



**The psychosocial experiences of Nyaope
substance abusers with repeated
rehabilitation histories**

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Mini dissertation accepted in partial fulfilment of the requirements for the degree [Master of Social Science in Clinical Psychology](#) at the North West University

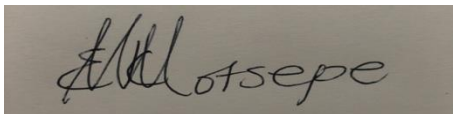
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DECLARATION

I, Ephenia Kgomotso Motsepe declare that the mini-dissertation titled **The Psychosocial experiences of Nyaope substance abusers with repeated rehabilitation histories** for the degree of Master of Social Science in Clinical Psychology at the North-West University, School of Health Sciences is the first submission by me and has never been presented to any other University. With this, I submit this mini-dissertation, as my own work. All the references included herein have been acknowledged.

A rectangular box containing a handwritten signature in black ink. The signature appears to be 'E K Motsepe' written in a cursive style.

E K Motsepe

17 March 2022
Date

CERTIFICATION

I certify that this research was completed by Ephenia Kgomotso Motsepe (student number 30924650) of the Department of Psychology, North-West University (Mafikeng Campus), South Africa under my supervision.



Supervisor: Professor C.A. Oduaran

Date: 17th March, 2022

DEDICATION

This mini-dissertation is dedicated to all the people who played a role in its completion, to those who participated, and to those who encouraged me. Above all, it is dedicated to my beautiful twin boys Oreneile and Lesedi and all my family, my mentors, and my friends.

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My gratitude to God Almighty for He is the beginner and completer of all things good. Without the following people, this study would have not been possible. It is with great humility that I thank the following people for their role and guidance.

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- To my research participants, your participation played a significant role in this study being completed, thank you.
- To Uduak, thank you for your selflessness, your support, your prayers, love and for halting your life so that I could complete this aspect of mine.
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- To all my family and friends, thank you.
- To my fellow classmates and tutors, thank you for the influence you have made in my studies.
- Finally, to my beautiful twin boys Lesedi and Oreneile, thank you; all the hard work was achievable because of your unconditional love. You are loved to the moon and back.

ABSTRACT

South Africa has witnessed an undeniable increase in incidents of Nyaope substance abuse across its townships. Many Nyaope abusers rapidly revert to Nyaope abuse post-rehabilitation. Previous studies identified psychosocial factors that precipitated Nyaope abuse; however, the dearth of studies on experiences of Nyaope substance abusers after rehabilitation has been notable. Thus, the study aimed to explore and describe the psychosocial experiences of Nyaope substance abusers with repeated rehabilitation histories.

The study adopted a qualitative descriptive research design. A purposive sampling method was used to select 8 participants who have been rehabilitated and are undergoing rehabilitation recovery at a Second Chance Recovery Centre in Mamelodi, Tshwane, Gauteng Province. Semi-structured one-on-one interviews were employed to collect data. Only those who were willing and voluntary participants took part in the study. The interviews were audio-recorded and transcribed word for word. Key themes were identified using thematic analysis.

The following themes emerged from the thematic analysis: Family support, Community Support, Trauma, Negative Emotions, and Peer pressure. Nyaope substance abusers experienced a lack of family support, a lack of community support, trauma, negative emotions, and peer pressure, which impacted their coping skills in remaining free from Nyaope. The experiences highlight the importance of understanding the psychosocial risk factors that precipitate repeated Nyaope abuse that has led to repeated rehabilitation.

The study observed a gap in the community's understanding of the impact of Nyaope abuse and relapse; therefore an awareness, support and educational campaign is needed. Furthermore, the study identified the importance of supporting and educating families and community members in orders to highlight the role that such support plays in curbing Nyaope abuse, to prepare family members for reunion with the rehabilitated Nyaope abuser, and to be part of their recovery support structure on the curbing of Nyaope abuse and relapse.

Key words: Experiences, Nyaope, Psychosocial, Rehabilitation, Repeated histories, Substance abuse

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CHAPTER ONE

INTRODUCTION

1.1 INTRODUCTION AND BACKGROUND OF THE STUDY

The World Health Organisation WHO (2021) indicated that substance abuse affects a significant number of individuals worldwide. An increase in the number of substance abusers has been noted across the globe between 2010-2019, and they was estimated to be around 22 per cent, with the consideration that the world is not stagnant and population is increasing (WHO, 2021). As reported by WHO (2021), it is estimated that there is a potential significant increase amounting to 11 percent of people who will consume illicit substances globally by 2030. This is said to be a 40 percent increase in Africa as the population surges (WHO, 2021).

As reported by the 2021 World Drug Report, released June 2021 by the United Nations Office on Drugs and Crime (UNODC) (WHO, 2021), 275 million individuals have had an encounter with substance abuse across the globe in 2020, and 36 million people were subsequently diagnosed with substance use disorder.

As stated by Dada et al. (2018), illicit substance abuse has been noted to have surged surpassing global statistics; this phenomenon is mostly guided by the illegal trading and distribution in Southern Africa. Furthermore, Dada et al. (2018) reported that after the legalization of certain acts in relation to cannabis, its abuse has been noted to be surging, together with heroin. Additionally, a total number of between 8787 to 10047 people abusing illegal substances were treated in rehabilitation centres across South African provinces in 2016–2017 (Dada et al., 2018).

A potent mixed blend of second-rate heroin smoked with cannabis, called Nyaope, has been noted as an illicit substance of choice in South Africa (Mokwena, 2016). Nyaope is a

psychoactive substance, made by blending various substances such as heroin, methamphetamine, cocaine, paracetamol, caffeine and even antiretroviral (ARV) medications, mostly used by young black individuals in black townships across South Africa, to influence psychoactive outcomes (Mokwena, 2016). Fernandes and Mokwena (2020) concur that Nyaope is said to be a heroin-based powder mixed with cannabis and a plethora of toxic substances such as methamphetamine, cocaine, paracetamol, caffeine, and even antiretroviral (ARV) medications smoked together.

Since the study focuses on psychosocial experiences of Nyaope abusers with repeated rehabilitation histories, the concept of relapse is a component of repeated rehabilitation therefore it will be mentioned concurrently with repeated rehabilitation. As reported by Bhandari et al. (2015), in order to understand relapse, it needs to be seen as a transitioning movement of changes in the life of substance abusers, where they will encounter challenges that ultimately lead to the reuse of illicit substances. As stated by Marlatt and Donovan (2005), substance relapse was initially a medically observed term, viewed through the perspective of a patient's inability to overcome an illness; furthermore that substance relapse is not stagnant but a progressive process where substance abusers reuse substances after a period of reduction influenced by extraneous factors. According to Swanepoel et al. (2016), high consumption of illicit substances needs to be mediated by increasing the number of treatment centres, as well as shortening the long list of patients needing detoxification. Moreover it is indicated that most substance abusers are prone to relapse tendencies (White et al., 2014). For instance, the study by Blevins et al. (2018) found that 59% of the study participants had relapsed only one week after treatment for opioid use.

Through the observation of Fern and Mokwena (2020), substance abuse rehabilitation has made strides in fighting the abuse of illicit substances, however substance abusers are still unable to maintain sobriety and fall back to substance re-use. Ramsewak et al. (2020)

estimates that that 66% of adult substance abusers and 75% of adolescent substance abusers fall back to substance abusing tendencies six months post-rehabilitation. With this statistical numbers of relapse reviewed, Ahmad et al. (2020), Amat et al. (2020), and Amirabadizadeh et al. (2021) reported that substance abusers experience adverse effects in maintaining abstinence after rehabilitation. According to Mokwena and Makuwerere (2021), Nyaope abusers are faced with many psychosocial effects due to its toxicity; however what they observed is that, apart from the damaging outcome on the abuser, it's ripple effects can be observed in their families as well as their communities

According to Hong et al. (2022), recovering from substance abuse and maintaining a long-term rehabilitation is a complex process that involves many influencing factors and restrictions. Amirabadizadeh et al. (2021) concur that successful treatment of substance abusers cannot be based on only one variable, and several interfering factors determine the projection of treatment and the rate of relapse after substance abuse rehabilitation. Scholars Khumalo (2016) and Kurian et al. (2018) have identified multiple psychosocial factors that influence substance abusers to revert to substance abuse. Studies in the West mostly found the inclination to re-abuse to be caused by certain psychosocial factors, such as self-pressure, emotional stress, and social environmental stress, such as family support, peer support, and societal support (Bowen et al., 2021) .

Researchers and clinicians have observed that the environmental context in which the substance abusers used the substance can influence the subsequent euphoric effects of drugs, as well as susceptibility to repeated abuse of that particular substance (Mennis et al., 2016). According to a study by Masombuka and Qalinge (2020), the problem of abuse of Nyaope is exacerbated by the fact that it is not difficult to buy Nyaope in townships. In addition, it is inexpensive, and attracts many unemployed or disadvantaged youth and school dropouts, who have minimal chance to access treatment (Mokwena & Huma, 2014)

According to Mahlangu and Geyer (2018), for substance abusers, environmental factors are said to be one of the aspects contributing to substance relapse, because of the strong physiological link of previous substance abuse events, places, people, objects, and unconscious conditions. Fernandes and Mokwena (2016) state environmental triggers are one of the contributing factors to Nyaope relapse despite the fact that the individuals have achieved sobriety a long time ago.

Community support was found to have a significant relationship, and was identified among the factors that influence the tendency of substance abusers to relapse (Ahmad et al., 2020). The findings of Mahlangu and Geyer (2018) revealed that Nyaope abuse has negative effects on the user, and on the family system, especially the sub-system of mother/father. According to Motsoeneng (2018), a number of Nyaope abusers lack family support in their journey to Nyaope sobriety.

As reported by Asumbrado and Canoy (2021), substance abusers, despite such challenging circumstances, can make sense of drug use and abstinence considering experiencing repeated rehabilitation. Stokes et al. (2018) stated that in order for substance abusers to achieve complete sobriety through their rehabilitation journey, they should adopt a strategy where they stay away from places, and peers, as these can cause cravings and recurrent desires to restart abusing substances.

Furthermore, Stokes et al. (2018) report that recovered substance abusers need to acquire new coping skills to avoid boredom and live a purposeful meaningful life.

1.2 PROBLEM STATEMENT

Substance abuse has been a subject of concern globally as a contributing factor to many psychosocial difficulties (WHO, 2020). With the increase of population, so is the increase of substance abuse (WHO, 2019). Nyaope abuse is not a new occurrence in South Africa

(Ndlovu et al., 2021). Nyaope is an illicit drug that is known to have originated in South African townships and is mostly consumed by the underprivileged youth (Montesh et al., 2015; Nevhotalu, 2017; Tatarwal et al., 2019) . Communities are concerned about the negative psychosocial effect nyaope abuse has on the abusers, their families, and their communities (Masombuka & Qalinge, 2020; Montesh et al., 2015).

According to Fern and Mokwena (2020) and Groenewald and Essack (2019), Nyaope abuse is a contributing factor to the high crime rate in townships, as most Nyaope abusers are unemployed and rely on committing criminal activities to maintain their behaviour of substance abuse. Nyaope is not only consumed by males. The findings of Mthembi et al. (2021) revealed that Nyaope abuse not only affects the substance abuser, but it further harms the development of the foetus and causes infective endocarditis in females who abuse Nyaope while pregnant. Their findings further revealed that Nyaope abuse increase the probability of the abuser contracting human immunodeficiency virus (HIV) through the new “bluetoothing” method of consumption. Nyaope is said to not only affect the user psychologically, it also damages veins, the cardiovascular system, causes tissue infections, liver failure, kidney disease and lung problems, and thus can be interpreted as burden to the already overloaded health system (Mthembi et al., 2021). Research on youth substance abuse indicates that Nyaope abuse plays a pivotal role in youth not completing their studies and so dropping out from their academic activities (Brumback et al., 2021). It is reported that, as young people do not complete their schooling, it increases the likelihood of being employed, therefore perpetuating the circle of poverty that is experienced by the underprivileged communities the substance abusers come from (Charlton et al., 2019).

While studies describe the abuse of Nyaope as significant in the country, they acknowledge that there are a limited number of studies on Nyaope abuse, relapse, and the

impact of this substance on the users, families, communities, rehabilitation and the country (Grelotti et al., 2014; Groenewald & Essack, 2019). In keeping with Mahlangu and Geyer (2018) findings, there is an influx of new substance abusers, and this trends indicates that treatment centres are insufficient; consequently, this influences the relapse rate in the fight against substance abuse. Regardless of this developing concern, the treatment and control of Nyaope abuse is still a problem that need urgent attention (Ndlovu et al., 2021). According to WHO (2021), although there are strides made in the treatment of substance abuse, it appears that for those affected by opioid use, their outcome is reflected as below par and indicates the short supply of rehabilitative institutions.

Available research by Khumalo (2019), Masombuka (2013) and Matheba (2020) has largely explored the needs and experiences of family member of Nyaope substance abusers after rehabilitation, and have paid attention to coping skills related to others such as parents and care-givers; however research has not explored the psychosocial experiences of rehabilitated Nyaope substance abusers. This has left a gap in the investigations relating to the experiences of Nyaope substance abusers who have relapsed after several attempts at rehabilitation.

Although experiences of nyaope abusers is a minimally researched topic, there are studies that have explored the psychosocial risk factors that increase the inclination of substance abusers to relapse. Since this study focuses on the psychosocial experiences of Nyaope abusers with repeated rehabilitation histories, it is essential to note that relapse is an element of repeated rehabilitation, therefore relapse will be discussed together with repeated rehabilitation. Conspicuously, the viewpoint of Ndou (2019) and Swanepoel et al. (2016) is that there is a gap in research related to the experiences and manifestation of relapse and rehabilitation in the South African background. Maarefvand et al. (2015) state that treatment

work in South Africa has remained disjointed and uncoordinated and view the likelihood of treatment abandonment at 40 percent. This is supported by Fern and Mokwena (2020), that it is difficult to detox and rehabilitate Nyaope abusers, and the estimated rate of success is below 3% .

Substance abusers experience a number of risk factors, including psychological, social, financial, physiological, cultural, and religious hurdles in overcoming substance abuse and maintaining sobriety (Khumalo, 2016; Mahlangu & Geyer, 2018). Nzama and Ajani (2021) study findings revealed that peer pressure is significant in pushing learners into substance abuse in high schools. The study mentioned that participants affirmed that friends lured them into or influenced their substance abuse (Nzama & Ajani, 2021). The study showed that learners engaged in substance abuse due to peer pressure, poor academic performance, parental neglect, lack of moral values, and weak parental control (Nzama & Ajani, 2021). The learners displayed negative behaviours, engaged in criminal activities, dropped out, and constituted nuisance and threats to the society when their substance abuse was not curbed (Nzama & Ajani, 2021).

According to Collins (2019) trauma appeared to be a common risk factor identified that substance abusers experienced prior to substance abuse. Additionally, Collins (2019) said exposure to early-life trauma can cause neurodevelopmental disruptions that are important in a young person's ability to emotionally self-regulate. In agreement, Rogers et al. (2021) study highlighted the adverse consequences of childhood traumas effect on substance abusers which were observed during adolescence and beyond; this shows that childhood trauma is a precipitating factor that can incline an individual to abuse substances and to subsequent relapse. According to Masombuka and Qalinge (2020), participants in their study revealed that they experienced that Nyaope abuse is worsened by the minimum effort it requires to

access nyaope in townships, as it is easily sold in schools, shops and on street corners. The study by Sundin and Lilja (2019) revealed that participants experienced different psychosocial causes of substance abuse such as adverse childhood experiences and lack of support from others. While it is acknowledged that Nyaope abuse causes adverse effects on substance abusers, it is not widely known about the psychosocial experiences of rehabilitated Nyaope abusers. Thus, it is in this regard that this study aims to explore and describe the psychosocial experiences of Nyaope substance abusers with repeated rehabilitation histories.

1.3 THE AIM OF THE STUDY

This qualitative research aims to explore and describe the psychosocial experiences of Nyaope substance abusers with repeated rehabilitation histories.

1.4 THE OBJECTIVE OF THE STUDY

To explore and describe how Nyaope substance abusers with repeated rehabilitation histories experienced their psychosocial environment after their return from rehabilitation.

1.5 RESEARCH QUESTION

What are the psychosocial experiences of Nyaope substance abusers with repeated rehabilitation histories?

1.6 SCOPE OF THE STUDY

The study focused on the psychosocial experiences of Nyaope substance abusers with repeated rehabilitation histories. The study was limited to clients of the Second Chance Recovery Centre in Mamelodi Township, Tshwane Municipality, with repeated histories of Nyaope substance abuse. The centre was selected because it focuses on post-rehabilitation

recovery, vocational training and re-integration of rehabilitated substance abusers into their communities.

1.7 CONTRIBUTION OF THE STUDY

Knowledge from this study will complement the current literature on substance abuse. For example, the findings will relate to South Africans who have been affected by Nyaope abuse across South Africa as it is context specific, and provide information about service delivery that is specific to users and their communities. The findings derived will provide information on how mental health professionals can tackle the mental health disorders associated with Nyaope addiction, relapse, and repeated rehabilitation. Programmes that incorporate psychoeducation can include the finding of this study into the mental health syllabus. The findings may revive psychological research focusing on repeated abuse of Nyaope and rehabilitation. The insights gained from this research study will also help rehabilitate Nyaope users. This can greatly help reduce the recurrence rate of Nyaope abuse. Increasing awareness in relation to Nyaope relapse could help the community and the public to understand the phenomenon, and how to help Nyaope users not to relapse.

1.8 OPERATIONAL DEFINITIONS

In this study, the definition of terms was operationalized to clarify the direct and functional use of terms in order to understand the psychosocial experiences of abusers of Nyaope with repeated rehabilitation histories and to break down the meaning behind the phenomenon being studied.

1.8.1 Experiences

According to the Sharbrough (2015) study, experiences are events that are subjectively felt, rather than that is imagined or thought about. In this study, experiences are defined and

applied as the lived incidents of living through Nyaope substance abuse over a period of at least two years. Learning about and understanding of Nyaope abuse is acquired through the daily struggle of trying to curb the abuse of Nyaope and continuous seeking of treatment. The experiences and knowledge are gained by actually successfully undergoing several rehabilitation attempts for Nyaope abuse, and then failing to reintegrate in the community, and reverting back to Nyaope abuse.

1.8.2 Nyaope

Fernandes and Mokwena (2020) define Nyaope as the unique psychoactive substance which contains third grade heroin as well as a variety of substances such as antiretroviral drugs, cannabis, and household detergents. Nyaope is new substance which consist of different potent ingredients depending on the location where it is found. Most Nyaope users begin abusing nyaope as a transitioning drug with the understanding that they were using cannabis. In Mamelodi, Pretoria, Nyaope contains cannabis, heroin, rat poison, and pool cleaner and it is not difficult to be accessed by youth from underprivileged backgrounds. Nyaope is readily available and the abuser smokes it in a rolled joint.

1.8.3 Psychosocial

According to Guha (2017), ‘psychosocial’ outlines the contextual relationship between social, cultural and ecological effects on the brain and conduct that an individual is exposed to. Psychosocial in this research study can be understood as the social, community, familial, personal and environmental aspect that might play an aggravating role in the rehabilitation and integration of rehabilitated Nyaope substance abusers in their communities. Psychosocial experiences play a role in determining how the rehabilitated substance abusers interact with their environment post-rehabilitation.

1.8.4 Rehabilitation

Rehabilitation is the process of assisting individuals dependent on a substance to manoeuvre through their everyday life to socially acceptable behaviour and assisting in regaining their autonomy, functioning, and self, following injury, disability, or disorder (Dhumal et al., 2021). Treatment and training are the cornerstone of rehabilitation as it enhances the user to reconstruct their abilities and skills to interconnect with their environment (Guha, 2017). Rehabilitation in this regards is the process of seeking and acquiring Nyaope treatment in a facility where skilled professionals can assist with the curb of Nyaope. Since Nyaope is believed to affect the lower social economic groups, rehabilitation can be any form of self-imposed Nyaope detoxification in informal religious, or traditional establishments, founded with the idea of helping Nyaope substance abusers, where they can stay for a period of time, and will undergo treatment to curb the use of Nyaope.

1.8.5 Repeated histories

Werner et al. (2021) state that repeated histories is a phenomenon in which a person repeats an event or its circumstances over a prolonged timeframe. Repeated rehabilitation in this research study is when Nyaope substance abusers have tried and succeeded to curb the use of Nyaope over a period of more than 2 years, but however are unable to successfully integrate back into their environment, and revert back to abusing Nyaope and need repeated treatment to curb its use.

1.8.6 Substance abuse

This is characterised by consistent uncontrollable use of one or more substances which adversely affect vocational, academic, relational, interpersonal and psychological functioning of an individual (VandenBos, 2013). Substance abuse in this context is when a person who repeatedly abuses Nyaope is unable to cease its use, and the abuse disrupts daily functioning in school, or work, and other areas of life. The Nyaope abuser is unable to stop the abuse of nyaope and therefore requires professional rehabilitative assistance.

1.9 CHAPTER SUMMARY

In this chapter a comprehensive overview to the study, introducing substance abuse as a global, continental and South African phenomenon, South African statistics on the abuse of Nyaope as well of experiences of rehabilitated substance abusers were presented and discussed in the context of this study. Over and above that, the chapter introduced the problem statement for the purpose of pointing out gaps in data pertaining to Nyaope substance abuse with repeated rehabilitation histories, and the effects the substance has on users, families and communities. The aim, objectives, and contribution of the study were clarified, and operational definitions were clearly shown.

CHAPTER TWO

THEORETICAL FORMULATION

2.1 INTRODUCTION

This chapter aims to outline theoretical formulations that shape the experiences of nyaope substance abusers with repeated rehabilitation histories. It gives a comprehensive understanding and alignment of the research with various perspectives and frameworks.

In order to explore and describe the psychosocial experiences of Nyaope substance abusers with repeated rehabilitation histories, Urie Bronfenbrenner's Socio-ecological system was deemed an appropriate framework to understand the research question while the Marlatt Cognitive model, the Relapse Prevention model, and Bowen Systems theoretical perspectives were brought in to guide the research study.

2.2 THEORETICAL FRAMEWORK

As stated by Kivunja (2018), theoretical framework is of importance as the guiding tool that the researcher can utilise in understanding the data derived from the study participants, and reviewed academic articles, and integrate them to form a coherent study background and findings that align with the participants' narrations. Furthermore, a theoretical framework is not the researcher's own thoughts but an integration of the thoughts of research experts, as they relate to the proposed research, and how the researcher will utilize the theories to understand the data (Kivunja, 2018).

2.2.1. Bronfenbrenner's Ecological System Framework

Bronfenbrenner's Ecological System Theory was deemed a suitable framework for this study. The Ecological Systems framework is viewed as the most appropriate to explore and describe the causes, to clarify the various impacts and interactions in different social settings of the rehabilitated nyaope abusers. This is because of the open-ended nature of the research question. This framework could likewise be used to discuss possible intervention

strategies. According to (Bronfenbrenner, 2005), the Ecological Systems Theory has undergone several evolutions and as of late has been re-named the Bio-biological Systems Theory. (Bronfenbrenner, 2005) further stated that this theory of human behaviour is best considered from an individualistic context as well as the individual environment. Its emphasis is that an individual does not function in isolation but that behaviour is influenced by factors in five contextual environments (Bronfenbrenner, 1979).

Bronfenbrenner's socio-ecological framework suggests that any abnormal behaviour – for instance substance abuse – is influenced by various extraneous psychosocial factors and is affected by a variety of environmental systems (Shelton, 2018). In addition, it suggests that substance abuse begins in the immediate family setting and advances to the microsystem, and it will eventually be experienced in all the systems that interact with the substance abuser's life (Boon et al., 2012).

Substance abuse disrupts many dimensions of individuals' lives, including their immediate environment, cognitive patterns, mood state, and social situations (Swanepoel et al., 2016). The ecological perspective holds that human resources, needs, and problems must be assessed according to environmental circumstances (Bronfenbrenner, 1979). Therefore, it is vital to recognise the environmental circumstances and background of a person, since individuals or groups do not function in isolation but, for example, within the system. The family exists within the community which, in turn, is influenced by the political, cultural, and economic environment. The environment has an impact on the beliefs, actions, and choices of the individual.

The ecosystem theory has undergone several changes since its inception in 1970. Proximal processes were reaffirmed and emphasised, as these did not form part of his initial concept (Merçon-Vargas et al., 2020). This process involves the interactional relationship between the child and its immediate environmental contacts (Bronfenbrenner & Evans, 2000). This can

mean that an individual's development is influenced parents, friends, teachers, etc., but also by external factors including technology, and recreational activities (Merçon-Vargas et al., 2020).

Bronfenbrenner's (1979) theory is encompassed on five levels of ecosystem.

- Microsystems is the system that includes the immediate family which has a first-hand impact on the child's development. It includes the people that children get to interact with when they are born.
- Mesosystem can be understood as where the microsystem interacts outside the immediate setting, where a person's immediate environment is influenced by external variables that are associated and constantly interacting.
- Exosystem characterizes the bigger social framework; in this instance the persons indirectly involved. This level has a circuitous impact on the person and the system. For example, the municipality as a system, as its decisions and choices can impact on one's life despite no immediate contact with the person.
- Macrosystem is the upmost level in the individual's context. It involves the scope of cultural variables in a larger scale that affect the existence of people, like social qualities, financial position, and ethnic gatherings, which might impact an individual's conduct.
- Proximal processes (Individual): In refining his theory, Bronfenbrenner included proximal process as another level that represent the change from a biological to a bioecological model. Human development was the focus of the refinement and the role it played in an individual's life. Its base was to highlight the interactive manner that human development plays in relation to the individual context (Merçon-Vargas et al., 2020). Bronfenbrenner emphasised the proximal processes as the focal point of the Bio-ecological theory (Rosa & Tudge, 2013).

In conclusion, and taking everything into account, the researcher utilized the Ecological Systems Theory, as it was the most appropriate to explore and describe the experiences of

Nyaope abusers with repeated rehabilitation histories. Moreover, this theory sees development in a humanistic environmental perspective. The theory sets out that all development and advancement occur inside the setting of connections with others, genetics, and the quality and setting of the person's environmental cues, that can either help or prevent the individual's personal improvement. The experiences of Nyaope abusers' resumption of Nyaope and subsequent repetition of rehabilitation are influenced by the interacting psychosocial factors in the microsystem, mesosystem, and macrosystem. This interaction with one another influences the likelihood of abstinence after rehabilitation and the continued abuse of Nyaope. The possibility of relapse and repeated rehabilitation can be observed in the experiences of rehabilitated Nyaope abusers; for example, Nyaope abusers who experience unfavourable relations with their immediate family members would possibly encounter challenges in constructively relating to their teachers, which turns into disregards of rules and absconding from school in favour of their peers, irrespective of the unfavourable influence they may receive from them. Most communities have mentioned their despondency in receiving Nyaope abusers back into their communities because of the behaviours they have encountered from Nyaope abusers such as vandalizing of community resources to feed their craving. This unsuccessful interaction on the meso level increases the likelihood of the relapse phenomenon and re-entering treatment centres. The experiences of Nyaope abusers who struggle with abstinence could be viewed in their experiences in the macro-level, where, according to Mokwena (2015), there is a struggle in placing Nyaope abusers in treatment centres in South Africa, and most have limited access to the services that are available. Lack of services and resources to curb the repeated abuse of Nyaope, as well as post rehabilitation resources and lack of employment will impact and make harder the effort to successfully recover from Nyaope abuse.

2.3 THEORETICAL PERSPECTIVE

Crossman (2017) states that a theoretical perspective is a series of hypotheses about the realities that inform the research questions the researcher asks, and the kinds of findings the study arrives at. Furthermore, the significance of theoretical framework allows the researcher to effectively group their ideas and thoughts, and simplify the research for the readers (Crossman, 2017). In this research study the following perspective are discussed.

2.3.1 Marlatt Cognitive Behavioural Model and the Relapse Prevention model

Marlatt and Donovan (2005) are of the belief that the most important objective of repeated rehabilitation and repeated substance abuse is to categorically mitigate the precipitant of repeated substance abuse and implement strategies to curb its occurrence. The RP model is a peer-reviewed psychosocial approach that can assist in reducing the tendency and likelihood of relapsing into substance abuse (Menon & Kandasamy, 2018). The RP model was initiated by Marlatt and Gordon, and its purpose was to provide strategic guidance on the needs of relapsed substance abusers. The most significant view of this model is the identification of incidents that can inform repeated rehabilitation episodes, and to utilise coping strategies to prevent further precipitants of repeated substance abuse (Witkiewitz & Marlatt, 2004).

The central reasoning behind the RP model is the imperative nature of pinpointing psychosocial elements that substance abusers may come across, such as risk profile and their proneness to lack skills such as coping, distress tolerance, dealing with cravings and daily stressors (Menon & Kandasamy, 2018). Marlatt and George (1984) reported that high-risk situations are things that have increased probability to influence a rehabilitated substance abuser to take drugs. Azmi et al. (2018) posit that high-risk situations for repeated substance

abuse include three situations, namely (i) negative emotions, (ii) experiencing interpersonal conflict and (iii) facing the social pressure of the surrounding circumstances.

This model's assertion is that if a person lacks competent coping skills, they are unable to cope with distressing circumstances in their immediate environment, they are easily influenced by others, and may fall into the reuse of illicit substances (Witkiewitz & Marlatt, 2004). According to Marlatt and George (1984), the RP model's main viewpoints are that it is important to know and have an idea about remedying the risk factors and come up with ways to introduce protective factors to rehabilitated substance abusers. Brumback et al. (2021) view risk factors as properties associated with increased likelihood of relapse at the biological, family, community or cultural level, while protective factors may be considered as positive countermeasures.

Witkiewitz and Marlatt (2004) report that central to this model there are three relapse high-risk situations; internal experience of negative emotional states, interpersonal conflicts, and social pressure. Relapse has been a subject of discussion; in trying to understand this concept, various studies explore the contribution of social factors to the relapse process. According to Ahmad et al. (2020), Andersson et al. (2019) and Azmi et al. (2018), social factors include constructs such as socialisation, and the important role it plays in how an individual turns out in the future and the behaviours that they may be prone to. Witkiewitz and Marlatt (2004) further state that unhappy homes, conflict and dissatisfaction with work and co-workers fall under the social factors that could force rehabilitated substance abusers to fall back into the cycle.

Taking everything into account, the researcher will contextualise the model. The main position of the model, as stated previously, is to assess and identify the precipitating factors that would encourage repeated substance abuse. In the case of Nyaope, Montle et al. (2019) suggest that the majority of Nyaope abusers experience unemployment and idleness,

therefore these factors contribute to the risk of continuous Nyaope abuse. Furthermore Nyaope abuse influences the likelihood of being unemployed, which contributes to the circle of poverty and continuous Nyaope abuse. The RP model posits that how the environment interacts with the substance abusers will determine their likelihood of abstinence. This can be viewed in that the majority of Nyaope substance abusers are from disadvantaged backgrounds in South African townships. Nyaope abuse and the inability to recover from its abuse is perpetuated by how easy it is to acquire the substance in the townships (Masombuka & Qalinge, 2020). If a rehabilitated Nyaope abuser returns from rehabilitation, they are confronted by the same risk factors, such as Nyaope being sold on street corners, in schools and shops that they previously encountered prior to treatment, therefore the likelihood of continued Nyaope abuse is intensified. It is noted that Nyaope is reasonably priced, therefore even the unemployed, disadvantaged rehabilitated Nyaope abuser can access it (Mokwena & Huma, 2014).

This model assertion is that if a person lacks competent coping skills, they are unable to cope with distressing circumstances in their immediate environment, are easily influenced by others, and may fall back to the reuse of illicit substances (Witkiewitz & Marlatt, 2004).

A disadvantaged background on its own exposes Nyaope substance abusers to a plethora of psychosocial problems such as stress, poverty, crime, ineffective coping skills and dysfunctional family dynamics. The process of achieving abstinence for the Nyaope abuser requires support holistically (Radebe & Pistorius, 2017). With the above-mentioned psychosocial stressors, Nyaope substance abusers become prone to relapsing and needing further treatment (Motsoeneng, 2018). Under these circumstances, the rehabilitated Nyaope substance abuser will choose to revert to Nyaope abuse, and the circle of relapse continues.

2.3.2 Bowen Family Systems theory

Bowen's family system theory is a perspective that considers multigeneration as the crux of both individuals' and families' functioning (Shultz, 2021). In this perspective, dysfunctional behaviour such as substances abuse is interpreted in the form of a diagram that depicts families' emotional interactive patterns, family conflicts, and dynamics inherited from their lineage that predispose the members to anxieties and emotions linked to substance abuse (Lander et al., 2013). According to Brown (1999) this theory is based on eight concepts that understand human behaviour through the micro, meso and macro interchangeably functioning together. Furthermore, (Shultz, 2021) posits that this is the fundamental standpoint of the theory as it applies to individuals in the community. The Bowen system theory viewpoint is that all members of the family unit play a role in how families function with each other, and how symptoms develop and persist (Bowen, 1974). In the same vein (Galloway, 2020) states that family functioning and interactions is spearheaded by all family members, and that will determine the manner in which the dysfunctional behaviour will progress.

Bowen Systems theory focuses on the interrelationship aspects of a system and its units (Bowen, 1974). As stated by Becvar and Becvar (2017), this perspective posits that substance abuse is a dysfunctional human behaviour that is caused by the negative family dynamics.

Becvar and Becvar (2017) further state that each member of a family system interacts with other members in a reciprocal pattern that involves emotions, behaviour and physiology. Petra and Kourgiantakis (2020) posit that this theory's assertion is that how the symptoms manifest is due to interactional ways that all family members interact and function.

Bowen systems theory further posits that repeated substance abuse is one dysfunctional response to unhealed trauma (Becvar & Becvar, 2017). In response to this unprocessed trauma, the individual would abuse substances to escape the anxiety that comes

with unresolved traumas (Petra & Kourgiantakis, 2020). According to DiClemente (as cited by Shultz, 2021) problematic parenting and adult roles, challenges, conflicted and broken marriages, and excessive use of a substance in the family play a major role in future addictive behaviour.

In conclusion, Bowen system theory highlights that family interactions are not one dimensional; all family members play a role in how emotions play out and the remedial ways of resolving the emotional discomfort. Families with a Nyaope abuser often have members violating community norms, which does not only affect the Nyaope abuser but the family as a whole. Family members, especially parents, mostly question their parenting skill, and tend to blame their family dynamics on their family member who is abusing Nyaope (Choate, 2015). The Nyaope abuser's behaviour often creates new and unfavourable dynamics for the family. The wellbeing of the family is therefore put at risk by the Nyaope abuser (Bala & Kang'ethe, 2021; Fernandes & Mokwena, 2020). The Nyaope user could also be hoping that going to the rehabilitation centre will mend the lack of healthy relationship between himself and the family members. The impact of the substance use increases the family's helplessness, resulting in a crisis for the family and vulnerability to psychological illness (Masombuka & Qalinge, 2020). When a rehabilitated Nyaope abuser fails to abstain from nyaope abuse, the family's anxiety resurfaces, in turn causing turmoil and disharmony with the system.

2.4 CHAPTER SUMMARY

This chapter focused on the theoretical understanding of repeated substance use that leads to repeated rehabilitation, and mitigating factors that can contribute to the curbing of the phenomenon. The theories explain that psychosocial factors which are important to be acknowledged in understanding substance abuse, relapse and repeated rehabilitation are intertwined. The theories further acknowledge the interacting psychosocial factors that lead to relapse and repeated substance rehabilitation.

CHAPTER THREE

LITERATURE REVIEW

3.1 INTRODUCTION

According to Creswell and Creswell (2017), a literature review assists the researcher to introduce the readers to the research by using studies whose subject is closely related to the one under exploration. The dearth of studies related to experiences of Nyaope abusers is notable, and in trying to understand the phenomenon, this literature review focuses on the global view on substance abuse, and then narrowed down to the concept of Nyaope abuse in South Africa. A special focus is on the psychosocial risk factors that predispose substance abusers to relapse that leads to repeated rehabilitation, and its effects on the individuals abusing the drug and their families and community.

3.2 SUBSTANCE ABUSE GLOBALLY

Canton (2021) estimated that 30 percent of individuals globally have had an encounter with substance abuse in 2018, while there is an increase in the diagnosis of substance use disorder estimated to be over 35 million. According to the latest World Drug Reports WHO (2019) and WHO (2020), research focusing on substance abuse in different populations indicates that although there is a significant difference in substance abuse trends, a higher rate of substance abuse is observed in younger populations as compared to matured populations, with an exception of abuse of traditional medicine.

According to WHO (2021), experimenting with illicit substance use begins around the ages between 12–14 years old, to late 15–17 years old, and these adolescents graduate to substance dependency by the age of 18–25 yrs. Cannabis has been perceived as a drug with low addictive risk; furthermore it is easily accessible as many countries have legalised its usage. Therefore it has been recorded as the drug most likely to be abused by all age groups, with a significantly high number seen in the adolescent group (WHO, 2020). Cannabis

soared as a preferred substance of choice globally in 2018, with an estimated 192 million people consuming worldwide (Zaami et al., 2020). According to WHO (2019) it is without any alarm that cannabis is the most abused substance, because in most studies it is mentioned that cannabis is frequently infused with other substances that are smoked, such as nyaope, to increase potency.

The initial consumption of substances is triggered by aspects of psychosocial variables that the adolescents do not have power over (Bhandari et al., 2015).

As indicated by the American Psychiatric Association and Association (2013), there are factors that would incline a person to abuse substances, starting from the biological, social, environmental, personality structure ,and psychological factors. These factors influence each other, and due to the individual's predisposition, most of the factors give a climate for substance abuse to flourish in young individuals (Rahman et al., 2016). As stated by Bhandari et al. (2015), substance abuse is not a linear process and different factors affect individuals differently, thus the factors could as well change over a period of time. Over and above all, the lack of protective factors perpetuates substance abuse so that young individuals find themselves trapped in the circle of substance abuse (Razali & Madon, 2020).

3.3 SUBSTANCE ABUSE IN AFRICA

According to WHO (2018), over 34 million people in west and central Africa are experimenting with, dependent on, and abusing cannabis, while 18 million are dependent on cocaine. Additionally, WHO (2018) posits that Africa has seen an influx in substance abuse trends and it is noteworthy to point out that this phenomenon does not discriminate across social class, but is experienced by people from all walks of life.

Lack of strict security measures in Africa has exposed the continent to the unlawful movement of illegal substances to different parts of the world (Kuria, 2013). According to

WHO (2018), West Africa is observed to be facilitating transportation of almost two thirds of the cocaine smuggled between South America and Europe.

According to Kuria (2013), West Africa is known for growing, production and trading in cannabis, which is one of the most abused substances across the continent.

Heroin has also been noted to be the most highly consumed substance in west and central Africa, and the usage is said to be above the global norm (WHO, 2018). As stated by Idaiani (2020), South Africa has been observed to be one of the major contributors to heroin abuse, and heroin has an increasing market facilitated by Southwest Asia via East Africa. Kabisa et al. (2021) indicated that since 2015 to 2017, the world has seen an increase in the making of various illegal substances. Furthermore Kabisa et al. (2021) posit that abuse of more than one illegal substance has been a noteworthy occurrence in Africa. Babalola and Yelwa (2020) reported that Nigeria has experienced a significant increase in substance abuse, recording 14 million users, which constitute 15% of the adult population. Kuria (2013) noted that Africa has seen a substantial surge in substance abuse and new concoctions of substance such as cocaine and heroin that are viewed to be mostly consumed by 18 to 24 year-old young adults. Furthermore WHO (2021) statistics purport that cannabis remain the most used substance of choice to be abused in Africa by young adults between the ages of 24-26.

3.4 SUBSTANCE ABUSE IN SOUTH AFRICA

As reported by Baloyi (2018), South Africa has seen a significantly higher number of people consuming illegal substances than before its democracy (Dada et al. (2018). SACENDU projects reported significant figures of substance abusers needing substance abuse treatment, with 8787 admitted across 80 rehabilitation centres throughout 9 provinces in 2016–2017 (Dada et al. (2018). Provinces in South Africa observed a rise in numbers of people seeking help for substance abuse, with 33% in Eastern Cape (EC), and 50% in Northern Cape (NC), and cannabis being their substance of choice. Cannabis and alcohol are

accessible and affordable drugs. Furthermore, most young people use these substances because they have friends or family members who use these substances and are pressurised to try it (Montle et al., 2019). Some young people use these substances to fit it with their social contacts as well as hearing about it in music and seeing it used on television and in movies (Montle et al., 2019). Dada et al. (2018) reported that of the substance abusers who entered treatment facilities, the majority of them were abusing nyaope, while 8% preferred heroin use. It is estimated 30 percent of substance abusers whose substance of choice is opiates (heroin and Nyaope) make up 810 admissions (30%) in treatment centres across the nine provinces in South Africa (Dada et al., 2018).

3.5 NYAOPE ABUSE IN SOUTH AFRICA

Various studies indicate that the use of Nyaope has been existing in South Africa for more than 10 years (Fernandes & Mokwena, 2020; Grelotti et al., 2014; Masombuka & Qalinge, 2020). Ghosh (2013) states that there is lack of studies that focus on the extent and impact of substance abuse of Nyaope in South Africa, hence there is a lack of consistent yearly statistics. Nyaope has seen an increase in community dialogues, social media and word of mouth around townships, however scholars reported that there is a significant dearth of studies that explore the extent and impact this substance inflicts on users, families, communities and the country (Grelotti et al., 2014; Groenewald & Essack, 2019). Nyaope abuse in South African townships is rapidly becoming a conduit to destroy young people's lives throughout the country (Maseko, 2015). Nyaope is a Setswana word meaning "useless thing", and that once one gets addicted, one turns into a useless thing (Monyakane, 2018).

According to Bala and Kang'ethe (2021), young people in many South African townships have discovered the illicit substance Nyaope and have been consuming this substance excessively. Ettang (2017) reported that townships such as Mamelodi, Soshanguve and Atteridgeville in the Tshwane Metropolitan Municipality were at the forefront of exposure to

the illicit substance Nyaope in the early 2000. Nyaope bears different names depending on the location of exchange (Monyakane, 2018). Mpumalanga and Limpopo Province termed it 'pinch' while users in the Western Cape and KwaZulu-Natal call it 'whoonga' (Weich et al., 2017). Moroatshehla et al. (2020) report that Nyaope contains a plethora of substances and one cannot confidently state the exact concoction; however, reports are that it is made up of several chemicals, and its potency is often determined by the sellers. There is consensus that the main ingredient in the concoction that is known as Nyaope is low grade heroin (Bala & Kang'ethe, 2021; Baloyi, 2018; Fernandes & Mokwena, 2020).

According to Khumalo (2019) substances such as methyl digoxin, amphetamine, antibiotics, antiretroviral drugs, central nervous system depressants like phenobarbitone and benzodiazepines, stimulants such as pipradol, and antitussive syrups like dextromethorphan are said to be some of the ingredients that are added together to create Nyaope. Nyaope is often consumed in various ways; some heat it and inhale the fumes, but the new trend is that Nyaope is dissolved into a liquid form and injected into veins (Masombuka & Qalinge, 2020; Mokwena & Makuwerere, 2021). Furthermore, Fernandes and Mokwena (2016) said Nyaope is extremely potent; even experimenting with one "hit" can catapult to a full dependency.

Bala and Kang'ethe (2021) and Baloyi (2018) reported recent research findings that Nyaope has been used by an increasing number of youth, and its obliterating impact is not only observed in the users but also in their families and communities. Nyaope is said to influence the abusers to experience happiness and experience more energy after consumption (Groenewald & Essack, 2019). According to Mahlangu and Geyer (2018), Nyaope users will subsequently start using Nyaope on a daily basis to feel the same effect, which increases the likelihood of reliance and resistance.

According to Spark (2018), although Nyaope is often smoked, there is discovery of new way of consuming which is called "bluetoothing." In this technique, Nyaope is crushed and

liquidised by adding water to make it soluble in order to inject it through a vein. Furthermore, Spark (2018) reported that this mode of consumption of Nyaope was introduced because as research has indicated that the majority of Nyaope substance abusers are from poor backgrounds, and they use this mode to preserve, prolong and share the drug among several addicts at the same time. According to Mashaba (2020), the city of Tshwane is noted as the trendsetter of the 'bluetoothing' mode of Nyaope use. Msomi (2017) reported that the South African National Blood Services (SANBS) has warned that the mode of administering Nyaope into blood and drawing blood from another individual and injecting oneself in order to get intoxicated with Nyaope might increase the likelihood of contracting HIV among substance abusers. Furthermore, Msomi (2017) states that some Nyaope substance abusers sell the blood for R10.00.

As stated by Nkosi (2017), Nyaope has devastating effects on the person who uses it. Fernandes and Mokwena (2020) say a person who uses the drug is characterised by deteriorating personal hygiene, dazed looks, and is known for stealing and selling anything to maintain their habit. The families are affected by the stealing habits. They also witness their family member neglect their hygiene; this could be a concern for the families. Khumalo (2019) caution that Nyaope is psychoactive drug that is not controlled, and it is listed as an illicit drug that is cheap, and widely and readily available. It is a drug that is found to be toxic to the body's organs, and leads the brain to dysfunction. The impact of substance use increases the family's helplessness resulting in a crisis for the family and vulnerability to psychological illness (Masombuka & Qalinge, 2020).

3.6 NYAOPE RELAPSE IN SOUTH AFRICA

To fully grasp the concept of repeated rehabilitation, it is important to discuss relapse as an interlinked concept to Nyaope substance abuse. As stated by (Makokha et al., 2021), an increased number of South Africans appear to be consuming illegal substances more in recent

years than pre-democracy. With the increase in substance abuse it has been noted that more people require a chance to access treatment facilities, thus an influx of re-admission to rehabilitation facilities post recovery has been observed (Mahlangu & Geyer, 2018).

Although it is an integral part of substance abuse, relapse can be a demotivating, and potentially harmful experience (Harrison, 2021). There will be mental, emotional and physical challenges that may make the substance abuser want to use again (Groenewald & Essack, 2019). Mokwena (2016) claims that a person does not need to repeatedly use Nyaope to become addicted; a single “joint” is more than enough. According to Fern and Mokwena (2020), Nyaope is extremely potent and it is estimated that treatment dropout rate is about 40%, with completion of treatment estimated to be 3%.

Razali and Madon (2020) state that identifying the predictor factor for the inclination towards repeated rehabilitation among former substance abusers could prevent relapse, and help recognise the aspects of their lives that have the potential to contribute to the phenomenon. According to WHO (2018), an estimated 185 million of the world’s population are directly and indirectly affected by substance abuse. As stated by Daley and Maccarelli (2014), substance abuse leaves a path of destruction, and this destruction is not only affecting all the abuser’s aspects of functioning, they catapult through to families and communities. Additionally Daley and Maccarelli (2014) report that the facets of substance abusers’ lives that are interrupted by substance abuse include physical health, mental wellbeing and financial security. Menon and Kandasamy (2018) expressed that it is normal for substance abusers to relapse in their journey to sobriety, and these relapses are influenced by various factors such as biological and psychological.

According to Masombuka and Qalinge (2020), 71% of Nyaope abusers found it challenging to stop the use without professional assistance, therefore only 10% achieved sobriety. However most relapsed within a year. The extreme physiological effect of detoxing

is said to play a major role in Nyaope relapse (Mokwena & Makuwerere, 2021). According to Mokwena and Huma (2014), withdrawal symptoms might include stomach cramps, headaches, nausea, and many more physiological difficulties, and they are said to last for weeks. Masombuka (2013) study also found that the physical pain that Nyaope substance abusers experience while attempting to stop the use is one of the fundamental challenges, as it often contribute to their continuous relapse.

3.7 REHABILITATION IN SOUTH AFRICA

Surprisingly, there is very limited data on drug and substance rehabilitation in South Africa. Most of the researches that have been conducted on the topic are on prevention and understanding the trajectory of substance abuse. This is in line with Maarefvand et al. (2015), who assert that treatment in South Africa has remained disjointed and uncoordinated. However, Dada et al. (2018) note that there are a number of treatment facilities in South Africa whose mandate is to strengthen and motivate the will of substance abuser to achieve long-term abstinence from substance abuse and avoid relapse.

As reported by the National Drug Master Plan (National Department of Social Development, 2019-2024) there are different types of treatment centres across the country, such as specialised rehabilitation facilities. Specialised rehabilitation facilities are said to be institutions that render detoxing services to substance abusers (National Department of Social Development, 2019-2024). The services that are generally offered range from counselling and therapeutic services, psychological interventions, substance detox and aftercare need services (National Department of Social Development, 2019-2024).

As reported by Masiko and Xinwa (2017) there are several substance abuse rehabilitation options, including outpatient rehabilitation programmes, and short-term and long-term treatment centres. Additionally, Masiko and Xinwa (2017) report that although the sole purpose of rehabilitation is to assist substance abuser curb the abuse of illicit substances, they

do not necessarily have control over how the detoxed individual will cope post-discharge. As noted in Dada, Harker, Burnhams et al. (2018), a common attribute of substance abuse is relapse. In this case, a substance abuser would revert to the previous behaviour of abusing substances after a short or long period of abstinence.

As stated by Dada et al. (2018), government support is required in eliminating the long waiting list that substance users encounter while seeking treatment. Furthermore, they state that the limited number of rehabilitation centres plays a vital part in the relapse tendencies of most substance users (Dada et al., 2018). According to (Ghosh, 2013), with the limited number of rehabilitation centres, the most vulnerable are the historically disadvantaged. The necessary recovery timeframe is long, treatment is often costly, and the withdrawal side effects are brutal (Fernandes & Mokwena, 2020). Essentially an entire year of extreme detoxification and personal strength and support are vital to effectively detox Nyaope substance abusers (Masombuka & Qalinge, 2020).

3.8 PSYCHOSOCIAL EXPERIENCES OF SUBSTANCE ABUSERS AND NYAOPE ABUSERS AS RISK FACTORS FOR REPEATED REHABILITATION

There is a gap in researches that focus on the psychosocial experience of Nyaope substance abusers with repeated rehabilitation histories. However, there are investigations that have studied the psychosocial risk factors that would precipitate the relapse that would trigger multiple rehabilitation experiences. In order to understand the psychosocial experience of Nyaope substance abusers with repeated rehabilitation histories, the psychosocial risk factor will play an important role in answering the research question and therefore will be discussed extensively.

Scholars have identified multiple factors that influence substance abusers to revert to substance abuse. Studies in the West mostly found the inclination to relapse to be caused by certain psychosocial factors, such as self-pressure, emotional stress, and social environmental stress, such as family support, peer support, and societal support (Bowen et al.,

2021). In addition, the inclination to relapse among addicts in Malaysia is also significantly based on social environmental factors, personal stress, emotional stress, and interpersonal conflict, leading to the increase in the number of repeating addicts every year (Amat et al., 2020). Swanepoel et al. (2016) suggest that Marlatt and Gordon (1985) explain that there are two general definitions of relapse; either as a disease symptom that returns after treatment, or an action that indicates that a substance abuser either recovers or become worse and incurable.

In understanding relapse, Marlatt and George (1984) state that the first point is to identify the risk factors as well as conditions that would escalate substance abusers to seek comfort in illicit substances, to assess the easy access to acquiring their preferred substance, and the environment that sustain, substance abuse.

3.8.1 Environmental risk factors

Environments in which the pharmacological effects of substance abuse have been experienced become potent triggers for relapse in rehabilitated substance abusers. Researchers and clinicians have observed that the environmental context in which drugs of abuse are used can influence the subsequent euphoric effects of drugs, as well as susceptibility to relapse to drug taking (Mennis et al., 2016). Environmental cues associated with previous substance use are said to be the area where the user previously bought Nyaope, and knowing the sellers, as they are usually their social contacts (Fernandes & Mokwena, 2020).

3.8.1.1 Availability and accessibility of drugs

According to Masombuka and Qalinge (2020), families, communities and Nyaope users have encountered extensive social and medical problems associated with the abuse of Nyaope. It is stated that these challenges are intensified by how inexpensive it is, as well as how it is not difficult to purchase in townships (Masombuka & Qalinge, 2020). Because of its

low price, even the unemployed youth, and the inadequately schooled substance abusers do not need to struggle in accessing Nyaope (Mokwena & Huma, 2014). According to Dintwe (2017), Nyaope is sold in townships, and the sellers are not discreet about their illegal trade. Furthermore, Dintwe (2017) states that some of the Nyaope abusers are sellers themselves, therefore the substance abusers can easily locate the product for their next fix. The easy access fuels the increasing relapse rate of many Nyaope abusers (Dintwe, 2017; Fern & Mokwena, 2020). As reported by Mashaba (2020), Nyaope prices differ according to the area and its blend; however, for the most part, it is traded for R20 to R25. Although Mokwena (2015) echoes the same sentiments about cheap Nyaope prices, her findings indicate that it is commonly purchased at R26-R40.

3.8.1.2. Environmental cues

Environmental cues and triggers often happen post-rehabilitation, when the recovered users are re-integrated into the communities where they used to consume their preferred substances (Mahlangu & Geyer, 2018). The physiological urge takes over because of the familiar environment and the substance abuse activities that used to take place (Mahlangu & Geyer, 2018). According to Daley and Maccarelli (2014), these environmental cues are some of the contributing factors in increasing the likelihood of relapse (Daley & Maccarelli, 2014). According to Mokwena (2016), the positive aspect of rehabilitation is its ability to assist in the detoxification of the patient; however, it is lacking in tackling the environmental challenges substance abusers are exposed to; for instance, the environment associated with their disruptive behaviour. Additionally, Fernandes and Mokwena (2020) state that the despairing part about re-integration of recovered substance abusers into the community is the exposure to the environment that does not discourage substance abuse.

3.8.2 Social risk factors

3.8.2.1. Peer Pressure

In addition to most of the factors that are said to be the triggering psychosocial risk factors to relapse, peer pressure topped most researchers' lists. As mentioned by Mahlangu and Geyer (2018), substance abusers returning from rehabilitation will likely interact with peers who previously abused substances with them, which exposes them to relapse. Azmi et al. (2018) concur with previous scholars, in that one of the associated risks to revert to substance abuse post-treatment is the interaction with social contacts, some who might be old friends and family members. Dhumal et al. (2021) indicated that rehabilitated substance abusers have contacts who are substance users; some are selling, and they often discourage rehabilitation or cessation of substance abuse. Substance abusers often have peers that they consume substances with; these friends are said to be the instigators and encouragers of substance abuse among first time Nyaope abusers (Dintwe, 2017). As reported by Mokwena and Setshego (2021), the most integral part of human functioning is to be part of a social group, and these peer groups are often encouraging similar behaviour within a group, even with disruptive behavior. In agreement with previous scholars, Tyree et al. (2020) mentioned that it was commonly noted that heroin abusers often have friends, partners and family members who have experimented with heroin, and therefore coerce them to the first encounter with heroin.

As stated by Maluleke (2013), recovered substance abusers can maintain sobriety from their substance of choice if they stop associating with peers who encourage substance abuse. In addition, Maluleke (2013) said that if those relationships are halted and new ones are formed with peers who have similar interests, these will support and encourage continuation of learned positive behaviour from the rehabilitation centres.

3.8.2.2. Community Support

Substance abuse is without a doubt a challenging phenomenon which does not only affect the user but also the social, psychological and physical aspects of an individual (Zaidi, 2020).

It is in the nature of human development that people do not function in isolation, but they are part of social groups and communities, therefore interaction is important for optimum functioning (Zaidi, 2020). The community plays an important role in a substance abuser's life before and post-rehabilitation (Sitorus & Purba, 2018).

As stated by Azmi et al. (2018), recovered substance abusers who experience marginalization and isolation from their communities tend to revert back to abusing substances. As reported by (Zaidi, 2020), communities tend to be in a conflictual situation because of the fear of supporting substance abusers, as they are often known as delinquent and do not respect the rule of law.

According to (Azmi et al., 2018), most communities often have negative attitudes towards substance abusers irrespective of their sobriety. This attitude often encourages relapse due to feelings of isolation. Lack of community support factors is believed to have an influence on the inclination to relapse (Asumbrado & Canoy, 2021).

3.8.2.3. Family Support

Family support is one of the fundamental aspects that would increase the likelihood of a recovered substance abuser maintaining their sobriety (Zaidi, 2020). According to Mzolo (2015), nature dictates that the relationship between individuals and nature is interactional, therefore, with substance abuse, the family and the substance abuser will both feel the effects of this phenomenon. According to Mahlangu and Geyer (2018), Nyaope abuse has a negative effect on both actively abusing and recovered substance abusers and the family, largely the sub-system of mother/father. As stated by Mokwena and Makuwerere (2021), Nyaope has become more prevalent in families around South African communities, where in most cases, more than one family member in a household abuses Nyaope. Additionally Mokwena and Makuwerere (2021) state that the family then loses the will to support their family member because they believe that they have lost the battle against Nyaope, or they do not have control

over it. As reported by Mahlangu and Geyer (2018), family members of Nyaope substance abusers lack the capacity to support due to experiencing distressing challenges that comes with having a family member who abuses Nyaope.

As reported by Azmi et al. (2018), the absence of family support has been noted as the main aspect without which the substance abuser cannot function post-rehabilitation. Furthermore, Azmi et al. (2018) reported that family members have high expectations when a substance abuser returns from treatment, therefore they tend to exert pressure towards a complete behaviour change, which can push the individual to reverting to substance abusing behaviours.

3.8.3 Interpersonal risk factors

3.8.3.1. Negative emotional state

According to Swanepoel et al. (2016), an undeniable relationship between negative emotional state and relapse is evident. Negative emotional states cause recovering substance abusers to experience uncomfortable feelings such as anxiety, depression, irritation, weariness or loneliness before they experience signs of relapse (Grelotti et al., 2014). Additionally Grelotti et al. (2014) note that rehabilitated substance abusers believe that resuming nyaope will relieve their painful emotional state, indicating that the negative mood was the cause of relapse.

A study by Wadhwa (as cited by Sanni et al. 2021) agrees that in most cases of relapse, a negative emotional state plays a vital role. Furthermore Sanni et al. (2021) claim that most substance abusers lack positive coping skills, therefore in their context they believe the feeling derived from these chemical substance helps with day-to-day struggles of their lives. Lowinson (2011) posits that an increased emotional reaction, mixed with the inability to emotionally regulate, predisposes substance abusers to relapse. Additionally Lowinson (2011) said that in order for substance abusers to effectively cope and adjust to cravings and

the harsh side effects of consuming nyaope, it is important that they focus on the here and now, and accept the consequences of substance abuse withdrawal.

As reported by (Daley & Maccarelli, 2014), in instances where individuals do not have dynamic methods for dealing with especially difficult emotions, great critical thinking abilities, stress management, and relaxation abilities, they are more inclined to relapse. The more prominent the scope of mental and social adapting abilities, the more the individual can adapt without substance abuse (Daley & Maccarelli, 2014).

3.8.3.2 Coping skills

As reported by Roos et al. (2020), coping skill is a broad concept that can be understood as the ability of a substance abuser to maintaining optimal socially acceptable functioning, and successfully manage distressing situations. In addition, Roos et al. (2020) stated two aspects of coping, namely approaching coping and avoidance coping. In the context of substance abuse, approaching coping is the ability of a substance abuser to consciously mitigate stressful events such as cravings, environmental triggers, and peer pressure that can trigger relapse, while avoidance coping contextually is when the substance abuser is able to divert attention from risk situations that could precipitate substance re-use. According to (Azmi et al., 2018), the inability of an individual to deal with distressing situations in their lives is associated with the inclination of relapse post-treatment.

3.8.3.3 Personality traits

According to Lingardi and McWilliams (2017), personality refers to the innate unobservable behaviours an individual possesses, instead of a diagnosis of a psychological disorder. Additionally Lingardi and McWilliams (2017) reported that personality traits are psychological features that can be observed in a population that can differentiate a person from a scale related to the normal population characteristics. The manifestation of personality traits are in most cases discovered and observed in the adolescent stages (Mennis et al., 2016). Additionally Mennis et al. (2016) state that care needs to be exercised, as neurotypical

adolescent behaviour can be difficult to distinguish from common psychological symptoms associated with these disorders. According to Makokha et al. (2021), 50% to 75% of substance abusers are more likely to have a comorbid disorder such as a personality disorder. According to Swanepoel et al. (2016), personality disorders and traits have been observed to be precipitating factors for substance abuse and relapse.

3.8.4 Physiological risk factors

3.8.4.1. Comorbid disorders

Comorbid disorders are illnesses that happen at the same time within an individual (Daley & Maccarelli, 2014). The National Institute on Drug Abuse (NIDA) (2018) reported that individuals with substance use disorders have been found to have co-occurring psychological disorders such as depressive disorders and anxiety disorders. Furthermore, NIDA, (2018) mentioned over and above the diagnosis of substance use disorder, in instances where this is the case, substance abusers find it difficult to overcome the challenge and therefore become prone to relapse and non-adherence to treatment. Dhumal et al. (2021) note that cocaine use disorder patients have been found to also have challenges with alcohol abuse. Their dependency on one substance inclines them toward at least one other (Daley & Maccarelli, 2014). Furthermore, Dada et al. (2018) reported that comorbid disorders prolong the sobriety of most substance abusers, and those for whom the substance of choice is Nyaope tend to spend more financial resources on rehabilitation than those who are abusing a single substance. Furthermore, Dada et al. (2018) reported that the financial constraints play a role in substance abusers stopping treatment.

NIDA (2018) reported that adolescents in treatment centres have been found to have other psychological disorders over and above the substance use disorder diagnosed. At the point when patients do not get sufficient treatment for mental health disorders during and after the

ongoing rehabilitation, they might turn to substance use as a method of emotional regulation and coping (Sadock, 2015).

3.8.4.2 Cravings

According to Swanepoel et al. (2016), research focusing on substance abuse reports that cravings are the physiological longing to consume illicit substances after detoxification, and this predisposes recovered substance abusers to relapse. Cravings are therefore viewed as a connection to an enjoyed experience, and the substance abuser perceived this experience as euphoric, therefore yearns to re-experience the feeling (Mokwena, 2015). As reported by (Mokwena, 2016), Nyaope is one of the extremely addictive substances due to its formulation, and it is reported that Nyaope abusers struggle to curb its use compared to other illicit substance abusers, and they tend to experience prolonged cravings.

Guenzel and McChargue (2020) reported that, although craving are more physiological cues to substance re-use, social contacts that are actively abusing drugs can increase the craving if the recovered abuser interacts with them in an environment where they used to consume substances. Coping behaviours of patients with burdensome emotional turmoil have an increased correlation with relapse in patients with alcohol dependence compared to other psychosocial variables (Sureshkumar et al., 2017). According to Mokwena (2016), Nyaope abusers are in desperate need to detoxify ,and due to their financial background, many resort to self-imposed rehabilitation by locking themselves in rooms for weeks, or their family members resort to locking them in houses to stop them from accessing Nyaope.

3.9 CHAPTER SUMMARY

The chapter focused on a literature review with interest on the psychosocial risk factors of relapse, substance abuse as a world challenge, and substance abuse in South Africa. It has been indicated in this chapter that substance abuse is non-discriminatory and affects people

across the globe differently. The special focus on this chapter was directly on Nyaope. Therefore, this chapter covered the history of the topic being researched and it was illustrated in this chapter that there was not much research done on Nyaope. However, this chapter has highlighted that Nyaope is a substance that started in South Africa, and mainly affects communities with low socio-economic status and which are poverty-stricken. Furthermore, literature has illustrated that there are compounding factors that lead to Nyaope or substance relapse, and these factors are multifaceted and interact with one another.

CHAPTER FOUR

RESEARCH METHODOLOGY

4.1 INTRODUCTION

This chapter discusses the research design and methodology of the study in more detail. Its main focus is to highlight the reasons for the chosen method and design, the reason behind the exploration of the study, and the steps taken to ascertain that the study is a true reflection of participants' narratives and it is reliable.

Creswell and Creswell (2017) state that the methodological technique includes the types of information received, examination, and understanding that the researcher proposes for their research. The aims and objectives of the study are stipulated, which guided the selection of the research design and methodology.

4.2 RESEARCH APPROACH

The study followed a qualitative approach. A qualitative research approach focuses mainly on experiences of participants, and was considered suitable for this study. This approach was chosen to focus on participants' experiences. The researcher was able to engage the topic to its full capacity because this approach allows a comprehensive engagement with participants in order to fully understand the phenomenon under exploration.

Maree (2015) states that qualitative research is utilised to explore personal experience of participants and this method grants the researcher the freedom to understand, interpret and produce a detailed interpretation of participants' experiences. Additionally, Maree (2015) states that context is of importance for qualitative research as it is the building block of socialisation and cultural background. Additionally the approach allows the researcher to concentrate on chosen problems holistically and exhaustively to know the data that comes out of the information (Blanche et al., 2006). Creswell (2014) as cited by (Newell-McLymont, 2021) concurs that if the researcher needs to understand a phenomenon through the experiences of participants and explore what contextual meaning they ascribe to these experiences, a qualitative research is the approach that should be adopted. This study's main aim was to explore the psychosocial experiences of Nyaope substance abusers with repeated rehabilitation histories through describing, and interpreting experiences of participants for this social problem.

4.3 RESEARCH DESIGN

The study employed a descriptive research design. Qualitative descriptive studies are characterised by their real-life inquiry, with a responsibility to explore a phenomenon in its natural state to explain that phenomenon from the perspective of the persons being studied (Nassaji, 2015). A descriptive research design was the appropriate one for this study because only the Nyaope substance abusers can articulate their experiences in their natural state, and the researcher was able to understand the phenomenon. Furthermore, this research design assisted the researcher to extract meaning from the narratives of the participants through understanding the meaning the participants gave to their experiences. Qualitative description design accepts that, in reality, interpretations are subjective, and that the participants'

narratives are their personal experiences and are supported by their verbatim excerpts (Creswell & Creswell, 2017).

4.4 RESEARCH CONTEXT AND PARTICIPATION

The population of the study was Second Chance Recovery Centre (SCRC) clients with repeated rehabilitation histories of Nyaope substance abuse. SCRC is a 20-bed recovery facility based in Mamelodi Township, 15 km from Pretoria. The centre provides recovery services for people who have undergone and completed rehabilitation from drug (substance) abuse. SCRC provides assessments, an outpatient programme (6 Weeks), referrals to inpatient rehabilitation clinics, after-care, drug testing, family support, and community education and support. A sample was selected based on the history of Nyaope abuse and its development over time. A timeline method of data collection was used whereby participants were requested to narrate their use of Nyaope, incidents that lead to use and relapse, their first recovery, and follow-up attempts over the years to curb the abuse of Nyaope until they ended up at SCRC. Cao et al. (2018) observed that most individuals who abuse substances are from disadvantaged backgrounds. The Mamelodi township, where the research study was conducted, fits into the disadvantaged household class. The SCRC was chosen because the organisation is a registered non-profit organisation, which focuses not only on rehabilitation but assisting the repeat substance abusers with vocational skills that will help in reducing the psychosocial stressors that users encounter. Further the centre can ensure, through weekly drug testing, that participants are not actively using Nyaope, which enhanced the reliability of their narratives.

4.5 SAMPLING METHODS

The study participants were selected using non-probability sampling techniques, and only those with distinct attributes were included in the research. According to Maree (2015),

purposive sampling is when the researcher decides to involve participants in a study, on the grounds that they are suitable participants and they will have the ability to bring forth pertinent information for the phenomenon being researched. Purposive sampling is a technique that involves choosing participants according to the characteristics they have (Ritchie et al., 2013). A homogeneous sampling technique was used because the aim and objective of the research is to explore and describe a particular group in depth.

4.5.1 Sample inclusion criteria

- The inclusion criteria entailed selecting participants at the SCRC who have undergone rehabilitation and are recovering from Nyaope substance abuse, as this was the chosen population.
- Second Chance Recovery Centre was chosen as it is a centre that primarily focuses on Nyaope users who are already rehabilitated, and is training them in vocational skills. Furthermore, although there are over 300 recovery centres in South Africa, SCRC does not focus only on rehabilitation of Nyaope users, but on helping users who have been successfully rehabilitated but who however require support with recovery, as well as training them with vocational skills to help them reintegrate into the community.
- Only SCRC clients were chosen, because the centre has a multidisciplinary team that ensures that their clients are drug-free, as they carry out a urine test every morning and a weekly blood test.
- Participants must have a comprehensive history of Nyaope abuse and its development over time, and have undergone rehabilitation at least two times between 2018 and 2020, as this enabled them to respond with rich data relevant to their histories of repeated rehabilitation.
- Participants can either be day clients or in-house clients currently undergoing recovery after repeated completion of Nyaope substance rehabilitation.

- They must have a level of education to at least grade 8, as well as the assurance from the SCRC that they have the necessary cognitive functioning to be able to understand and respond to questions.
- They should have a level of comprehending and responding in English and Setswana.
- They must reside in South Africa, as SCRC clients are recruited from various certified rehabilitation centres in South Africa who have completed their drug rehabilitation programme but who are not ready to be integrated back into their respective communities.
- Participants between 20 to 25 years formed the sample. According to research, the mean age of nyaope abusers is 18-29 years old (Chinuoya et al., 2014; Fern & Mokwena, 2020). Erikson's theory of psychosocial development posits that this stage exposes adolescents to disruptive behaviour, specifically if they have not developed self-awareness; this can lead to inferior feelings of self-concept and emotional isolation (Segrin et al., 2016).

4.5.2. Sample exclusion criteria

- Those who abused other substances such as cocaine, cannabis, alcohol, or amphetamines.

4.6 SAMPLE SIZE

A small sample size assists in the achievement of saturation. Moreover, this is a limited scope research study. Furthermore, the focus is on exploring rather than determining through in-depth interviews (Saunders et al., 2018). The researcher continued the interviews until data saturation was established. According to Moser and Korstjens (2018), data saturation is when the interviews are continued irrespective of the number of participants until there is no new information supplied by the participants. Furthermore, it is stated that in qualitative research, data saturation is characterised by the repetition of information from participants, as well as the researcher getting rich data on the phenomenon researched (Moser & Korstjens, 2018).

According to Creswell and Creswell (2017), saturation occurs at around 6 to 12 participants in a homogenous group. The researcher used open-ended questions that encouraged probing for more rich and in-depth data. In order to reach saturation, the researcher asked all the participants the same questions to ascertain that same themes have been heard in multiples before interviews.

4.7 DESCRIPTION OF PROCEDURES/TECHNIQUES/METHODS

The researcher requested and received goodwill permission to conduct a research study at SCRC from the gatekeeper. The researcher requested permission by first sending an email to the centre requesting to conduct a research study. The centre manager invited the researcher to elaborate on the type of research study, whereby the proposal of the research study document was provided to the centre. Approval to conduct a research study was granted after an interview with the centre manager.

An advertisement pamphlet was created and distributed at the recovery centre asking for willing participants to take part in the research study, with the mediator's contact details added on the advertisement. A mediator has been requested for the purpose of assisting with taking the contact details of willing participants for the research assistant to contact them. The mediator is a social worker who is aware of the participants' cognitive capabilities, history of their Nyaope use, history of their rehabilitation, their weekly drug tests reports, and the vocational training programme they are enrolled in at the centre, and will be able to provide the researcher with appropriate participants who can take part in the research study. The mediator is the only person who has access to the participants' confidential information, and the research team will not have any access to it to ensure confidentiality and privacy of participants.

Before informed consent was provided by the participants, the researcher informed the participants that participation was voluntary, and that they may choose to stop their involvement at any time. An independent person obtained informed consent from willing participants. The independent person was a master's student in Clinical Psychology who has undergone basic Health Research Ethics training and is competent with research skills. The independent person met with participants at the SCRC boardroom. The independent person distributed and obtained informed consent forms to ensure that the participants understood that they were not forced to partake in the research, and for ethical considerations. Also, the informed consent form included a request for the interviews to be audio-recorded.

In addition, the informed consent form informed participants what to expect during the interview, what the research study was about, what were the aims and objectives, what will happen with the findings, how they will know about the findings of this research study, the risks involved in taking part in this research, and what would be done to minimise these risks. Participants were given seven days to read and sign the informed consent form in the presence of the independent person. Permission to conduct the study in the recovery centre's study room was authorised by the Centre Manager, since the place was quiet with limited disturbance. Participants who have provided consent were visited at the centre to conduct the research study. Participants were notified about the Covid-19 guidelines and regulations. SCRC follows the Covid-19 exposure screening process, therefore the researcher asked the participants to answer the screening questions prior to interviews. The researcher gave the participants a 3-layer mask as well as hand sanitisers. The spacing in the study room where the interviews were conducted was 1.5 metres, and all windows were opened to allow sufficient ventilation. After every participant, the researcher wiped and sanitised the table and chairs with surface sanitiser to prepare for the next participant. Individual interviews were conducted at the centre study room, between 11:00 to 14:00, as this was the time where no

activities were scheduled, and after lunch where participants were relaxed. The researcher provided a brief introduction and the undertaking of the study to the research participants. Moreover, the researcher also informed participants about ethical principles that would be adhered to during the research study.

A timeline method of data collection was used whereby participants retold their life story and experiences with nyaope abuse, beginning with their initial exposure to Nyaope abuse, incidents that lead to the abuse and relapses, their first recovery, and follow-up attempts over the years to curb the abuse of Nyaope until they ended up at SCRC. The interviews were conducted in the SCRC study room because it is quiet and there will be no disturbances. The researcher conducted the interview. A semi-structured interview was used, as the researcher was interested in obtaining in-depth information. A semi-structured interview is a qualitative approach that typically involves an interview which is not completely structured (Galletta, 2013). The interviews took between 30 to 60 minutes. In order to receive information that is detailed and comprehensive, the interview schedule was comprised of open-ended questions that would allow the researcher to probe for further clarity and understanding. The questions were administered in English and Setswana. There was no need for a translator. A voice recorder was used during the interviews while also taking down notes in a notebook for important aspects during the interview. During data collection, if participants happen to need psychological intervention, they were referred to a qualified professional for debriefing, but only if they experienced emotional or psychological distress due to taking part in the study.

4.8 SETTING FOR DATA COLLECTION

Data collection was conducted at SCRC. The centre provided the researcher with a study room where it was quiet with minimum distractions. A sign indicating interviews in progress was provided and pasted on the wall to ensure more privacy for the participants. The

researcher conducted the data collection on the day that participants had no planned centre activities.

4.9 DATA ANALYSIS METHODS

The technique for data analysis chosen for this study was Thematic Analysis (TA). Thematic analysis is characterized as an investigative method that focuses on personalised clarification of the information through the structured grouping process of coding and distinguishing themes (Vaismoradi et al., 2016). The use of thematic analysis was utilized to lengthen the subject of exploration in order to extensively understand and simplify experiences of participants. Vaismoradi et al. (2016) elaborated on this by saying that the purpose of analysis is to outline the narrative of participants, and these important points should be able to answer the research question.

The following steps adapted from Clarke and Braun (2018) were followed when using TA in this research.

4.9.1 Phase 1: Familiarisation

This phase involved continually reading and re-reading data to familiarise oneself with the texts. In achieving this, the researcher distinguished components that were most critical in understanding the data furnished by participants. The process of familiarisation was carried out by assessing how the participants understand their experiences and if they were able to relate these experiences to their immediate environmental context. While reading and re-reading the data, the researcher focused on jotting down portions of the data that were most pertinent to the answers to the research question.

4.9.2 Phase 2: Generating Initial Codes

In this phase, we marked the identified codes from the content of the provided data. These codes can be in the form of meanings that participants use to understand their experiences and use their meanings to explain them. The introductory code was created to

inform research findings. The expertise of an independent research co-coder were employed for the purpose of assisting in the analysis of the data findings.

4.9.3 Phase 3: Searching for Themes

This phase concerned converting codes into themes that were used in addressing research questions. The researcher decided among themes and chose those that related to codes. Themes were extracted from participants' narratives.

4.9.4 Phase 4: Reviewing Potential Themes

The researcher reviewed the themes selected from the data and reviewed and validated their quality and importance. This was done to ascertain that themes that were captured were a true reflection of the participants' experience, and the ones that deviated from these experiences were discarded.

4.9.5 Phase 5: Defining and Naming Themes

In defining themes, the researcher reviewed differences between themes, and grouped them according to their similarity.

4.9.6 Phase 6: Producing the Report

The final step in reporting is creating a comprehensive description of the analysed data. The consistent and logical way the themes are presented should be highlighted and it must show that each theme generated was built on the following theme, clearly showing how to give meaning to the data.

4.10 TRUSTWORTHINESS

In guaranteeing trustworthiness, the researcher has confirmed the standard of the research, mainly that all the resources used to gather data such as literature reviews and data are authentic, have been peer reviewed and reliable with respect to the findings, and are a true reflection of participants' perspectives.

4.10.1 Credibility

This term alludes to the level of authenticity of the data introduced in view of the participants' narrations and the ability of the researcher to present them in a way that reflects the participants' perspectives (Clarke & Braun, 2018).

To ensure quality and credibility, the use of reflexivity was employed. Reflexivity acknowledges that the researcher's previous experience with the research topic and the researcher's values may affect the process of research (Clarke & Braun, 2018). Nonetheless, the researchers bias was lessened through reflexivity. In view of the research study, credibility was achieved after drawn-out interaction with the participants until data saturation was reached, and exploring the data collected back to participants to ascertain whether the data precisely mirrored their sentiments and point of view. The significant degrees of affirmation and endorsement of the findings by participants demonstrated credibility of the study. Data was collected in September 2021 until saturation was achieved.

4.10.2 Transferability

Transferability implies that the study findings can be used by other researchers in a different context (Clarke & Braun, 2018). The findings are transferable only if the findings can be used by other readers, and an audience can relate the research results to their own experience and researchers with different participants and context.

Transferability was accomplished to some extent as the researcher described thoroughly and in detail the processes used in order for other researchers to replicate. This study provides a comprehensive objective narration of participants' context, as well as a clear and thorough research process. Time frame and timeline of the study data collection was included so that other researchers can have an idea of when the findings apply. The data was collected at the Second Chance Recovery Centre. All of these are useful for duplicating the study in various settings or utilizing different examination approaches. Transferability was guaranteed by editing information about nyaope abusers participating in the study. In

addition, the literature that relates to Nyaope and rehabilitation was consulted to help with future replication.

4.10.3 Dependability

Is viewed as the way to test the ability of research to yield the same findings if it were to be repeated. According to Funder et al. (2014), for establishing dependability, the researcher must check by ascertaining that no errors were made in interpreting the narratives of the participants, and giving a report of the research. In this study, a clear outline of methodology, data collection, data analysis, and interview schedule were given to enable other researchers to use as a reference. An inquiry audit involved having a researcher who was not involved in data collection and data analysis checking the processes of data collection, data analysis, and the results of the research study (Clarke & Braun, 2018).

4.10.4 Confirmability

In order to ascertain confirmability, the researcher should be objective in the interpretation of the narratives of the participant and should not be influenced by their own subjective experiences (Clarke & Braun, 2018). Confirmability was guaranteed by decreasing researcher's subjectivity. All the data from the study such as audio recordings and articles were deciphered without bias under the direction of the researcher's university supervisor. This research was inspected by the North West University, therefore strengthening confirmability. To improve impartiality and data originality, the researcher recorded all the study processes in a notepad so that they will never be forgotten. The research interviews were also audio-recorded.

4.10.5 Audit Trail.

In qualitative research, an audit trail is important in reinforcing the study's confirmability. According to Gunawan (2015), an audit trail is a helpful tool to assist the researcher in the process of data collection, data analysis, and interpretation of the data. The researcher noted and wrote down subjects that were special and fascinating during the data

collection, noted and highlighted ideas about coding, gave reasoning why codes came up, and clarified what the themes implied.

4.10.6 Reflexivity

To ensure quality and credibility, reflexivity was used. Reflexivity recognises a researcher's biases with the research topic, and that the researcher's values may affect the process of research. However, through reflexivity, the researcher's biases were kept to a minimum (Clarke & Braun, 2018). Based on the research, the reflexivity was achieved by having individual supervision with the research study supervisor, whereby feelings, perceptions and thoughts will be discussed, and ideas will be exchanged to avoid bias. The researcher put aside every piece of information and thoughts that might have an impact on the research process. A reflexivity diary was used to note down the researcher's thoughts, feelings, and perceptions. In this research study the researcher checked reliability through documenting the data precisely, accurately and comprehensively. Recordings and transcripts were checked for correctness by the co-coder to ensure there was no drift in the definition of a code during data analysis, and that every detail was included in the research findings.

4.11 ETHICAL CONSIDERATIONS

Ethics is the responsibility that the researcher should at all times take measures that will be beneficial to the participants (Creswell & Creswell, 2017). The following ethics were taken into consideration in the study: approval and permission, recruitment, confidentiality, anonymity and privacy.

4.11.1 Approval and permission

The study proposal was reviewed and approved by the Compres Niche Area Committee of the North-West University in June 2020. The researcher received permission from the Health Research Ethics Committee (HREC) of the Faculty of Health Sciences of the North-West University to collect data and to continue with the study. The researcher conducted the

research at the Second Chance Recovery Centre in Mamelodi. The researcher received a goodwill letter from the gatekeeper, which stated that the researcher should collect data at SCRC. Data collection commence immediately following HREC approval.

4.11.2 Recruitment

The 8 participants were recruited following approval from gatekeeper, and after an advertisement was placed at SCRC. The mediator identified and screened willing participants who met the criteria of the researcher. The mediator, jointly with the SCRC multidisciplinary team, approved and allocated participants to the research team.

4.11.3 Confidentiality, anonymity, and privacy

To make sure that participants' confidentiality, anonymity and privacy was respected the finding of the study did not reveal any information that could link their identity with the study by allocating numbers as a form of identification. The interviews were conducted in a room where privacy was guaranteed. The recorded narratives were saved in the researcher's password locked computer, and only the researcher and research supervisor have access. After the data has been used it will be deleted after a seven-year period, according to the university regulations. A code of conduct was signed by all who were involved in the study, to ascertain confidentiality.

4.11.4 Voluntary Participation

Participants for this research study were informed about their rights as participants, and that they had the right to a stop their participation anytime they experienced distressing emotions, or if they felt that the study would not benefit them. Moreover, participants were told that withdrawing from the study will not have any effect on them receiving services from the Centre in the future; that it is their individual prerogative to continue with the participation.

4.11.5 Informed consent

According to Millum and Bromwich (2021) the process of seeking consent of participants in research procedures is perhaps one of the most important skills that each researcher should learn. A consent form addresses the value of self-determination, hence it allows the participant to have a choice in agreeing to participate in the study or not (Millum & Bromwich, 2021). SCRC is a centre that also addresses the issues of substance abuse within the community of Mamelodi. The centre assisted the researcher with identifying potential participants for the study. However, the researcher with the help of the independent person gained consent from participants through a written consent form, where participants were informed about the objectives and goals for the study. The independent person notified the prospective participants about the study and explained the details of the study to them, and then allowed them to decide whether to be part of the study or not.

4.11.6 Avoidance of harm

In undertaking a research study the researcher should at all times prioritise the safety and protection of the research participants. Potential risks should be weighed, and at all times the safety of participants should be considered before the researchers' benefits (Iphofen & Tolich, 2018). A comprehensive analysis of levels of potential harm should outweigh benefits (Iphofen & Tolich, 2018). In this study the researcher highlighted the potential risk of taking part, and the remedial action that would therefore be taken in the event that the participant experienced discomfort by taking part in the research.

4.11.7 Benefits

The direct benefit: As the participants were undergoing recovery, the study would enable self-awareness, acceptance of their past behaviour, and allow them to gain insight into their triggers and how to potentially remedy them.

Indirect benefits: This research study will provide information that can be beneficial to the discipline of Nyaope substance use, psychological services, and community social services. The information derived from this study will inform rehabilitation centres, family members and community members on how to support nyaope substance users, and contribute to the body of knowledge needed to develop focused supportive and preventative models. Additionally the study may bridge the gap that is evident in Nyaope research and relapse, thereby offering alternatives in terms of potential skills development of mental health workers who specialise in substance use and addiction.

4.12 CONFLICT OF INTEREST

The researcher did not previously know the participants therefore there was no conflict of interest.

4.13 DISSEMINATION OF RESULTS

Two articles will be published in the South African Journal of Psychology after the findings might have been presented at national and international conferences. The final mini-dissertation will be kept in the North-West University Library (Mahikeng Campus) and also be kept at SCRC where participants were sampled.

4.14 ETHICAL CLEARANCE

Permission to undertake the study was requested, and ethical approval was obtained from the North-West University's Ethics Committee to proceed with the study titled 'The psychosocial experiences of Nyaope substance abusers with repeated rehabilitation histories.' Issues that pertained to informed consent were thoroughly discussed and explained to the participants, and that taking part was not by force, and that they can terminate their participation at any time they deemed fit. Confidentiality was discussed, and participants

were notified that their real names will not form part of the final report, and that they will only be allocated participation numbers as a form of identification. All participants were notified that if participation in the research process evoked any distress that related to discussing their experience, there was a social worker and psychologist in the centre for debriefing purposes.

The researcher informed the participants that feedback of the research will be handed over to the centre and they can access it when needed.

4.15 CHAPTER SUMMARY

The focal point of this chapter was on the aim of the study which had motivated the selection of the research design and methodology. It also looked closely and in-depth at the process of the research design and methodology, where it explained the research design and methodology and the rationale behind them. Furthermore, the trustworthiness of the study was debated in this chapter, in which three underlying aspects were looked at; those are the credibility, findings transferability, and dependability of the study.

CHAPTER FIVE

PRESENTATION AND DISCUSSION OF FINDINGS

5.1 INTRODUCTION

This chapter focuses on the presentation of the findings from discussion of the participants' narratives. The interviews were conducted as one-on-one interviews with participants, using a semi-structured interview schedule to encourage detailed data. The purpose of this study was to explore and describe the psychosocial experiences of Nyaope substance abusers with repeated rehabilitation histories.

Extensive one-on-one interviews with a semi-structured interview schedule was conducted at SCRC with 8 participants with repeated rehabilitation histories of Nyaope substance abuse.

5.2 DISCUSSIONS OF FINDINGS

5.2.1 Participants' socio-demographic information

Table 5.2.2 provides a visual summary of the demographic profiles of participants who had Nyaope substance abuse with repeated rehabilitation histories.

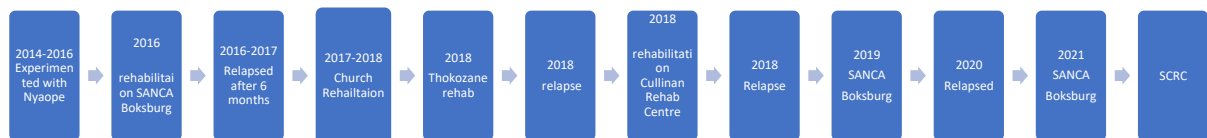
Table 5.2.2: Socio-demographic profile of participants

Participant	Gender	Age	Highest Level of education	Number of admissions to rehabilitation centres
1	Male	25	Grade 12	6
2	Male	25	Grade 12	5
3	Male	25	Diploma	5
4	Male	23	Grade 11	4
5	Male	22	Grade 11	5
6	Male	23	Grade 12	5
7	Male	25	Grade 12	3
8	Male	23	Grade 10	4

5.3 TIME-LINE ACCOUNT OF PARTICIPANTS' HISTORY OF REPEATED REHABILITATION

This section present a time-line account of participants' repeated rehabilitation history of Nyaope substance abuse. This will include the stages of their relapse, rehabilitation and recovery process.

Participant 1



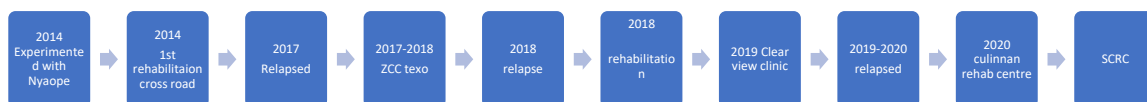
Participant 1 described he had suffered several attempts and had been struggling for 5 years to curb the abuse of Nyaope. He reported that he has been to several formal and informal rehabilitation centres, which include registered rehabilitation centres, church rehabilitation, and in-house locking-up by parents. Some of the methods were to lock him in a room for weeks in an attempt to help him to recover without the assistance from professionals, institutions, or medication. He relayed that for first 3 years, his admission to rehabilitation centres was through family intervention. He said unfortunately, after discharge from rehabilitation, he would go back to his community and he would start using Nyaope again, because he still had acquaintances that smoked it. He said he could not initially pinpoint why he would go back to using but he knew he had the urge that he couldn't manage by himself. He reported he started abusing substances from 2013, although Nyaope was initially started in 2014 out of curiosity because he needed something "stronger". He is currently completing his 8-week recovery course and is enrolled in a welding course.

Participant 2



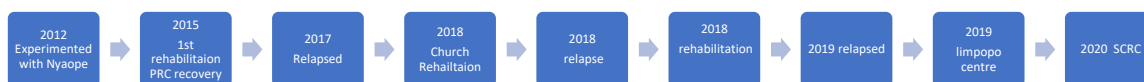
Participant 2 spoke about an extensive history of substance abuse, which started with a drug called ganja. He reported that he started smoking ganja because he had anger issues related to interpersonal relations with his parents. He first experimented with Nyaope in 2016 while in matric. He related that he continued to abuse Nyaope and stopping, however he could not stay clean for long. He relayed incidents of community mob justice, being homeless, and extreme conflicts in the family due to his Nyaope abuse. However, with the help of his parents, he believes that he will come out of SCRC a different person.

Participant 3



Participant 3 mentioned a history of substance use, which began when he was in high school and continued to his university, where he was studying bachelor of education, and subsequent employment. He says he sold Nyaope with his friend to make extra money, and that is what led to his addiction. He related that he lost his job, was arrested for theft and lost his family. He believes that having money and being employed was the contributing factor to his Nyaope use. He recalled instances where he was respected by his peers as he was a teacher, and since his dismissal from work he is disrespected by even little children in his community.

Participant 4



Participant 4 recounted that he first started smoking Nyaope in 2012. He did not like it at first, as trying it made him sick. However, he persevered, because he said he liked the feeling he was getting after smoking it. He relayed a decorated history of smoking, stealing, delinquency and trouble with his family. He left schooling in grade 11 in order to focus on actively selling and abusing Nyaope. He mentioned a history that dates back 8 years of abusing drugs and several rehabilitation attempts. The participant described being admitted in different institutions and some were religiously based. He mentioned that he always returned to Nyaope use after release from rehabilitation.

Participant 5



Participant 5 said his first encounter with illicit substances was smoking cannabis, as well as dabbling with mandrax, before advancing to Nyaope. After taking Nyaope, the participant dropped out of school in Grade 12. He reported a history of 5 years moving from one rehabilitation centre to another; however he relapsed, mostly two weeks post-discharge. Nyaope was his drug of choice. He recalled his mother taking him to a traditional healer to cure his Nyaope use; however he did not get any assistance as he relapsed after escaping from the house.

Participant 6



Participant 6 said in Grade 9, his behaviour was unbearable to his teachers and fellow learners and he was subsequently expelled. He started attending night school through the encouragement of his grandmother, where he completed his grade 12. He recalled how his grandfather killed his grandmother, and that catapulted him into extensively abusing Nyaope. His dependence on nyaope encouraged his criminal activities to support the habit. His main problem with achieving sobriety is that, irrespective of how much they have changed, they are still dehumanised and called names such as ‘Nyaopes’ or ‘trolley pushers’.

Participant 7



Participant 7 recalled a history of substance abuse although he said he could manage this as he was smart about his smoking. He reported that he was admitted into the military and continued to smoke, as they already abused alcohol at their training. He recalled he started stealing from his employer, which led to his dismissal. He said he decided to enrol at SCRC because he felt that he could lose his daughter, so he is staying clean in order to be in his daughter’s life.

Participant 8



Participant 8 was thrown out of school in Grade11. He smoked cannabis and relapsed always being troublesome at home and school. He was introduced to Nyaope in 2017, and immediately he was involved in criminal activities. He mentioned that he comes from a well-off family, and believes his Nyaope abuse initially was to hurt his father. He stated that he got hooked and Nyaope was his substitute for his family. He reported that because he had access to money, most of his peers would encourage Nyaope use, because they benefited as well.

5.4 INTRODUCTION TO THE THEMES

Five themes came out from this study. The themes and their sub-themes were grouped together. The themes and sub-themes described the psychosocial experiences of Nyaope substance abusers with repeated rehabilitation histories. The themes are as follow: Family support, Community support, Trauma, Negative emotions, and Peer pressure.

Themes	Sub-themes
Family Support	Lack of family support Family fragmentation Parental conflicts
Community Support	Lack of community support Lack of respect from community members Distrust by community
Trauma	Death/Loss Relationship breakdown
Negative Emotions	Abandonment Coping skills Stigma
Peer Pressure	

These themes that describes relapse factors that precipitated repeated rehabilitation capture the narratives of participants' experiences, thoughts, feelings, and attitudes, as well as contextual factors that are beyond participants' control in the relapse process after a period of abstinence.

5.4.1 Family Support

The finding of the study revealed that there was lack of family support after the first rehabilitation attempt. The finding of this study is supported by Hong et al. (2022), that family support as a micro system is the pinnacle of influence on negative and positive behaviour. Furthermore, they indicated the significant function family support plays in encouraging the change of disruptive behaviour of substance abusers. In concurring with the findings, (Zeng et al., 2021) reported a positive aspect; most substance abusers who have supportive family members tend to react positively to distress and tend to be able to have a stabilizing effect on the substance abuser and alcohol problems, decreasing anxieties, and being able to tolerate stress. Some participants reported that:

Like I said from the first time, it was different things from what I was feeling and experiencing from my family. When I started the few first times when I started going back to rehab and coming back and relaxing, I felt like they were supportive, but then after that it was bad. I felt like they just didn't want me at all. I felt like these people don't know what I'm going through they're judging me. It's like. I could see that they don't want me there, like at home, so it was hard. I felt like they didn't support me after that and I was alone.... P1

.... with the first time coming back, my family was very supportive. Because they thought that.... yes, this one now is clean. So, from the start, they were very supportive. When they would.... you know, encourage me, but immediately when I went back again, I saw a change....P6.

...my girlfriend didn't want anything to do with me. Although my mom has never been in my life, so I can't say that she was supportive or not, but she has never been in my life. My mother's side of the family was not too involved, so they didn't care. And my father's side of

the family. At least they did care little bit but stopped but my mother's side they just gave up on me.... P3

In this research, family can be understood as any form of relation between participants with extended family members such as aunts, uncles, parents, siblings, those that are related by marriage, and, at times, distant relatives such as great-aunts, cousins, and second cousins. Studies have mentioned that Nyaope use has a negative impact on relational aspects of families and Nyaope abusers. Furthermore, there are poor personal interactions with others, mostly between the abuser and parents, siblings, and extended families (Baloyi, 2018). Some participants expressed that they received support from their families in their first attempt of rehabilitation need; however most participants said that there was little to no support from their families after the first relapse.

Lack of family support: Most participants reported a lack of family support after the first rehabilitation attempt as a precipitating factor toward their follow-up rehabilitation. Most participants mentioned that the lack of family support evoked feelings of not being wanted, being alone, and having to rely on abusing Nyaope again to relieve the stress of not receiving support. A participant described his return to Nyaope abuse to help cope with loneliness. The finding is in line with Khumalo (2016) in that participants said their family's non-existent support during Nyaope abuse was always felt. Some participants said:

. . . I didn't want to go back to this thing, its bad sister..... eish sometimes 'm like "down" and alone . . . everything like stops.... I felt like I disappointed my family especially my mother, now my sisters have "poisoned" her to not care anymore, I felt alone . . . and then I end up going to hang with the guys to smoke again. . . . (P1)

The first time my mother and brother were very supportive, then when I started to smoke again my brother stopped being supportive.....I am glad my mother is still behind me and this time I want to stop for her..... My brothers think that she spoils me because I am the last born.... (P6)

Family fragmentation: Nkosi (2017) states that substance use of one member of the family impacts negatively on the whole family as a system. The study shows that if there is a family member within the family who is abusing substances, it affects the family relationships in the manner in which they relate and communicate changes.

All participants explained in depth o how they repeatedly relapsed and re-entered rehabilitation. Nyaope has affected their relationships as a family and with one family member or another within the system. In this regard, as shown in the study, one could argue that repeated relapse and repeated rehabilitation of Nyaope users precipitates conflict within families. Some participants reported that the family has not been supportive.

One of the participants stated that his family does not want to be part of his life. He said he would ask for assistance and they would say that he stole from them or used the money to replace the thing that he had stolen (P5).

. . . I have no one to support me since my grandmother was killed.... so my neighbour is the one who at least supports with "piece" jobs but my brothers cannot stand me..... I think they don't trust meI just get tempted because life is hard without my grandmother (P2)

I can't see my daughter because.... my girlfriend does not trust me anymore.....maybe I used to lie a lotit is heavy but I am trying, it's just that if things are the same like same stress, expectations it's hard to stay home, you end up going to the guys to smoke just to avoid all that.....(P3)

Parental conflicts: This sub-theme relates to the fights and arguments that may have occurred because of participants using and re-entering rehabilitation centres on several occasions. One of the experiences that the participants mentioned was constant conflict between their parents.

My father hated my mother because of her confidence in that I would eventually stop smoking NyaopeMy father is the reason I relapse so much because he makes the situation worse....instead of helping he just bring too much trouble. Instead of supporting, he tends to fight and say hurtful things.. .it breaks my heart because I know I am the cause of this fights between them... (P1)

I am always the cause of my parents fighting alwaysit gets tiring to see it happen...(P7)

5.4.2 Community Support

Community refers to the society that the participants belong to. When it comes to the community, most participants reported that there was no support. They said that instead of being supported by the community they are ridiculed, and disrespected, even when they are free of Nyaope use, and that leads to discouragement. Their neighbours are always on the lookout and expecting them to steal, so wherever they are seen, they are suspected of wrong doing. Most participants said that most of their community members expressed disappointment when they realised that they have started re-abusing Nyaope.

.....Community, it was mixed, some were supportive, some not supportive because some of them were thinking, you know, we know this one. He will never change because I went and I came back. And some still trusted me a little bit, but most of them were like, no, this one is not going to change, so they started judging me and I could see that they don't want me around them. With the community is very hard...(P1)

Lack of Community Support:

Most of the participants said that there was not much support from the community.

One of the participants said:

*. . . because of my history, the people from my township are always suspicious of me .
. . I stole a lot from people.....my friend was killed by community and I managed to run, but*

every time I go back after treatment people start talking behind my back thatI don't know, I think they just don't trust me... (P7)

Lack of respect from Community Members:

All participants said that there was no respect from the community. Some of the participants said:

Even children don't respect uslike when you come back from treatment and try to go to the shops you will hear children say "Nyaopes" or "amaphara"even when you are clean and not smoking they still call you names....imagine small children calling you names....it is embarrassing and I end up smoking againI mean what's the point?(P3)

People think that you are useless likeit's more like you are nothing in their eyes.....this as well make the community disrespect my parents and that really makes me sad and angry....when you are smoking you don't think of such things, only after being clean you see that.....(P4)

Distrust by community:

Most participants indicated that trust was a common challenge for them as they recover from Nyaope abuse. They indicated that the community does not have trust in them. All participants said that they felt that some community members did not trust them, although they believe it is justified by their previous behaviour, it is one of the factors that pushed them to return to substance use. One participant said:

My community is supportivelet me say some are some are not.....I think most of them don't trust me because they say I will never change.....I think because I stop and start again....it is hard with this thing.....and when I start again we normally steal so most people think we will never change....(P4)

5.4.3 Trauma

Most participants were of the opinion that nyaope helped them to forget the pain they were experiencing, especially after a loved one's passing, unhealed trauma, separation, loss of employment, or other traumatic experience. They believed these aspects encouraged relapse that led to repeated rehabilitation.

Death/Loss: most of the participants said that they have experienced so much trauma and crime in their families and community, and going back to the same environment appears to trigger their repeated abuse of Nyaope. Death of a family member appeared to have reinforced their inability to stay clean of Nyaope, as they use it as a coping and adapting strategy to the painful mourning. They believed that Nyaope assisted them in alleviating their pain and did not consider the addictive mechanism of the substance. This finding concurs with Khumalo (2016), in that individuals often turn to Nyaope in the hope that it will lessen their distress; however, they are not aware that it affects them negatively. The finding shows that death or loss of a significant other added to substance abusers reusing Nyaope in the hope of masking the pain. Some of the participants said:

. . . Eish that was the worst day....you know . . . I saw my grandmother being killed by my grandfather, since that time . . . It's easy for me to be clean but every time I go back that picture of my granny . . . I was very disturbed. I would see the whole thing happening again even when I am not sleeping . . . the Nyaope would help me calm down. (P5)

I have been struggling with the loss of my mother.... She died after my second admission to Thokozani in 2017..... I don't know what happened because she was not sick.....when I go back home it's like strange because I just want her back...the pain is too much, I wish she was here..... I think that is why I ran back to the boys and smoke to forget about the pain...(P7).

One thing that also disturbs me is I have fear that I will be killed.....even now I have stress because the last time I was home I saw my friends being killed by the community.....imagine (P1)

Relationship breakdown:

This sub-theme relates to the fights and arguments that may have occurred as a result of an intimate partner using and re-entering rehabilitation centres on several occasions. One of the experiences that the participants mentioned was the breakdown of a significant intimate relationship. Some of the participants said:

. . . I lost my job and my family I didn't know having too much money would make me turn to this thing.....when I relapsed for the third time my girlfriend left me with my child....it is painful because I love herbut she doesn't want anything to do with me. Even I proved that I am clean there is no chance of having them back in my life....(P3)

Well, our relationship was affected, it's like what I saw was that you will figure it out yourself, it's like they have given up on me, they don't want to be part of this smoking, rehabilitation, smoking again, rehabilitation, this up and down..... like do what you want with your life.....there is no connection anymore, it's all broken, it's like..... they say if you do well we might consider you, but if you don't we want nothing to do with you....(P8)

5.4.4 Negative emotional states

Negative emotional states are situations in which the recovered nyaope abusers cannot emotionally regulate themselves when they encounter challenges such as distress, anxiety, depression, anger, frustration, and boredom post-rehabilitation.

Abandonment/ Rejection

This refers to being put aside and discriminated against by those who are significant to the individuals. Most participants said that they had experienced rejection in different contexts, such as the family, the extended family, and the community. They reported that they were laughed at and shamed instead of being helped or supported. Some participants described this

experience as that it felt like they were naked in public, as though their dignity was stripped off them. The findings are in line with Khumalo (2016) in that, since their habit forced them to steal from family and community, the family does not support them as they have experience of the shaming from community due to their family members' behaviour and substance abuse. The effects of lack of support reinforces poor relations between substance abusers and their families. Some of the participants said:

You know what my sister..... When I walk around the township on the street I no longer have dignity, I no longer have dignity, it is if when I walk on the street it is like I am naked, I no longer have dignity. I want to tell the truth. Smoking have stripped us of our dignity and this kind of feeling is what forces us go back to smoking seriously.....sometimes you feel like instead of people seeing that you are tryingbut no, all they do reject your efforts...(P4)

When you come back home you will feel unwanted I tell you....you see. This bothers me, I do not want to lie, people are even laughing at us, you know, they are laughing, they are not helping us, I think them laughing at us is one thing that made me feel ashamed and decide that it is better to go back to the bridge because I am always accepted thereno stress, just smoking... (P2).

Coping skills:

The findings of the study demonstrated that a number of participants felt that nyaope was not the initial drug they used; however, after testing it once, they realised that it gave them a different sensation if they compared it with their substance of choice. They said it generally give them a euphoric sense, calmness, and a sense of peace and stillness. They found that they could tolerate performing odd jobs such as gardening or washing cars to sustain their habit. Some mentioned that it enhanced their sexual performance; however, that didn't last long.

According to Marlatt and George (1984), lack of basic skills to cope with distress, or spaces that can trigger reuse, and negative emotional states are the basic predictors.

Most participants reported intolerable withdrawal symptoms that they could not tolerate, including serious stomach torment, spinal pain, perspiring, chills, sickness, uneasiness, loose bowels, sorrow, hallucinations, delusions, and panic attacks. According to (Baloyi, 2018); Fernandes and Mokwena (2020), they additionally stated that if they haven't smoked they tend to experience significant temper; some become paranoid and aggressive, with extreme mood swings. According to Fernandes and Mokwena (2016), most users often distort their reality, and see Nyaope abuse as more beneficial to them than sobriety. Some of the participants said:

You know one of the problems with nyaope is that alostro (withdrawal symptoms) lasts long, sometimes after 6 week in rehab doesn't help because alostro will send you back to smoking when you return home.....you see me, I don't like painthat pain is like you are dying, until you get a fix there is nothing you can do...no sleep, food tastes like paper, you can't do anything with that thing.....(P8)

The problem is alostro, my sister, it's like when it's hot you feel very cold, when it's cold you feel very hot.....you have this painful stomachthere is an advert about Medlemon, have you seen itya.. that how you feel... it's strange and I cant tolerate it at all.....(P7)

I can't deal with stressI have always been like thatit's hardI don't like it when I can't get what I want.....sometimes it's like I just have to put myself through difficult situation just so that I don't have stress....you see if I don't have money or my family don't want to give something I end up going out to hustle and when I get money the first thing I do is to prove them wrong, that I can do it on my own(P6)

Stigma:

The study findings highlighted that stigma is one of the significant factors that may push a recovered Nyaope abuser to reuse. It is further highlighted that, due to the Nyaope abusers' history of community discord due to stealing and petty crimes they inflict on the families and community, they are labelled, and such labels stick with them, even after recovering from

Nyaope abuse. The findings highlighted that most family members of Nyaope abusers have dealt with stress and trauma inflicted by the user, they tend to disown them and are therefore unable to embrace and support them after rehabilitation. Similar conclusions are viewed in the studies by Ahmad et al. (2020); (Appiah et al., 2017), in that recovered substance abusers relapse to substance abuse because of the ill-treatment they encounter from the communities and family members, including withdrawal of financial, and educational support. Some of the participants said:

I can't even attend family functions. It's like my parents are embarrassed, or maybe people talk about them that their child is a "Nyaopes". Even if I visit my aunts or something, if they leave their phones or forgot where they put them.....they will not look for them, I am already the suspect.....so my father always says I should stay home because they don't want drama.....(P1)

My community is very judgemental and unforgiving...maybe it's because they know my family and my brother, he is a doctor.... you know, my sister, the community members will call you with silly names, they don't care that I stopped, they all know me as a druggy head. They will not give you a chance to prove that you a different now.... things like this nee...they make me go back to using(P4)

5.4.5 Peer Pressure

The findings of the study indicated that most participants mentioned that they are easily influenced by their peers to restart Nyaope abuse. They highlighted that most of their peers welcome them back with open arms without judgement. This result concurs with findings by Mokwena and Huma (2014), Nkosi (2017), and Swanepoel et al. (2016) of the significant role that peer pressure has in the abuse of nyaope. Most participants narrated how their social contacts coerced their initial exposure to Nyaope, and the subsequent abuse and relapse thereof. Most young Nyaope abusers are at the stage in their lives where social contacts play

an important role in their identity; therefore belonging to a social group is important irrespective of the negative influence they may encounter. Some of the participants said:

I was using dagga, tik and heroin before I started using Nyaope. So I had a friend..... he was selling Nyaope, I started selling with him and that's when I decided to smoke it.....(P2)

When you come back you will meet with guys that I smoked with....I think some of them are jealous because they would start mocking you that they know I will relapse again...what's the point of going to rehab, I might as well smoke until I die.....they will offer you a joint and it's hard to resist(P5)

5.5 CHAPTER SUMMARY

After the process of data analysis the researcher was able to distinguish and group themes and sub-themes that were able to answer the research question, and allowed the researcher to reach conclusions on the psychosocial experiences of Nyaope substance abusers with repeated rehabilitation histories.

For the most part, in view of the findings, repeated rehabilitation is enforced by several interacting psychosocial aspects that that are encountered by substance abusers. Data analysis has revealed there is significant lack of psychological and social support of rehabilitated Nyaope users that they experience from the community and family members. A significant number of participants further noted the stigma attached to the previous repeated Nyaope use and rehabilitation, and the impacts of the inability to cease the abuse of Nyaope on the substance abuser, family, and community. The causes of the emotional distress, financial issues and criminal activities against families and community were related to the constant repeated use and rehabilitation.

CHAPTER SIX

DISCUSSIONS, CONCLUSION, AND RECOMMENDATIONS

6.1 INTRODUCTION

The purpose of this chapter is to compile the findings discussed in Chapter 5 and coherently discuss them to explain the meaning behind the findings. Conclusions, recommendations and implications for future researchers form part of this chapter.

6.2 Discussion of the findings

6.2.1 Discussions and Recommendations

The study sought to gain a comprehensive understanding of the psychosocial experiences of Nyaope substance abusers with repeated rehabilitation histories. The findings of this study are that there are compounding psychosocial high risk factors that influence repeated rehabilitation. These findings are in line with Marlatt and George (1984) Relapse Model, in that high risk situations are the creator of the downward spiralling of a recovered substance abuser to give into repeated substance abuse. According to Marlatt and George (1984), High-risk situations for relapse encompass three situations, namely (i) the negative emotions, (ii) experiencing interpersonal conflict and (iii) facing the social pressure of the surrounding circumstances.

Findings of this study additionally are consistent with previous studies that focused on reasons that would incline recovered substance abusers to re-abuse, such as social factors, lack of emotional regulation, and interpersonal factors. According to Azmi et al. (2018), psychosocial factors that the substances abusers in rehabilitation centres cannot control influence relapse tendencies.

In this study, psychosocial risk factors that precipitated and maintained repeated rehabilitation of Nyaope abuse are family support, community support, trauma, negative emotions, and peer pressure. Rehabilitated nyaope abusers were found to resume nyaope

abuse after significant efforts to remain sober. However, the findings showed that when the rehabilitated Nyaope abusers are overwhelmed by lack of support from families and communities, and facing negative emotions, they tend to produce the urge to reuse Nyaope. These findings are consistent with previous research conclusions noted in Ahmad et al. (2020), that it is very important that social support is given to drug addicts, especially after undergoing a rehabilitation programme, while Azmi et al. (2018) reiterated that psychosocial factors that influence repeated substance use are self-efficacy, friends support, family support and community support.

As stated by Bhandari et al. (2015), psychosocial factors that may precipitate substance abuse relapse were peer pressure and the family connection. This was observed in 94.7 percent of participants experiencing relapse after abstinence. Aspects of positive social interaction, including community support, family members and friends, are environmental factors to support internally and externally the drug addicts who have been experiencing relapse (Ahmad et al., 2020).

Below is the presentation of the findings of the study guided by the themes that came out from the face-to -ace interviews.

6.2.1.1 Family support

The findings of this research indicates that most participants link their inability to sustain their rehabilitated status to lack of family support. All participants mention lack of family support, including extended families, as the most prominent aspect of their relapse and follow-up rehabilitation attempts.

Lack of family support

The findings highlighted that when nyaope abusers are integrated within their families there is still family support. It is evident in their experiences that after abstinence, some family

members and friends still remained unsupportive, and considered rehabilitated Nyaope abusers as active users. Families are the first contact and the main supporter in the life of any individual. The findings are supported by Razali and Madon (2020) in their conclusion that substance abusers with supportive families will refrain from relapse, compared to addicts without such family support.

The findings further echo that repeated nyaope abuse and repeated rehabilitation increase discord with others, anger, and bottling up of emotions; detachment by relatives also influenced repeated nyaope use and repeated rehabilitation. Similarly Makokha et al. (2021) note that perceived family abandonment and withholding of social support increases the prospects of relapse.

Moreover, a study by Zeng and Tan (2021) concurs with the finding of this research study in that the family's emotional relations to the person with substance abuse directly affects the relapse tendency.

Family fragmentation

In this study, participants indicated that they experienced family fragmentation as a precipitating factor to their repeated rehabilitation. Most participants experienced that they tend to blame themselves for the fragmentation of their family, which they stated caused disharmony in the respective families. This fragmentation tends to isolate them, and they only find solace from their peers who are actively abusing Nyaope. These peers are said to be more accepting and forgiving of their previous behaviour; in contrast, they tend to lure them to reuse of Nyaope.

The findings are further supported by Masombuka (2013), in that the use of Nyaope by adolescents has caused much friction and sadness amongst the family members. Radebe and Pistorius (2017) echoed the same sentiment in saying that families are destroyed as the child

continues to use Nyaope, with the parents caught up in trying to keep the family together, while at the same time managing the stress and frustrations that come with having a child who uses drugs.

Parental conflicts

Parental conflict appeared to be one of the sub-themes that most rehabilitated Nyaope abusers experienced in this study. Four participants attributed parental conflict pre- and post-rehabilitation as the contributing factor to repeated use of Nyaope and subsequent follow-up rehabilitation. Participants relayed those parental conflicts were triggered mainly by one parent supporting the Nyaope user by consistently seeking rehabilitation for them even after several failed rehabilitation attempts, while the other parents are despondent and have lost hope due to several failed rehabilitation attempts. The study findings are echoed by Masombuka (2013,) in that parents indicated that Nyaope caused conflicts and fights within their families. Zeng and Tan (2021) study suggests dysfunctional family dynamics influence behaviour change in recovered substance abusers.

6.2.1.2 Community Support

This study found a significant link between lack of community support and repeated rehabilitation. It is noted that continuous lack of community support of rehabilitated Nyaope abusers had a significant contribution to the relapse tendencies that led to repeated rehabilitation of the Nyaope abuser. The finding of Azmi et al. (2018) concurs, in that the negative attitude of the society towards rehabilitated abusers results in them feeling alienated and therefore, repeat the abuse of Nyaope for comfort. Nkosi (2017) further stated it is common that Nyaope abusers who experiences community backlash and shunning tend to fall back to the destructive behaviour of substance re-abuse. It therefore fitting to assume that community support is a critical determinant in curbing the re-use of Nyaope by rehabilitated

Nyaope abusers after receiving treatment. Rehabilitation centres should ensure that family members and community leaders are informed and engaged about the need for unconditional support to individuals undergoing Nyaope rehabilitation treatment.

Lack of respect from community members

Participants cited experiencing disrespect from their social networks. Findings cited that community members disrespected rehabilitated Nyaope users, and they were classified as non-entities in their communities. They reported that loss of community respect lowered their image. Participants believed it was no use to try to be rehabilitated because, irrespective of their cessation of abuse of Nyaope or actively abusing Nyaope, the community has discarded them as incompetent individual. In concurrence with the findings, Khumalo (2016) reported that due to Nyaope relapse tendencies, most of the users, even though they were model community members, they tended to isolate themselves due to shame and embarrassment, thus this led to reliance and dependency on the substance. Furthermore, Nyaope users neglect their wellbeing and condemn their livelihood to substance abuse (Khumalo, 2016)

Distrust by community members

Most participants detailed the lack of trust from community members. Most participants related that the lack of trust emanated from their activities of stealing from their community members. Most participants relayed that they are the first to be suspected by community members in incidents of house break-ins and robbery. Because of lack of trust, in that participants feel alienated and unaccepted, that leads to resorting with peers who abuse Nyaope for acceptance. This finding concurs with scholars Masombuka and Qalinge (2020), in that Nyaope abusers ,with or without repeated rehabilitation, are cast out from their communities due to the criminal aspects of their substance abuse activities. Mokwena and Huma (2014) reiterate that lack of acceptance by the community is linked to name calling, disrespect, and stigmatisation, and therefore, precipitates relapse of Nyaope users.

6.2.1.3 Trauma

Death/Loss

Concurring with earlier reports, unprocessed trauma, being death, any form of abuse, failed relationships or perceived personal failure predispose a recovered Nyaope abuser to return to Nyaope abuse. The findings indicate that participants were more likely to undergo repeated rehabilitation when the loss was of an individual or thing that defined their existence and reason for change. Participants perceived the loss as the end of their world, and it outweighed their coping capacity and abstinence efforts. Participants therefore resorted to using Nyaope to lessen their agony, anxiety and sorrow that was brought on by these losses. Some participants believed that it was more tolerable to abuse Nyaope than to process and accept the loss of a significant other. Similarly, Masferrer Boix et al. (2015) reported that losing a significant person was perceived as a risk factor to increased substance abuse, especially among those participants who shun the grief and bereavement process, and abuse substances to numb their distress. Khumalo (2016) stated that that unprocessed trauma cause by the death of a loved one predisposes individuals to Nyaope abuse. Although a significant number of participants listed loss as an experience they encountered post-rehabilitation, most studies list an insignificant correlation of loss and tendency to relapse that leads to repeated rehabilitation.

6.2.1.4 Negative emotions

Abandonment

Most participants reported experiencing feelings of abandonment and rejection from their family or community. Participants said that although they were supported for their initial seeking of rehabilitation, after their first relapse they experienced rejection, as their social supporters are of the opinion that they do not want to change and cease Nyaope use.

Participants reiterated that this experience of abandonment pushes them to seek refuge with their peers who are actively abusing Nyaope, so they fail to cope with the temptation of re-abusing Nyaope.

Coping skills

The findings of this research confirmed Razali and Madon (2020) finding, that the lack of coping skills is one of the predictors of the inclination to relapse. Many Nyaope abusers are faced with a psychosocial problem. However, all of them deal with the problem in different ways, and their coping mechanisms are also different. Different coping mechanisms work for different individuals. There are no coping means that is said to be the best or most effective, which is the reason people resort to different ways. The finding of the study indicates that most of the participants lack coping skill that relate to feeling of abandonment, familial conflicts, cravings, and the plethora of psychosocial issues they are faced with every day post-rehabilitation. The findings suggests that because of their primitive coping skills, they resort to re-use of Nyaope to escape their daily struggles. Furthermore Razali and Madon (2020) state that the stress faced not only caused the increase in the inclination to relapse, but also contributed to other psychological problems. It is evident that coping skills play a pivotal role in the tendency for rehabilitated Nyaope substance abuser to re-enter rehabilitation facilities.

Stigma

Participants reported experiencing stigma post-rehabilitation. They were of the opinion that their communities and their family believe that they would never change. Although participants acknowledge their contribution in the treatment, they mentioned that they stole from communities and families. They appear to believe that if they were not stigmatised, and

their efforts to stop the abuse of Nyaope were acknowledged, this would curb the need for relapse and repeated rehabilitation.

When this objective was looked at, it has been revealed that neighbours developed stigma against those families with persons that are addicted to Nyaope, to the extent that there were labels and names directed to families of persons addicted to Nyaope. According to Swanepoel et al. (2016), recovered substance abusers return to communities with acquired self-help skills and better understanding of the self; however, it has been noted that their expectations are often met with different outcomes, such as lack of support, or marginalisation, and that encourages despondency, and they tend to fall back to their substance abuse habits.

6.2.1.5 Peer Influence

Peer pressure was viewed as a significant explanation for Nyaope abuse and repeated rehabilitation by participants. Although participants experienced peer pressure as a factor that influenced their repeated Nyaope abuse, and several rehabilitation attempts, they cited that the peer pressure is more compounded by lack of family support as well as lack of community support. Most participant were of the opinion that if they had complete support from family and friends, and given a chance to prove themselves, they would not turn to peers who influence the re-use of Nyaope. Similarly, Bhandari et al. (2015) reported that the peer pressure and family turmoil influenced the tendency to relapse. Khumalo (2016) reiterated that most of the study participants mention their initial contact with Wonga was coercion by their social contacts.

6.3 CONCLUSION

Psychosocial experiences of Nyaope abusers with repeated rehabilitation histories encompass several independent factors, collaboratively influencing relapse and repeated rehabilitation processes. Five themes, including family support, community support, trauma,

negative emotions, and peer pressure, were established as precipitating and maintaining the relapse process that lead to repeated rehabilitation. Although most of the interacting psychosocial factors were similar to those found in earlier studies, it is noteworthy to indicate that this study's findings indicate that Nyaope substance abuse and repeated rehabilitation is not limited to the background of poor townships; it also has a compounding effect on the substance abusers from middle- and upper-class backgrounds. Rehabilitation centres are required to acknowledge these factors when working to maintain Nyaope sobriety and reducing repeated rehabilitation among Nyaope abusers.

Intervention strategies should include the active participation of family and community members in the prevention of relapse, and enlighten them about the crucial importance of holistic support of rehabilitated Nyaope abusers. Emphasis on coping skills can also be beneficial, especially in high-risk situations. Based on this research study, family and community support appeared to be an important conduit for rehabilitated Nyaope abusers curbing the abuse of Nyaope and the likelihood of relapse and repeated rehabilitation. It was clear that lack of support from community and family perpetuated negative emotions and peer pressure. This suggests that interactions of rehabilitated Nyaope abusers with the environment have a greater role in relapse. So a multidisciplinary team should place more emphasis on these situations.

6.4 RECOMMENDATIONS OF THE STUDY

- Supporting and educating the community about the impact of Nyaope abuse, relapse and repeated rehabilitation should be the most important as a preventative measure of relapse, as it lead to repeated rehabilitation, and most participants indicated it should be prioritised.
- Empowerment and education of family members through development of skills development in Nyaope users in orders to assist them to understand the implication of family support on the curbing of Nyaope abuse and relapse. Furthermore, to prepare family members

for reunion with the rehabilitated Nyaope abuser and to be part of their recovery support structure. Family is the core of any influence to change behaviour, thus involving family members of the Nyaope abusers to take part in the rehabilitation processes would be beneficial to their recovery and abstinence efforts.

- Municipal departments responsible for parks and recreation need to prioritise resources that will support non-use of substances, and eradicate idleness that precipitates Nyaope use

- Post-rehabilitation support groups as well as recovery centres that will focus on emotional and vocational support for rehabilitated Nyaope abusers in order to curb the likelihood of relapse. Ahmad et al. (2020) concur that to curb the number of substance abuse relapses and simultaneously help recovered substance abusers' mental health, comprehensive treatment strategies that include counselling, skills training, spiritual knowledge, and basic human principles should be prepared for the substance abusers.

- The current study to be expanded beyond SCRC to other recovery centres across South Africa in order to undertake comparative studies. It is imperative that prospective researchers include the effects of Covid-19 on repeated Nyaope rehabilitation, and explore Nyaope abuse in privileged communities to see whether the findings will concur with this research's findings.

6.5 LIMITATIONS OF STUDY

Despite the fact that this study managed to accomplish an extensive exploration of the psychosocial experiences that precipitate repeated rehabilitation of Nyaope abusers, just as in most qualitative studies, the small sample size will hinder generalisation to all Nyaope abusers in South Africa. Furthermore, although research on Nyaope states that it is mostly used by individuals from low socio-economic backgrounds, the study found that participants were from middle-class families, who can afford to send the participant to private rehabilitation centres repeatedly. Furthermore all participants came from only one recovery

centre in one township in Pretoria; samples drawn from different regions and provinces may generate different perspectives.

6.6 IMPLICATION FOR FUTURE RESEARCH

The researcher envisioned that an increased curiosity influenced by this qualitative research will increase more research interests aligned to repeated Nyaope rehabilitation. By using the quantitative methodology, statistics can be compiled of how many Nyaope abusers enter rehabilitation as well as the probability of Nyaope abusers curbing the use of Nyaope across different rehabilitation centres with different contextual characteristics. The current study can be expanded beyond SCRC to other recovery centres across South Africa in order to undertake comparative studies.

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APPENDICES

APPENDIX A : LETTER OF GOODWILL

SECOND CHANCE
Recovery Centre

096-889-NPO | PBO 930038621
Address: 3955 Section M | Dr Ribane Street | Mamelodi West | 0122
Tel: 012 805 6999 | Cel: 081 754 4484
Email: info@secondchancerecovery.co.za | Whatsapp: 081 754 4484

29 January 2021

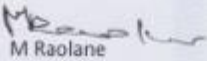
To: Researcher: Ephenia Kgomotso Motsepe
University of North West (Mafikeng Campus)

RE: Feedback regarding the request study at Second Chance Recovery Centre in Mamelodi Pretoria

Dear Mrs Motsepe

The purpose of this letter is to inform you that Second Chance Recovery Centre you permission to conduct the research titled **Exploring Psychosocial experiences of Nyaope substance abuser with repeated rehabilitation histories** in the year 2021. This serves as assurance that this centre complies with requirements of the Department of Social Development and Substance Abuse act and will ensure that these requirements are followed in the conduct of this research.

Sincerely


M Raolane
Centre Manager

Board Members: Chairperson: L M Kekana | Deputy Chairperson: F K Mohlaloga | General Secretary: M W Makgoba |
Deputy Secretary: K T Mashilo | Treasurer: K K Moseithe | Additional Members: P S Malatji

APPENDIX B : ETHICS APPROVAL LETTER



Private Bag X1200, Potchefstroom
South Africa 2520
Tel: 086 016 9696
Web: <http://www.nwu.ac.za/>

**North-West University Health Research Ethics
Committee (NWU-HREC)**

Tel: 018 299-1206
Email: Ethics-HRECApply@nwu.ac.za (for human
studies)

15 August 2021

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North-West University Health Research Ethics Committee (NWU-HREC) on 15/08/2021, the NWU-HREC hereby approves your study as indicated below. This implies that the NWU-HREC grants its permission that, provided the general conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: The psychosocial experiences of Nyaope substance abusers with repeated rehabilitation histories			
Principal Investigator/Study Supervisor/Researcher: Prof CA Oduaran			
Student: EK Motsepe - 30924650			
Ethics number:	N W U - 0 2 0 7 2 - 2 0 - A 1		
	<small>Initiation</small>	<small>Study Number</small>	<small>Year</small>
	<small>Status: S = Submission, R = Re-Submission, P = Provisional Authorisation, A = Authorisation</small>		
Application Type: Single study	Risk:	Medium	
Commencement date: 15/08/2021			
Expiry date: 31/08/2022			
Approval of the study is provided for a year, after which continuation of the study is dependent on receipt and review of a six-monthly monitoring report and the concomitant issuing of a letter of continuation. Monitoring reports are due at the end of March and August annually until completion.			

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:

- The principal investigator/study supervisor/researcher must report in the prescribed format to the NWU-HREC:
 - six-monthly on the monitoring of the study, whereby a letter of continuation will be provided annually, and upon completion of the study; and
 - without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.
- The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the principal investigator/study supervisor/researcher must apply for approval of these amendments at the NWU-HREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.
- Annually a number of studies may be randomly selected for active monitoring.
- The date of approval indicates the first date that the study may be started.
- In the interest of ethical responsibility, the NWU-HREC reserves the right to:
 - request access to any information or data at any time during the course or after completion of the study;
 - to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process;


- *withdraw or postpone approval if:*
 - *any unethical principles or practices of the study are revealed or suspected;*
 - *it becomes apparent that any relevant information was withheld from the NWU-HREC or that information has been false or misrepresented;*
 - *submission of the six-monthly monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and/or*
 - *new institutional rules, national legislation or international conventions deem it necessary.*
- *NWU-HREC can be contacted for further information via Ethics-HRECAppl@nwu.ac.za or 018 299 1206*

Special conditions of the research approval due to the COVID-19 pandemic:

Please note: Due to the nature of the study i.e. (face-to-face collection of qualitative data via semi-structured interviews with recovering patients in a private rehabilitation centre), this study will be able to proceed during the current alert level, following receipt of the approval letter. No additional COVID-19 restrictions have been placed on the study except that the researcher must ensure that before proceeding with the study that all research team members have reviewed the North-West University COVID-19 Occupational Health and Safety Standard Operating Procedure.

The NWU-HREC would like to remain at your service and wishes you well with your study. Please do not hesitate to contact the NWU-HREC for any further enquiries or requests for assistance.

Yours sincerely,

 Digitally signed by
Prof Petra Bester
Date: 2021.08.16
09:21:53 +02'00'

Chairperson NWU-HREC

Current details (23226622): O:\My Drive\6. Research and Postgraduate Education\6.1.5.4 Templates\6.1.5.4.2_NWU-HREC_EAL.docm
20 August 2019
File Reference: 6.1.5.4.2

APPENDIX C : INFORMED CONSENT



Private Bag X1290, Potchefstroom
South Africa 2520
Tel: +2718 299-1111/2222
Fax: +2718 299-4910
Web: <http://www.nwu.ac.za>

NWU- HREC Approval	Date: 2021.08.1 7 10:08:39 +02'00'
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NWU-HREC Stamp

**INFORMED CONSENT DOCUMENTATION FOR NYAOPE
SUBSTANCE ABUSERS WITH REPEATED REHABILITATION
HISTORIES**

TITLE OF THE RESEARCH STUDY: The psychosocial experiences of Nyaope substance abusers with repeated rehabilitation histories

ETHICS REFERENCE NUMBERS: NWU-02072-20-A1

PRINCIPAL INVESTIGATOR: Kgomotso Motsepe

ADDRESS: 73 Leopard Road,
77 Yellow wood ,
Theresa Park
Pretoria
0182

CONTACT NUMBER: 078 266 3267

You are being invited to take part in a research study that forms part of Masters Study. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary** and you are free to say no to participate. If you say no, this will

- The researcher will provide you with 3-layer mask as well as hand sanitisers. The spacing in the study room where the interviews will be conducted will be 2 meters apart between you and the researcher and all windows to be opened to allow sufficient ventilation.
- After every participant the researcher will wipe and sanitise the table and chairs with surface sanitiser to prepare for the next participant.
- During the interview you will be asked not more than 8 open ended interview questions, which you may tell us about your experiences of Nyaope substance use, including incidents that lead to use and relapse, first recovery and follow up attempts over the years to curb the abuse of Nyaope until you ended up at SCRC.
- The interview will take 40-60 minutes between 11:00am and 14:00pm and it will be audio recorded.
- Your identifying characteristics including name, ethnicity, will be removed from the final research article and substituted with pseudonyms leaving your identity completely anonymous.
- The research team will not have any access to your confidential personal information to ensure your confidentiality and privacy.

Will you gain anything from taking part in this research?

- There will be no direct gains for you in the study. Nevertheless, voicing your experiences may provide self-acknowledgement, increase yourself awareness and empower you and others.
- The other gains of the study are your contribution to the expansion of especially the scares knowledge field in South Africa.
- This research study may contribute in terms of rehabilitating Nyaope users, which could go a long way in reducing the rate of Nyaope relapse. Creating awareness in terms of Nyaope relapse will assist the community and the public to understand the phenomenon on how to help Nyaope users not to relapse.

Are there risks involved in you taking part in this research and what will be done to prevent them?

- The risks to you in this study are
- Psychological Distress but will be limited, the researcher will be available to answer any questions that you might have and will fully inform you of what is expected of you. It is, however, possible that you may experience distress because of being confronted with information directly related to your struggle with Nyaope use. The researcher will provide referrals to participants for debriefing and counselling services if the need arises. Debriefing and counselling services will be arranged if distress develops relative to participation in this research study. Participants will be informed about their right to withdraw from this research study at any time
- Cohesion but will be limited, the researcher will limit coercion making it clear that there are no financial incentives for participation. You are not forced to participate in the research study that participation is voluntary, and you can withdraw your participation at any point.
- However, the benefits as noted above outweigh the risk

- The researcher will provide you with 3-layer mask as well as hand sanitisers. The spacing in the study room where the interviews will be conducted will be 2 meters apart between you and the researcher and all windows to be opened to allow sufficient ventilation.
- After every participant the researcher will wipe and sanitise the table and chairs with surface sanitiser to prepare for the next participant.
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- Cohesion but will be limited, the researcher will limit coercion making it clear that there are no financial incentives for participation You are not forced to participate in the research study that participation is voluntary, and you can withdraw your participation at any point.
- However, the benefits as noted above outweigh the risk

How will we protect your confidentiality and who will see your findings?

- Anonymity of your findings will be protected by substituting your identifying characteristics with pseudonyms living your identity anonymous. Your privacy will be respected by using the study room allocated by the centre with signs indicating that interview is in progress and that no disturbance will be allowed. Your results will be kept confidential by transferring recorded data to password protected storage. After transcribing take place, the data will be encrypted. Only the researcher, research supervisor and experienced co-coder will be able to look at your findings. Findings will be kept safe by locking hard copies in locked cupboards in the researcher supervisor's office and for electronic data it will be password protected. (As soon as data has been transcribed it will be deleted from the recorders. Data will be stored for 5 years.

What will happen with the findings or samples?

- The findings of this study may be used in future and will be reported in the following way: Anonymous results may be published in scientific peer approved journal. In all of this reporting you will not be personally identified. This means that the reporting will not include your name or details that will help others to know that you have participated (e.g. your address or your name)

How will you know about the results of this research?

- We will give you the results of this research in 2021 by the research at Second Chance Recovery Centre when the final publication has been finalised

Will you be paid to take part in this study and are there any costs for you?

- The researcher will reimburse the participants who are not in-house participants their travelling money to and from second chance recovery centre. This will be calculated according to the set tariff.
- Refreshment will also be provided after the semi-structured interviews.
- The researcher will also provide the participant with a token of appreciation key chain holder with motivational message. A letter of appreciation will be written and sent to the participants as the researcher is aware of the fact that the participants will be sacrificing their personal time to participate in this research study.

Is there anything else that you should know or do?

- You can contact Kgomotso Motsepe at 078 266 3267 if you have any further questions or have any problems.
- You can also contact the NWU-Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

By signing below, I agree to take part in the research study titled: The psychosocial experiences of Nyaope substance abusers with repeated rehabilitation histories.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (place) on (date) 20....

.....
Signature of participant

Declaration by person obtaining consent

I (name) declare that:

- I clearly and in detail explained the information in this document to
.....
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (place) on (date) 20....

.....
Signature of person obtaining consent

Declaration by researcher

I (name) declare that:

- I explained the information in this document to **or** I had it explained by who I trained for this purpose
- I did/did not use an interpreter
- I encouraged him/her to ask questions and took adequate time to answer them or I was available should he/she want to ask any further questions. The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (place) on (date) 20....

.....
Signature of researcher

APPENDIX D: COMPRESS APPROVAL

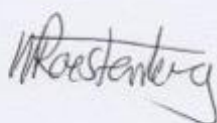


Scientific Committee Approval for a Research Application
 Research using human participants, health or health-related studies

Scientific Committee Information			
Name of the scientific committee	COMPRES	Discipline(s)	MA/MSc Clinical Psychology
Research Entity	COMPRES	Contact Person for the committee	Chanté Klopper
Faculty	Health Sciences	E-mail address for the committee contact person	Chante.Klopper@nwu.ac.za

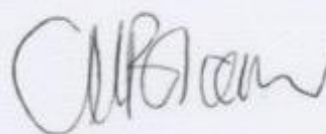
Study & Scientific Review Information			
Title of the study:	Psychosocial experiences of "Nyaope" substance abusers with repeated rehabilitation histories.		
Researcher/Study Supervisor Initials, Name and Surname:	Prof C.A. Oduaran	NWU Number:	22590110
Student Initials, Name & Surname:	Motsepe Ephenia Kgomotso	NWU Number:	30924650
Other Researchers Involved in the study (Initials, Names and Surnames):	Click here to enter text.		
Potential risk level for human participants:	No risk	<input type="checkbox"/>	Motivate: Participants will be clients in treatment for Nyopi drug usage, this presents a risk] as they are a vulnerable population
	Minimal risk	<input type="checkbox"/>	
	Medium risk	<input checked="" type="checkbox"/>	
	High risk	<input type="checkbox"/>	
Potential risk level for children and incapacitated adults:	No risk	<input checked="" type="checkbox"/>	Motivate: Click here to motivate the risk level
	No more than minimal risk of harm	<input type="checkbox"/>	
	Greater than minimal risk with the prospect of direct benefit	<input type="checkbox"/>	
	Greater than minimal risk with no direct benefit	<input type="checkbox"/>	
Recommendation for the REC:	Review by the research ethics committee required	<input checked="" type="checkbox"/>	Motivate: Human participants involved

Any additional comments	Motivate: Researchers are to ensure that data collection plans include Covid-19 sensitive methods of data collection
Chairperson of the committee	Prof Wim Roestenburg
Committee members present during the review (NB, please ensure no conflict of interest)	Prof W de Klerk Ms T Mabusela Dr M Dube
Date of review	2020/06/02



Signature of Chairperson

Date: 2020/06/04



Signature of Research Director

Date: 2020/06/09

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APPENDIX E:INTERVIEW SCHEDULE

The Psychosocial experiences of Nyaope substance abusers with repeated rehabilitation histories.

Interview schedule

1. What did you experienced differently from your family, Friends and community members when you returned from rehabilitation?
2. How did you experience your family members' reaction to you when you returned from rehabilitation?
3. How did you experience your relationship with your family, friends and community after you return from rehabilitation?
4. How did you experience your interaction with your friends, family, and community members after you return from rehabilitation?
5. How would you want to be treated by your friends, family, and community after your return from rehabilitation?
6. Of all the things we have discussed today, what would you say are the main issues of concern to you about your experience after you return from rehabilitation?

APPENDIX F:LANGUAGE EDITING

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14/03/2022

This is to certify that the mini-dissertation entitled

**PSYCHOSOCIAL EXPERIENCES OF NYAOPE SUBSTANCE ABUSERS WITH
REPEATED REHABILITATION HISTORIES**

Submitted by **EPHENIA KGOMOTSO MOTSEPE**

For the degree of **MASTER OF SOCIAL SCIENCE**

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At the **NORTH WEST UNIVERSITY**

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