiveness of methadone in decreasing the severity of withdrawal symptoms and cravings is said to help individuals achieve a level of healthy functionality, as well as a prolonged period of non-consumption (Wang et al., 2019).

From the above discussion, it can be seen how the will to achieve abstinence and task-oriented coping played a significant role in pushing the participants to devise other creative ways of tackling the stressful situation that they were faced with. Following the use of the second coping strategies, the participants found the process of abstinence to be more bearable. This means that they found the painful withdrawal symptoms that they felt to subside. Their faith in the process was reaffirmed, encouraging them to hold on and continue. To serve as proof that the second strategies were indeed found to be effective for the participants, the following supporting quotes are presented:

"*I'd rid myself of nyaope within three days in prison. I went for six weeks without using nyaope in prison*", *Tiger*.

"*A drip does make a person, uh, not feel those severe withdrawals. So, with a drip, everything just became normal*", *Bucks*.

"*It works but you must be determined*", *Alex*.

Involvement in natural recovery, particularly with regards to the use of the second coping strategy, seemed to have made the participants realize that abstinence was indeed achievable. *Star* restricted access to nyaope for a while, while others did not have to follow the same path. *Star* substituted and consumed alcohol. With *Bucks* who sought treatment from a clinic and was put on drips, he still had access to the drug, but stopped using for a while because this strategy worked for him. With *Tiger* who went to prison, he stated that "*I would tell myself that I did not want to smoke nyaope in prison. Nyaope was sold in prison*". This means that the coping strategies that he used also worked for him because he stated that he stopped smoking for 6 weeks, as previously mentioned.

With regards to those who received professional treatment, the task-oriented coping strategy was found to be mostly absent. This difference was interpreted to be due to the nature of rehabilitation centres where treatment is handed to participants as prescribed. On

the other hand, those who engage in natural recovery are left to their own devices, and that compels them to be creative. However, the same principle of abstinence being achievable also extended to receiving professional treatment. The following quotes are intended to clarify the case further:

"*There is a pill they put in the body, it is does not like the presence of drugs, you will never go back to drugs, it gets inserted from behind*", *Cyrus*.

"*It is easier for you to quit because they are not there, you are not in the township, you are locked up*", *Psyfo*.

Furthermore, there seemed to be a connection between participants' spiritual/religious orientation and the type of professional treatment that they preferred. The participants who leaned more towards western treatment were more inclined to be firmly rooted in the practices of the church, while one participant seemed to be rooted in African spirituality, and therefore also leaned towards treatment that included practices that were closely associated with the tradition. The following quotes from the participants help illustrate the point:

"*Normally, traditional people will not even check you when you tell them you have a specific problem, they just give you a "Imbiza" (herbal medicine mixture) and at the end of the day you have to believe in that herbal medicine mixture, and I do not believe in those traditional medicines*", *Psyfo*.

"*I tried traditional and it did not work for me…It did not work for me…So, but when I went to church, uh, everything was going well. When I am sick, I am going to say, Doctor, give medicine and then I become healed. So that is when I saw that, traditional healing is not good for me*", *Star*.

"*You see what these other treatments, they tend to have, uh,* ***(Pause)*** *unusual channels. I go to a clinic and rehabilitation centres teach you about God, the higher power, which is something that I grew up with*", *Bucks*.

"*I prefer to kneel down and pray and also use holy water*", *Tiger*.

"*I prefer traditional medicine. I just cleanse. You see me, even when I have the flu I do not go to the clinic*", *Cyrus*.

With regards to the participants who seemed to lean more towards the practices of the church, it is reported that individuals who believe God to be a real spiritual force that they engage with, an improvised type of prayer may stimulate certain parts of the brain that relate to social cognition and may offer a clear processing function, similar to regular social interaction, ultimately providing a channel to self-reflect (Sussman et al., 2011). Furthermore, a previous study also found that more than two-thirds of individuals in the process of recovery from substance use reported making use of spiritual practices (Brown & Peterson, 1989, cited in Eliason et al., 2006). According to Eliason et al. (2006), the recovering individuals had reported, as a form of spiritual practice, what was referred to as cognitive methods, which involved acknowledging loss of control, development of trust in a higher authority, and accepting one's current situation. Spiritual awareness also forms an important aspect of such groups as Alcoholics Anonymous and Narcotics Anonymous, with many longtime members ascribing their dedication to spiritual practice to their healing experience (Galanter et al., 2021). In line with this, Galanter et al. (2021) found that abstinence among individuals with a spiritual awakening following professional treatment tended to be three times as likely. These previous findings are an indication of the role that spirituality can play in recovery from substance use, and are in line with the beliefs of the current study's participants.

An indication of the type of professional treatment that was received by the one participant, *Cyrus*, who seemed to lean more towards African tradition, is provided. The intention is to show how this type of treatment may have differed from the type of treatment that was received by the other participants. A quote from *Cyrus* is provided:

"*I went to a different rehab. I did not go to a western rehab. I went to a more traditional-based rehab. At traditional-based rehab, you cleanse, use enema, and do steam inhalation. Do you get me? Then you become okay*."

Based on the above illustration, the treatment that was found to be aligned with the participants' spiritual/religious orientation was a positive aspect that facilitated the process of abstinence. Factors that were involved in aiding the healing process have been illustrated, and factors that made the process of healing challenging are illustrated next.

6.3.4 Factors that Made the Process Challenging

Firstly, the process of signing up for professional treatment was found to be lengthy by participants, and this was uncomfortable for them. The process was found to be long in the sense that there was much paperwork that was needed, and this required the participants to put their time and energy towards that. Additionally, individuals would need to stand in long queues for extended periods of time. It was challenging in the sense that the participants felt that they did not have time for anything but *hustling* and smoking. Putting up with the perceived long process to sign up for treatment meant that they would not have the time to go *hustle,* which meant that they would not have money to buy nyaope. Accordingly, not smoking would lead to painful withdrawal symptoms, and ultimately, this was the experience that they were trying to prevent. To help illustrate this point further, the participants stated the following:

"*You must go to the police station for one thing and go to another place for the other, and in the meantime, while going there and there, I must make means to organise a smoke for later, so I did not have time for that, so it was difficult for me, do you understand, it was tough*", *Psyfo.*

"*I could not do the western kind. I signed-up but the problem was I did not have the patience to waiting on the sign-up queue because the abdomen pains were becoming*

unbearable and there was lot of us. The queue is usually until around 4 and I cannot queue the whole day, so I could not bear it", *Cyrus*.

"*It is because, cause uh, every time he is looking for a fix. There's nothing else more important than a fix in his life. Oh, there is nothing more important than a fix in his life*", *Star*.

"*It is a matter of having that fix. So even if someone feels like going to seek for help, but the withdrawals could make that person become as if they do not wish to get better. Those are severe, unimaginable pains because you do not know when they will stop*", *Bucks.*

The above quotes are an indication of the unbearable nature of the withdrawal symptoms from nyaope addiction. It can be seen how the withdrawal symptoms can be a barrier due to a lack of treatment services and poor available services. According to the participants' perception, professional treatment centres fail them due to the nature of the lengthy process of signing up. This is in line with government treatment facilities for substance use that have been reported to be limited in South Africa (Ephraim, 2014; Ho, 2013, cited in Mokwena, 2016). This limited number of treatment facilities is important to mention, particularly when taking into consideration *Cyrus*'s previous quote about long queues at locations for signing up for treatment. In addition to the limited services and also in line with *Psyfo*'s previous quote about the lengthy process of being sent to different places for different processes, one study reports that the provided services are insufficient due to low levels of coordination and poor administration in making the process of signing up and commencing treatment easier (Nyashanu & Visser, 2022). Furthermore, the long queues when registering means that a high number of users are in need of treatment services, thereby contributing to long waiting lists (Mpanza & Govender, 2017). In support of this, a treatment centre in the Western Cape named De Novo Treatment Centre was found to have resources for treating about 80 users, and because of this, users might be required to wait for a period of 6 weeks to 5 months

before they could gain admission (Lutchman, 2015). According to Lutchman (2015) and in line with *Bucks*'s quote that "*the withdrawals could make that person become as if they do not wish to get better",* a user may go back to using and choose to discontinue the process of seeking treatment.

The manner in which the withdrawal symptoms were told by the participants is in line with previous research findings. For example, one study reports that nyaope users were found to suffer from severe abdominal pains that were found to be intolerable by the users (Khine & Mokwena, 2016).

The limited nature of government services for substance use and poor administration were found to be problematic, as illustrated above. Furthermore, the nature of this process leads to some individuals deciding on going the *natural recov*ery route. In support of this, one participant made the following statement:

"*That's why some people end up locking themselves up*", *Bucks*. To serve as a reminder, *Bucks* attempted natural recovery and started by staying home and isolating himself. This was prior to his second strategy of going to the clinic to be put on drips. Therefore, the quote was interpreted to mean that this participant had given up on signing up for professional treatment due to the mentioned lack of services and poor coordination and administration involved. With those who attempted self-treatment through the previously illustrated strategy of being locked up, the withdrawal symptoms seemed to be a major obstacle. They encountered this challenge due to not consuming anything else to cope with the pains. The following quotes indicate what happened:

"*I could not bear the withdrawal symptoms. I would roll all over the floor, sweating profusely, and vomiting. I would break the locks and go out*", *Tiger*.

"*I got sick the whole night and couldn't sleep*", *Bucks*.

"*I am starting to feel hot and feel cold at the same time, so because those are the situations that I am not used to, they would push me to go out and smoke, so those are the things that would pressurise me because you change at once*", *Psyfo*.

The above quotes indicate how painful the process of self-treatment with the first coping strategy was. This led to some participants coming up with the second strategy mentioned previously, others seeking treatment centres where signing up did not take too long, while others went back to smoking before seeking professional help again. Based on this, the participants were willing to seek help, but unfortunately encountered obstacles that deterred them. This illustration has mostly been related to treatment out of professional treatment centres. The researcher would now like to turn to factors that made the process challenging within professional treatment centres.

The challenges found in treatment centres were associated with failing to relate to some parts of the process, while other challenges related to other individuals inside. One participant seemed to have felt like some people were not qualified to help him with treatment. According to the participant, counselling was supposed to have been provided by an individual who had had the direct experience of nyaope addiction and its consequences, not someone who merely held an academic qualification. To illustrate further, *Bucks* said the following:

"*So it felt as if I was being made fool of, and you see those things tends to make you not want to learn more, at a first stage, you ask, "have you ever smoked?" and then that person tells you that, "No, I have a diploma in…" Oh, diploma, do you know, "smoking? no, a diploma studies" oh you studied about this; you did not smoke. You just thinking about when you are leaving*".

The above quote is an indication of how strongly *Bucks* felt about the experience of receiving treatment from individuals he felt knew nothing about his own experience.

Following this, the participant essentially *tuned out* of the entire process of treatment and just wanted to leave. Due to this, the treatment process seemed to have been insufficient for the participant as he said the following:

"*Me coming out of those places, I felt cheated. I felt that, uh, I am not done with this*. *I was telling myself that I am going to smoke more just to show them that they are wrong*."

Based on the entire illustration, it is concluded that *Bucks* needed someone with whom he could relate and who had had the direct experience of drug addiction. The person could have had an academic qualification, but they also needed to have possessed the direct knowledge and experience of nyaope addiction. In support of this, it was found in a study that substance abuse counsellors who were also in recovery felt more personally connected to their work, were more dedicated, and also perceived their contribution in the field as fundamental to their self-image (Curtis & Lillian, 2010). It is also stated (Hogg et al.,

1995; Stets & Burke, 2000, cited in Curtis & Lillian, 2010) that Identity Theory (IT) is important here as it asserts that it is the roles that are occupied by individuals that provide identity, and not the groups that they belong to. According to IT, the foundation of an identity is classifying oneself as filling a role and internalizing what that role means, entails, and how it needs to be carried out (Stets & Burke, 2000). Accordingly, IT provides an indication of the importance of an individual strongly identifying with the role that they occupy. Based on this, an addiction counsellor who is also in recovery is more likely to form positive relationships with individuals receiving treatment and vice versa.

Secondly, another participant, *Cyrus*, encountered participants who were inside the treatment centre, but were not ready to quit smoking nyaope. Although *Cyrus* did not go back to smoking after the encounter, being in the same space as individuals who were genuine about wanting to quit using seemed to have been an important experience to him. In terms of the individuals the participant encountered, he said the following:

"*There those who are not willing to quit completely, some would even say that "I'm taking some time off but as soon as I leave, I'm going to smoke again*."

The above quote is looked at in terms of the Transtheoretical Model of behaviour change which is made up of three stages, *Precontemplation*, *Contemplation*, and *Action*. This model is linked to motivation in substance use and points to the continuum along which substance addicts may move when attempting to make changes in their lives (Opsal et al., 2019). It is stated that the *precontemplation* stage is associated with substance use being perceived as unproblematic, and therefore constituting no intention to change behaviour (Siddharthan et al., 2021). The second stage of the model is, as stated in (Siddharthan et al., 2021), the contemplation stage where an individual decides if they need to change their behaviour, and also decide if the advantages of changing the behaviour are greater than the disadvantages and vice versa. The last stage is, according to Opsal et al. (2019), the action stage, where action like getting into a rehabilitation centre is taken to modify substance use behaviour.

Accordingly, the individuals that were encountered by *Cyrus* during rehabilitation treatment, who had expressed their unreadiness to quit nyaope use, were likely still stuck in the precontemplation stage where they did not realize the harmful nature of their addiction. In line with this, the results of a study in Opsal et al. (2019) indicated that, although some addicts who had been taken for treatment involuntarily scored high on motivation to change, other involuntarily admitted addicts did not have the same motivation. Based on this finding, it is likely that those individuals with whom Cyrus had come into contact had been admitted without their complete willingness.

To further indicate how *Cyrus* wanted to be surrounded by people who were genuine about treatment, he went to the treatment centre alone without anyone he knew. He said the following:

"*Starting alone is better. As friends, there would be one who would persuade us into doing something else, and influence that we should leave and continue smoking.*"

The above quotes are an indication that some individuals genuinely want to quit using, and need to be surrounded by similar-minded people as a source of motivation.

The researcher has illustrated the process of being involved treatment, natural and professional, and what factors seemed to have helped the process and what factors seemed to have been an obstacle. Now the researcher would like to present the lessons taken from the entire discussion.

5.3.5 A Brief Summary of the findings

1. Government rehabilitation centres are limited and administration and treatment initiation are insufficient.
2. Professional treatment aligned with participants' spiritual/religious orientation was important.
3. The consumption of fluids/excessive amounts of water, as well as profuse sweating out alleviated withdrawal symptoms.
4. Incorporating into treatment centres staff that have directly overcome nyaope addiction is needed.

Theme 3: Factors Around Relapsing

5.4.1 Introductory Thoughts

The superordinate theme *factors around relapsing* consists of two subordinate themes, *factors that acted as triggers* and *factors that would act as barriers to relapsing*. With the first subordinate theme, it seemed to the researcher that the environment that participants used nyaope in had an influence on their urges to go back to using nyaope again. Additionally, the economically poor nature of the environment also had a great potential to influence participants to go back to using again. The participants also deemed a lack of support from their loved ones

to be a potentially motivating factor to using again. This was an indication of the significant role that support from family and friends could play in reaffirming individuals who have just come out of treatment.

With regards to the second subordinate theme, it seemed that having a form of employment would help prevent a relapse through alleviating some of the economic pressures that would be a stressor, potentially leading to individuals using again. It was also discovered that openly speaking about nyaope addiction and being honest in sharing one's experiences as an addict would have a therapeutic impact on the individuals. The individuals were always very eager to share their lived experiences and had an outlet for their feelings and emotions.

5.4.2 Factors that Would act as Triggers

5.4.2.1 The Environment

The environment seemed to have had the potential to trigger and influence some participants to go back to using nyaope again. In the case of this current study, it seemed like Alexandra township contained elements that the participants deemed harmful to their ongoing recovery from nyaope addiction. These elements included friends that participants used to smoke with, the *corners* where they used to smoke, knowledge of easy access to the drug, and memories of one's old routine. According to the participants, these elements were *the enemy*. To help strengthen the case, the following quotes are provided:

"*The area that you are in makes it difficult, where you grew up, where you live in, because of the surroundings, your routine, when you wake up in the morning and you know who you go to*", *Star*.

"*Friends who still smoke*", *Cyrus*.

"*Trigger was seeing those small plastic bags that they used to pack it in, if I see it on the street I would get triggered, the triggers as I said was when I see the corner that we used to*

hang around at, I get those memories, the triggers are the guys that I used to hustle with, when I see them, I remember that I used to smoke with them, so those are the triggers", *Psyfo*.

"*The stress of not having food. I did not stress about food because when I am high, do not think about food, now I am stressing about food*", *Bucks*.

From the above quotes, it can be seen how the participants interpreted the different elements within their environments as triggers that could potentially result in them using nyaope again. Although the participants' experiences of potential triggers were different, the major common element was the environment in which they lived. The idea of the environment in which an individual who has come just come out of treatment lives being a potential trigger to relapsing is consistent with previous research findings. Accordingly, it is reported that successful sobriety is, to a great extent, determined by recovery-friendly social spaces, which are important for the development and maintenance of personal social capital (Jason et al., 2021). Personal social capital is said to be related to the extent and quality of a person' social connection in their environment (Kim et al., 2021). In line with this, Jason et al. (2021) state that being with friends who use substances and/or taking part in substance-related activities will weaken the recovering individual's personal social capital. Peer pressure does play a role in relapsing as it was previously found that about 50% of former friends encouraged former users to resume consumption, while about 76% of former friends made access to drugs easy for former users (Mogoale, 2021). Another study is in support of this due to also having found that "factors such as addicted friends and returning to previous locations can have effects on the returning to use of an addictive substance" (Haghighi et al., 2018). Additionally, in terms of personal social capital, Kim et al. (2021) found that people occupying lower ranks in terms of socioeconomic status (SES) tended to associate with people occupying the same position, potentially limiting access to resources that could be provided by people who ranked higher in positions. Considering that the participants were at

a great socioeconomic disadvantage in Alexandra township, the finding by Kim et al. (2021) suggests that an effective intervention might be needed to encourage them to seek out and associate with more resourceful people from places that are more socioeconomically advantaged. This shift might be reaffirming and keep them on their path of ongoing recovery.

5.4.2.2 Lack of Support

Another factor that had the potential to send participants back to using nyaope again was found to be lack of support. It seemed that the participants would appreciate support from people that they considered important in their lives on their continuing journey of recovery. According to the participants, people that were close to them would need to be proud of their *victory* following treatment and also display it in their actions. Additionally, people close to the participants would also need to start recognizing their attempts to change their lives for the better, and treat them accordingly by displaying belief and trust in them. In this particular case, the participants felt triggered when they received the same treatment as during their active addiction stage. This kind of treatment was demoralizing and had the potential to undermine the continuing journey of recovery. With reference to the bio-psychological model, exposure to these kinds of stressors might bring about a setback and send the recovering individual back to a state of active addiction and vulnerability (Lunt et al., 2007). It is reported that if the recovering individual does indeed view such unfavourable experiences as stressors, nyaope consumption may be repeated (Hewett et al., 2018). The following is what was said by one participant, *Psyfo*:

"*The family part, the people you live with, are the ones who must play a big role when you come out of rehab. They must not treat you the way they used to treat you when you were still under the influence of drugs, because that is the first thing*".

The above quote is an indication of how strongly the participant felt about being treated like his old self. The length at which the participant spoke about this experience bears

testament to its occurrence and the negative impact it possibly had on him. The perceived negative treatment received by the participant possibly led to conflict and tension in the family. This is supported by a previous study that reports that conflict among family members can result in individuals relapsing (Zaidi, 2020). Additionally, another study is also in support of this, and reports that the absence of faith displayed by family members as regards individuals' post-treatment recovery was found to be one of the issues when conflict occurred (Azizul et al., 2020). Accordingly, this lack of support had the potential to trigger participants and send them back to using nyaope again. Although there were challenges following treatment, there were also positive factors that were perceived by participants to be important in terms of helping them continue with the journey of healing following treatment. These positive factors are discussed next.

5.4.3 Barriers to Relapsing

Factors that were found by participants to be barriers to relapsing were related to the importance of being secure in terms of employment and having platforms important for sharing and speaking about nyaope addiction.

5.4.3.1 Employment

Having reputable employment was found to be important to participants after they had come out of treatment. According to the participants, they had not engaged in legal means of generating money in a long time, and therefore their life circumstances were not favourable following treatment. In line with this, the participants deemed it necessary for treatment centres to incorporate into their treatment skill building and training relating to artisanship. This kind of skill training would prepare them for life after treatment, facilitating employment. This was an important point, considering that the participants needed money to meet their basic needs, and that could not be achieved without employment. This is in line with the environmental aspect of the bio-psychosocial theory which states that the seriousness

and impact of an addict's environment needs to be appreciated in order for the facilitation of recovery to take place (Al-Sabbah et al., 2021). Also, since the participants were pursuing a different way of living, they were refraining from going back to *hustling*, which might also send them back to using again. To help illustrate further, *Star* made the following statements:

"*Things are, uh, become more difficult, especially if you do not have experience of something else. Lucky for me, I have a trade, I have something that I can make money through my hands. So that made it easier for me to become financially okay and stuff like that. So I think maybe the government should try to put that in rehabs. Maybe if they can teach people how to work with their hands and do maybe some skills there*".

The above quote is an indication of how the participant was able to survive in the external world due to his craftsmanship. It is indeed necessary for treatment centres to include manual labour training in their treatment. The struggle of being unemployed as a recovering addict was indicated previously, as stated by *Bucks*. To serve as a reminder, *Bucks* said that "*I did not stress about food because when I am high, I do not think about food, now I am stressing about food*". The significance of employment relating to substance use has been indicated in previous research. The incorporation of employment and other recovery strategies was found to be associated with individuals successfully committing to recovery (Becton et al., 2020). It is stated (Blustein, 2008, cited in Becton, 2020) that employment helps individuals survive, obtain power, feel a sense of belonging, have self-direction, and achieve a sense of well-being. Additionally, individuals in recovery were found to be more productive and efficient at work, and were also less likely to be absent (Sigurdsson et al., 2012).

Additionally, one participant indicated that finding a job post-treatment might be challenging due to a continued lack of trust in the individual. The participant, *Psyfo*, stated that "*some people who could get me into working are hesitant because they feel that what if we take Psyfo and give him work and the next thing he steals, so people do not have trust in*

you yet, so even for you to find work, it is not easy". This quote by *Psyfo* is also an indication of the difficulty that recovering addicts might experience when trying to re-integrate into society. In line with this, it is reported that black individuals who have come out of treatment tend to face more challenges obtaining employment than their white counterparts (Eddie et al., 2020). It is stated in Eddie et al. (2020) that less education and a history of a greater number of arrests were associated with lower chances of employment. Based on this illustration, the need for the incorporation of skill training into professional treatment is solidified. Furthermore, a greater education level may help counteract the challenge of unemployment, and as such, recovering addicts may need to be assisted with accessing higher education through specific recovery programmes. In addition to the importance of skill training, the need to have access to platforms that would enable recovering addicts to speak about their addiction to nyaope was also deemed significant. This need for access to platforms to speak on is discussed next.

5.4.3.2 Platforms for Speaking and Sharing

Being allowed the opportunity to speak and share one's journey seemed like it would have a therapeutic impact on the participants. It seemed like speaking would serve as an outlet for the participants, which was needed. It was felt that opportunities to speak were, to a certain extent, limited. It was found that there was a need for the establishment of more mutual support groups for ongoing conversations about nyaope addiction. In addition to the significance of mutual support groups, these conversations would also have to be extended to communities, schools, children's homes, and healthcare centres through campaigns. Additionally, it was felt that conversations about nyaope addiction were limited, particularly on radio and television. Therefore, the presence of these conversations on radio and television would have a greater impact due to their wide reach. Mass media interventions to prevent youth smoking are reported to be effective as no rise in the adoption of the habit was seen

previously (Das et al., 2016). According to Das et al. (2016), media interventions were theoretically sound, message shaping was based on seminal work, and message dissemination was impactful for a prolonged period of time. It is stated that media campaigns are designed to influence individual cognitive processes and elicit desirable responses, as well as encourage conversations around illegal drug consumption on a deeper, interactive level for an extended period in an individual's circle of friends and peers (Wakefield et al., 2010). It is stated in Wakefield et al. (2010) that due to mass media's far-reaching influence, positive behavioural changes happening in an individual's circle of influence may become entrenched, spread out, and influence individuals who were not exposed to the campaigns. These efforts to increase awareness of the dangers of nyaope addiction would need unity and cooperation at the individual, community, and government levels. This means that these campaigns would need the efforts of everyone, considering that nyaope addiction extends beyond the addict to the family, community, and the country as a whole. Most importantly, these conversations would need to be ongoing to have a greater impact. Participants said the following:

"*if we had our own space where they say when you come from rehab you could get a chance, maybe if we are 30 or 40, we would come together at around 8 in the morning, remember we are unemployed, so 8 in the morning we come together and speak about our issues, ask each other how we feel after 2 days from rehab, how do you feel after 30 days from rehab and such things, those would be things that would make people not to go back*", *Psyfo*.

"*If the community as a whole, the nation, the government would emphasize on creating awareness to making people know that there is such a thing, there is such a drug*", *Bucks*.

The above quote is an indication of how strongly the participants felt about the need for the establishment of campaigns to increase knowledge of nyaope addiction. In addition to this, the passion and eagerness with which they spoke bore testament to the magnitude of

their lived experiences as addicts. What the researcher learned was that the individuals had a vast amount of information and experience to share, and only needed someone who was willing to listen.

The researcher has illustrated factors that might act as triggers for recovering addicts, as well as those that might work to prevent a relapse. Next, the researcher would like to provide a brief summary of the findings.

5.4.4 A Brief Summary of the Findings

1. A lack of trust and faith in the recovering individual could lead to a relapse
2. The environment in which an individual lived was found to contain multiple triggering elements.
3. The need for treatment centres to provide skill training in manual labour to prepare individuals for work post-treatment.
4. Ongoing conversations around nyaope addiction were found to be important.

Chapter 6: Conclusion

6.1 Concluding Remarks

The researcher was able to explore recovery from nyaope addiction amongst youth in Alexandra township. Factors that were involved included those that gave rise to recovery, those that aided the process of recovery, those that made the process challenging, and factors perceived to be a barrier to relapsing, as well as those perceived to make relapsing easy. The following conclusions can be made:

The researcher was able to explore recovery from nyaope addiction amongst youth in Alexandra township. Factors that were involved included those that gave rise to recovery, those that aided the process of recovery, those that made the process challenging, and factors perceived to be a barrier to relapsing, as well as those perceived to make relapsing easy. The following conclusions can be made:

The financially demanding nature of nyaope addiction resulted in losses in the form of money, employment, property, and family, after which rose the desire to attain a better and improved life. The desire to attain a better life was where the process of moving towards recovery commenced. Following losses, possessing the will to achieve a state of abstinence and obtaining the knowledge and awareness that abstinence could be achieved were found to have facilitated the process of recovery. With regards to the former part, individuals needed to accept completely in their minds and hearts that they no longer wanted to consume nyaope, and would also be prepared to face the challenging journey attempting recovery. With regards to the latter part, individuals learned through first-hand experience that abstinence could be achieved. It was also learned that consuming fluids (through clinic drips and eating runny porridge), consuming traditional herbal mixture (*imbiza*) and steam inhalation (*sefutho*) intense physical activity and sweating, as well as using methadone was effective as withdrawal symptoms greatly subsided following attempts at abstinence. Additionally, the alignment between one's course of treatment and religious/spiritual beliefs also facilitated the journey.

Government treatment facilities were found to be limited, and administration and treatment initiation were also found to be poor. Individuals were required to stand in long queues for extended periods of time to sign up while battling withdrawal symptoms. Additionally, encountering individuals in treatment centres who were not ready to quit nyaope consumption, as well as receiving counselling from professionals who did not possess first-hand experience of nyaope use and addiction was found to be problematic. These factors made the journey towards recovery challenging. Also, lack of trust and faith in the recovering person by family members, as well as elements in the environment such as old friends that still smoked, spots that were used for smoking, and unemployment were found to have been triggers to go back to using. Finally, being employed and having access to platforms for speaking about nyaope use and addiction were found to have been important for preventing a relapse. Accordingly, it was considered important for treatment centres to teach skills relating to craftsmanship to counteract the challenge of securing employment. Additionally, having ongoing campaigns on radio and television to share and disseminate rehabilitated individuals' knowledge and experiences of nyaope use and addiction was deemed therapeutic and important for helping prevent relapses, as well as for helping fight against initiation.

6.2 Limitations

Firstly, the sample consisted of 7 black males and was limited to Alexandra township. Accordingly, the findings cannot be generalized to recovered black females in Alexandra and recovered males and females from other racial backgrounds across South Africa. It is possible that these factors would influence different courses of action in seeking recovery and abstinence from nyaope addiction. Secondly, one participant was not completely forthcoming with sharing his experience and provided short and limited responses. Accordingly, the richness of the collected data was affected. Thirdly, although it was a prerequisite for participants to have been abstinent for at least a year, two participants had not quit nyaope consumption, although they had tried to quit previously. Accordingly, some of their answers may have been based more on their current thinking patterns and less on direct experience. Lastly, although participants' experiences were described as accurately as possible, the findings were still informed by the researcher's own interpretation. The similar racial background between the researcher and the participants may have influenced the manner in which questions were asked and received, as well as the manner in which answers were also provided and received.

6.3 Recommendations

Based on the above key findings and conclusions, the recommendations from this study will be made. The recommendations are made to improve the availability of government treatment facilities and the nature of service delivery. Furthermore, recommendations are made for future research. The following recommendations are made:

6.3.1 Recommendations for Government Treatment Centres

Firstly, the government needs to add more treatment centres to the ones that already exist, particularly in impoverished townships and other areas dominated by black people. The majority of young black addicts are unemployed, and therefore cannot pay for private

treatment or to travel great distances to reach government treatment centres. More treatment centres will result in more addicts receiving treatment, meaning that willing addicts will no longer have to be waitlisted. Additionally, more government treatment will encourage more professional treatment seeking instead of the natural recovery which is extremely difficult to achieve. Also, in addition to teaching about God, treatment centres may need to be more accommodating to other individuals who lean more towards the practices of traditional African spirituality and ancestralism and less towards praying. Accordingly, professionals from each of the two approaches (praying to God and practising traditional rituals) may need to be recruited and make treatment more aligned with everyone's spiritual perspectives. Furthermore, professional centres may try to improve treatment delivery by recruiting addiction counsellors who have first-hand experience of addiction. This may foster rapport between counsellors and patients and facilitate openness to the process.

Providing interventions involving family and other people with whom the recovering individual is close needs to be considered. Families will receive education on strategies for living with, the appropriate treatment of, and communication with the recovering individual. This is important for when conflict arises as the support system will be better equipped for living with the individual. Additionally, if treatment centres are available nearby, families will be able to travel with ease to go and receive their education and counselling in preparation for life with the recovering individual post treatment. It was found that treatment centres need to consider offering skill training in craftsmanship to help individuals survive after treatment. This is important, considering the employment and economic challenges that recovering addicts face after treatment. In terms of life after treatment from professional treatment centres, it was found that these need to equip recovering addicts with strategies for dealing with triggers such as boredom and loneliness and exposure to old friends who still

smoke and spots that they used to smoke in. In addition, aftercare services at treatment centres may also need to be considered for when recovering individuals feel overwhelmed in their environments and feel as though they are losing control.

6.3.2 Recommendations for Future Research

Future research may need to explore the impact of skill training at treatment centres on recovery outcomes. Furthermore, future research may also need to look into employment outcomes among black youth with varying levels of education who have come out of rehabilitation. This will provide insight into whether being black or educational level plays a more significant role in employment outcomes for these recovering individuals. In terms of non-professional treatment, future research will also need to look further into the effectiveness of the strategies of natural recovery that were utilized by participants in this study.

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Appendices

Appendix A: Participant Information Sheet

Dear Sir/Ma'am

My name is Katlego Morare. I am a Masters student in Social and Psychological Research (SPR) at the University of the Witwatersrand, Johannesburg. My supervisor is Professor Malose Langa. I am conducting a research study about nyaope addiction recovery among South African youth. The study title is *An exploration of nyaope addiction recovery among youth in Alexandra township.*

I am inviting you to take part in an interview. If you decide to take part, your participation in this research study will last about 60 minutes. The interview will take place over the phone or location that is convenient to the both of us.

Because I will not be able to remember everything that you tell me, I will also ask for your permission to audio-record the interview. This data will be stored in a password-protected computer for 5 years and deleted afterwards. Only the researcher will have access to the data.

During the research activity, I will need to ask for some personal information about you, including how you came about to use nyaope, the challenges you came across on your journey to recovery, and how you eventually managed to recover from addiction.

The interview will be confidential and anonymous. However, full anonymity cannot be guaranteed because the researcher will be collecting data face-to-face, and will therefore know your identities. When I share the results of the research study, I will not include your name or anything else that could identify you. With your permission, other researchers may use the data collected from this research study, but your name and any personal information will not be used or passed on.

If you decide to take part in the research study, it should be because you want to volunteer. You do not have to take part. You can stop being in the study at any time. You do not have to answer any questions if you do not want to. You will not get any direct benefits if you choose to join the research study. You will not lose any services, benefits or rights you would normally have if you decide not to join. Taking part in the research study will not cost you anything. You will not be paid for being in this research study. Your contribution will serve to provide much needed information that is hoped will benefit other members of society.

The risks for this research study are no more than what happens in everyday life. OR Some of the questions asked may make you feel sad or upset. If this happens, I will stop the interview and continue another time. If you need some support or counselling services following the interview, I will provide you with the contact details of the South African Depression and Anxiety Group (SADAG). This organisation provides free telephonic counselling services.

This research study will be written up as a research report. If you would like to receive a summary of this report, I will be happy to send it to you.

If you have any questions during or afterwards about this research study, feel free to contact me or my supervisor on the details listed below. If you have any concerns or complaints about the ethical procedures of this research study, you are welcome to

contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za.

Yours sincerely,

Katlego Morare

Researcher:

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Supervisor:

Professor Malose Langa, malose.langa@wits.ac.za, 0117174536

Appendix B: Participant Informed Consent Form

An exploration of recovery from nyaope addiction among youth in Alexandra township.

Researcher: Katlego Morare

I, …….., agree to participate in this research project.

I agree to the following:

(Please circle the relevant options below)

The research study was explained to me. I understand what this study is about.

YES NO

I understand that I can volunteer to take part in the study. YES NO

I agree that the interview may be audio recorded. YES NO

I agree that direct quotations from my interview may be used by the researcher in their research report. YES NO

I agree that my participation will remain anonymous (my name will not be used by the researcher in their research report. YES NO

I agree that other researchers may use the information I provide in my interview (depending on their own ethics clearance being obtained) but my name and any personal information will not be used or passed on. YES NO

…… (signature)

…… (name of participant)

…… (date)

…… (signature)

…… (name of researcher/person seeking consent)

…… (date)

Appendix C: Interview Guide

An exploration of nyaope addiction recovery among youth in Alexandra township.

In-depth interview guide

Thank you very much for taking part in this research study. I would like us to discuss your views and experiences about using nyaope, seeking treatment, and your involvement in natural recovery. Please note that there are no right or wrong answers as I am interested in your personal views and your life experiences. Please also note that the information that you share with me will be kept confidential.

I would first like us to talk about your views and experiences about nyaope use.

1. Please tell me about your experience of using nyaope

Probe: How did you start? (How old were you? Who introduced it to you? Who did you use it with?)

Probe: What was it that made you use nyaope in particular?

Probe: Please tell me about how your experience of using nyaope changed over time; from when you started using to the period preceding treatment, if at all.

2. What were the reasons that you started using nyaope?

Probe: Are there things about yourself that contributed to your nyaope use? Did being a man/woman contribute to your use? How?

Probe: Were there things about where you lived (home) that contributed to your use of nyaope? Did living in your Alexandra contribute to your use of nyaope? How?

I would now like us to talk about your views about illness and treatment

4. What kind of treatment do you prefer for when you are ill? (Western medicine, African healing, Spiritual healing).

Probe: What makes you prefer this treatment? (nature of illness, severity of illness, tradition, community norms)

Probe: Which type of treatment is easier to get? Why? (cost, distance, language)

Probe: What helps you decide whether you should get treatment for an illness? (being visibly sick, reaction/concern from others)

Probe: Do other people in your community(ies) react the same as you when they are ill? How do other men react? How do women react?

5. What is the reaction towards nyaope use in your community?

Probe: What is the reaction towards someone who has a nyaope problem?

Probe: How do people know that someone has a nyaope problem?

Probe: What can prevent people from seeking treatment for a nyaope problem if they want it?

6. Some people find it difficult to admit that they have a nyaope addiction. Why is this the case?

Probe: How did other people in your community react to knowing about your nyaope problem? What about other men? What about women?

Probe: How comfortable did you feel if other men/women in your community thought that you had a nyaope problem?

7. Treatment seeking and access

Now I would like us to discuss your experiences of looking for help for nyaope addiction. For the next few questions, please think about your experiences in general.

8. Please describe your experiences of looking for treatment for nyaope addiction?

Probe: Did you try seeking professional treatment? Why or why not?

Probe: If yes, how was the experience?

9. Some people say that it is difficult for men and women to look for treatment for a drug problem. What do you think makes it difficult for them?

Probe: How different is seeking treatment for nyaope use compared to other illnesses?

Probe: How is it for men/women as opposed to men/women to seek treatment for a drug problem?

Probe: What can make it easier for men/women to seek treatment for a nyaope problem?

10. Please tell me about your experience of starting natural recovery for nyaope use?

Probe: When/how did you decide on natural recovery?

Probe: What made it easy or difficult to start natural recovery (did you start the journey alone or with others)?

Probe: What strategies did you use that facilitated your journey of natural recovery?

Problem: What struggles did you face (what were the barriers)?

Probe: How long did it take for you to consider yourself healed?

Probe: What was it that you made you decide that you had recovered?

11. Now, let's talk about the support systems that contributed to your recovery?

Probe: Did you receive any support from family and/or friends?

Probe: If yes, what kind of support did you receive? Emotional or material?

Probe: Did you firmly believe that you could overcome your addiction (resilience and self-efficacy)?

Probe: If yes, what was it about the kind of person that you are that made you believe that you could do it?

12. Let's talk about access to treatment services for drug addiction in South Africa.

Probe: Do you think it is easy or difficult to get into professional treatment as a black person? Why?

Probe: If it's difficult, what can be done to make it easier to receive professional treatment?

13. Now let us talk about your experiences after natural recovery.

Probe: How difficult or easy was life after the journey?

Probe: Did you have an urge or desire to use nyaope again (what triggers were there?)?

Probe: How did you deal with that desire (who or what made it easy for to not use again and relapse?

Probe: What do you think people should do to avoid relapsing or using again after natural recovery?

14. If you were asked to help design a programme that would be more suitable for men, what would you suggest?

Probe: what would you add to the programme that you were involved in?

Probe: what would you take away from current/most recent programme?

15. Is there anything else that you would like to share about nyaope use and treatment?

THANK YOU VERY MUCH FOR TAKING PART IN THIS INTERVIEW