

Recovering from nyaope addiction among young adults: A qualitative study in Tshwane, South Africa

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DOI: [10.24252/al-sihah.v17i2.55249](https://doi.org/10.24252/al-sihah.v17i2.55249)

Received: 7 February 2025 / In Reviewed: 9 June 2025 / Accepted: 1 Agustus 2025 / Available online: 30 December 2025

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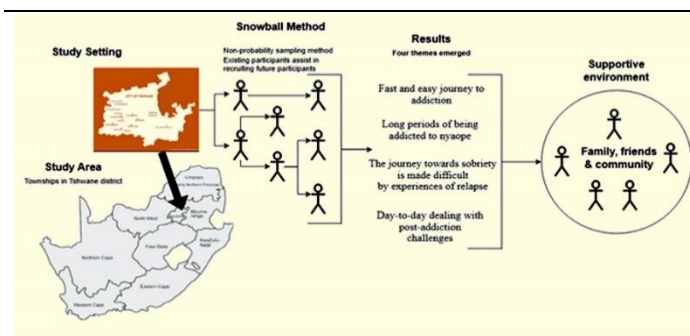
ABSTRACT

Substance abuse remains a major global health concern, with South Africa heavily impacted by nyaope use among young Black males in disadvantaged townships. Despite this, little is known about those who have successfully quit, revealing a gap in understanding recovery pathways. This qualitative phenomenological study used in-depth interviews to explore their experiences. A qualitative phenomenological study was conducted using in-depth interviews. The data were collected using the snowball method among a sample of 20 young people who managed to quit using nyaope in Tshwane, Gauteng province. NVivo was used for data analysis. The majority were single and unemployed with ages ranging from 26 to 40. About 15 (75%) in the age range 10 – 19 years started using nyaope in the adolescent phase. The number of participants who had been addicted to nyaope for over five years is 16 (80%). The longest period of being sober for two participants, 2 (10%) is over eight years. Themes identified were fast and easy journey to nyaope addiction, long periods of being addicted to nyaope, difficult journey to quitting nyaope addiction, and day-to-day dealing with post-addiction challenges of nyaope. Longer periods of addiction to nyaope were complicated by continuous relapse, which makes quitting nyaope not easy. Addiction to nyaope is complex due to its negative consequences. Therefore, recovery from nyaope addiction is a continuous, dynamic process requiring long-term support to prevent relapse. Participants highlighted the importance of a supportive environment. Recovery improves quality of life, reduces crime and violence, and strengthens social cohesion.

ABSTRAK

Penyalahgunaan zat tetap menjadi perhatian utama kesehatan global, dengan Afrika Selatan sangat terdampak oleh penggunaan narkoba jalanan yang sangat adiktif, yaitu nyaope, terutama di kalangan laki-laki muda kulit hitam yang tinggal di permukiman miskin. Meskipun demikian, masih sedikit yang diketahui tentang individu yang berhasil berhenti dan mempertahankan pantang dari nyaope, sehingga menimbulkan kesenjangan pemahaman terkait jalur pemulihan. Studi kualitatif dengan pendekatan fenomenologis ini dilakukan untuk mengeksplorasi pengalaman mereka melalui wawancara mendalam. Data dikumpulkan menggunakan metode snowball sampling pada 20 anak muda yang berhasil berhenti menggunakan nyaope di wilayah Tshwane, Provinsi Gauteng. Analisis data dilakukan dengan bantuan perangkat lunak NVivo. Mayoritas partisipan adalah lajang dan tidak memiliki pekerjaan, dengan rentang usia 26 hingga 40 tahun. Sekitar 15 orang (75%) mulai menggunakan nyaope pada masa remaja, yaitu antara usia 10 hingga 19 tahun. Sebanyak 16 partisipan (80%) telah mengalami kecanduan nyaope selama lebih dari lima tahun. Dua orang partisipan (10%) telah berhasil menjalani masa sadar (tidak menggunakan) selama lebih dari delapan tahun. Tema-tema utama yang diidentifikasi meliputi: perjalanan cepat dan mudah menuju kecanduan nyaope, masa kecanduan yang panjang, perjuangan berat untuk berhenti dari kecanduan, serta tantangan sehari-hari yang dihadapi pasca-kecanduan. Masa kecanduan yang lama diperumit oleh kekambuhan yang terus-menerus, menjadikan proses berhenti dari nyaope sangat sulit. Kecanduan nyaope bersifat kompleks karena dampak negatif yang ditimbulkannya. Oleh karena itu, pemulihan dari kecanduan nyaope harus dipahami sebagai proses yang berkelanjutan dan dinamis, yang memerlukan dukungan jangka panjang untuk mencegah kekambuhan. Para partisipan menekankan pentingnya lingkungan yang mendukung. Pemulihan membawa peningkatan kualitas hidup, pengurangan kejahatan dan kekerasan, serta penguatan kohesi sosial di masyarakat.

GRAPHICAL ABSTRACT



Keyword

addiction
recovery
relapse
nyaope
young people

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INTRODUCTION

Substance abuse is a major public health challenge globally, and South Africa (SA) is not spared (Mokwena & Morojele, 2014; Harker et al., 2020; Pengpid et al., 2021; Mutai et al., 2024; United Nations, 2024). Substance use is defined as the continued use of selected substances such as alcohol, tobacco products, illegal drugs, or other substances that can be consumed, inhaled, or injected with possible dependence and other detrimental effects (United Nations, 2024). A pattern of harmful or hazardous use of psychoactive substances, including alcohol, illicit drugs, and/or prescribed medications which may lead to addiction is regarded as substance abuse (United Nations, 2024). While the use of substances is increasing, the relatively new novel psychoactive substances category continues to dominate the study area of mental disorders. This category continues to grow exponentially, including in Africa (Hall & Miczek, 2019; Dumbili et al., 2021).

The widespread use of illicit drugs, including nyaope, as a common drug of choice by young people in South Africa has a direct impact on achieving Sustainable Development Goal 3.5 (SDG). The goal is aimed at strengthening the prevention and treatment of substance abuse, including both narcotic drug abuse and harmful alcohol use (United Nations, 2023). Due to its addictive nature, the drug nyaope undermines this objective by increasing the cycle of addiction while there is limited access to effective rehabilitation services (Fernades & Mokwena, 2016; Bala & Kang'ethe, 2021; Lefoka & Netangaheni, 2022). Access to effective treatment and the provision of prevention measures for people using nyaope is important for ensuring healthy lives and promoting well-being for all (Sadiki, 2023; Wallengren et al., 2024).

Nyaope is a uniquely South African recreational street drug that is reported to have emerged in the streets of Tshwane in the early 2000s (Ghosh, 2013; Matuntuta, 2014; Mokwena, 2016). It is commonly used by young Black males who live in disadvantaged communities, which are depicted by high unemployment rates, poverty, and lack of recreational facilities (Mokwena, 2016). The drug commonly takes over the lives of users who become dysfunctional, dropping out of school or employment, have poor hygiene and live in the street where they

commonly assemble in groups (Mokwena & Morojele, 2014; Peltzer et al., 2018; Bala & Kang'ethe, 2021). They are also commonly involved in petty theft to feed their habits and are therefore social outcasts. In addition, users tend to present with features suggestive of central nervous system effects such as notable self-neglect, slow slurred speech, slow movements, lethargy, poor judgment, and a generally dazed expression (Strauss, 2022; Madiga & Mokwena, 2022; Nyakale et al., 2024). Although nyaope is illegal in South Africa, the dealers and users are so many that pursuing them seems to have ceased to be a priority for law enforcement (Monyakane, 2018). The high number of sellers makes access easy, thus increasing the number of addicts (Fernades & Mokwena, 2016; Monyakane, 2018).

South Africa has not developed custom programs for the rehabilitation of people who use nyaope, which has resulted in high numbers as there are new users but very few that escape its use. This has resulted in high numbers of users who commonly assemble in open spaces like parks, street corners, and entrances of shopping malls. Recovery is a challenge, and relapse rates are high (Mokwena & Morojele, 2014). Due to its highly addictive nature, it has a significant negative impact on the users, their families and communities (Mokwena & Morojele, 2014; Mokwena, 2016; Masson, 2022; Strauss, 2022). Although the prevalence of nyaope is not known, studies by Ghosh (2013) and Masson (2022) reported that most users are Blacks at an estimation of 90% followed by Coloureds at 5.88%. South Africa has four main racial categories, which are indigenous Black Africans, Whites, Coloureds and Indians/Asians (Tewolde, 2024). Little is known about the use of nyaope in the Coloureds community, as nyaope is commonly used amongst young Black males who reside in townships of low socio-economic status (Ghosh, 2013; Mokwena, 2016). The South African Community Epidemiology Network on Drug Use (SACENDU) report of 2019, indicated that nyaope is a drug of choice in many Black communities, with an estimated 20% of users in KwaZulu-Natal and 10% in Gauteng who were admitted to rehabilitation facilities for nyaope use (Madiga & Mokwena, 2022). The age of initiation is also reported to be as young as 14 years (Masombuka, 2013; Temane et al., 2023) and (Nzaumvila et al., 2023), which impacts negatively on the developing brain, with detrimental consequences

on their reasoning capabilities which increases the risk for results in dropping out of school and perpetuate the cycle of poverty (Mokwena, 2016). Nyaope is easily available, cheap, accessible, and highly addictive therefore it can be said that these factors encourage consumption leading to continuous use (Temane et al., 2023).

There is limited access to treatment services for people who are abusing nyaope (Ghosh, 2013; Mokwena, 2016; Tetarwal et al., 2019). While others were privileged to receive professional assistance, these efforts are often counteracted by the relapse rates, which has resulted in discouragement even before people accept these rehabilitation programs. In the study conducted by (Moodley & Adam, 2000) although nyaope addicts do receive treatment, it was shown that their sobriety lasts for only 5 months or less before they relapse again. Taking part in a treatment programme does not guarantee the success of sobriety maintenance because of the high drop rate, as well as relapse of those who have completed the treatment (Dreyer et al., 2018; Nyashanu & Visser, 2022) As the confidence in the effectiveness of formal rehabilitation programs drops, an increasing number of people opt for a range of self-treatment options which is known as natural recovery (Fernandes & Mokwena, 2020b; Morare, 2023). However, the successes of these approaches are not known.

There is dearth of literature on recovery from nyaope, and successful stories of recovery are mainly covered by the media (Masombuka, 2013; Mokwena, 2016; Scheibe et al., 2023). The journey to recovery from nyaope is continuous and complex, and not well documented (Nevhutalu, 2017; Fernandes & Mokwena, 2016; Khumalo, 2020). There are also no custom-made rehabilitation programs for nyaope (Mokwena & Morojele, 2014; Mokwena, 2016), which implies that the rehabilitation protocol is 'generic' and does not necessary address the specific needs of nyaope addiction. Most of the studies on nyaope focus on the prevalence, profile of people using nyaope and medically assisted recovery without the lived experiences of those who managed to recover from abusing nyaope. The journeys, struggles, and experiences of those who were able to quit nyaope are rarely documented, hence this study, whose purpose was to document the convoluted journey of people who were successful in quitting nyaope use, irrespective of the methods used.

METHODS

This qualitative study used the Interpretative Phenomenological Analysis (IPA), which is an approach that examines how people who recovered from abusing nyaope make sense of their life experiences. The study approach is essential for accumulating evidence when studying a new topic about which little is known, and data is collected through interviews and narration (Smith et al., 2021). In this case the life experiences of the participants were the convoluted journey of quitting nyaope use. This study was grounded on Recovery Capital which is defined as resources and capacities that support growth and human flourishing. The focus is on the individual's strength which proposes that recovery from addiction consists of 5 domains, these being human capital (personal characteristics that enabled successful quitting of nyaope, social capital (resources available through relationships, such as a range of supportive families, counselling or faith based support resources), financial capital (material resources, which included the costs of rehabilitation), cultural capital (community behaviours that promote sobriety living) and attitudes arising from a cultural group membership (such as acceptance of community values) (Best et al., 2015; Cano et al., 2017; Best & Hennessy, 2021).

The study was conducted in five selected, Black-dominated townships in Tshwane, Gauteng province, which has been reported to have a high prevalence of nyaope use (Mokwena & Morojele, 2014; Ghosh, 2013; Ndlovu et al., 2021). The languages most spoken in Tshwane are Setswana, Afrikaans, English, Sepedi, IsiZulu, Tshivenda and Xitsonga. The residents of the selected townships are predominantly Blacks, their areas are adversely affected by poor infrastructure, inadequate health services, high unemployment rate (52.6%) and living in extreme poverty (Mokwena, 2016; Statistics South Africa, 2023).

The study population consisted of twenty young people (19 males and a female), who were aged 18 and above and who were successful in quitting using nyaope and remained free for a period of over two years. The sample size of 20 participants was included to understand the depth and the convoluted journey of quitting to use nyaope (Dworkin, 2012; Louw et al., 2023). Those who were below the age of 18 years and have used nyaope in the last two years were excluded from the study. In addition, accessing those who have managed to quit using nyaope is complex since their number is limited (Fernandes & Mokwena, 2016). A purposive snowball method was

used to identify potential participants through NGOs, social media, word of mouth and by telephone. and snow-ball method. This sampling technique was used to maximise the range of specific information that can be obtained from and about quitting nyaope by selecting participants and/or locations that are knowledgeable about the experiences of quitting nyaope the phenomenon of interest. Data collection was done by the researcher together with research assistants and the supervisor.

The data collection location was determined by the individual preferences of the participant, as well as the logistical reality of each situation. On the day of data collection, the purpose of the study was explained. Participants were given an opportunity to ask questions about the study and their participation and any concerns regarding the study were clarified. A good recorder was used with the participants' permission to conduct in-depth interviews using a self-developed interview guide. The interview questions captured the lived experiences in the journey of quitting nyaope use. Participants were asked how they got into using nyaope, their journey to quitting, and finally, about the steps of avoiding relapse. The in-depth interviews were conducted using an interview guide which was available in English and was translated into three local languages, Setswana, IsiZulu and Xi-Tsonga. The interviews were conducted in the language of choice of the participants, which was mostly in Setswana and English and lasted for 45 to 60 minutes. The participants preferred to respond in Setswana, which is the commonly spoken language in the area. The interviews were audio-taped and transcribed verbatim. The sociodemographic data of the participants were collected at the end of doing IDIs using a brief quantitative questionnaire. Data collection occurred over 10 months (February 2022 to November 2022).

The quantitative demographic data was entered into a Microsoft Excel spreadsheet and analysed descriptively. The researcher and research assistants transcribed the audio-recordings verbatim from Setswana into English, typed into MS Word and uploaded into NVivo Pro 12 for thematic analysis. The use of NVivo software allows researchers to organise, analyse, interpret, visualise, and report the research data (Allsop et al., 2022; Dhakal, 2022). Analysis was carried by reading few transcripts numerously to identify and arrange codes. The codes that emerged were grouped to develop themes and sub-themes. The themes were defined, described and modified repeatedly by the researcher and the supervisor. All the

aspects of trustworthiness, credibility, conformability, transferability and dependability were ensured (Cope, 2014; Nowell et al., 2017; Korstjens & Moser, 2018). To ensure credibility, the researcher prolonged field engagement with participants for 10 months and extensive training on qualitative methods (Wood et al., 2020; Braun & Clarke, 2022).

A good digital recorder was used in capturing information verbatim and to enhance rigour and accuracy of the data. Interviews were conducted in the participants' local languages such that the meaning and interpretation of data could be maintained. The researcher read the transcripts and highlighted notes that were used to form codes (Cope, 2014; Adler, 2022). Transcripts verification was done by the supervisor and played the role of an independent coder. For conformability, the researcher and the supervisor analysed the data, and discussed the findings until consensus was reached. For transferability, snow-ball sampling was used to collect data from different study settings (Pratt & Yeziarski, 2018).

Data was collected on campus, different NGOs and safe spaces in parks. Regular debriefing sessions were held with the supervisor to enhance dependability. The research process was described and documented in detail which will enable replication of the study by other researchers in similar situations (Allsop et al., 2022; Dhakal, 2022). NVivo software was used for consistency in developing the themes and for naming and defining them. Record keeping of all the processes that were followed in this study was kept i.e., how data was collected and analysed and the researcher immersed herself with the data (Wood et al., 2020; Polit & Beck, 2010; Allsop et al., 2022; Dhakal, 2022). This study was approved by Sefako Makgatho Health Sciences University Research Ethics Committee (SMUREC/146/2021:PG) and informed consent was obtained from all the participants. All ethics research principles were adhered to. Participants were asked to sign an informed consent form before being interviewed. To maintain privacy and confidentiality all personal identifiers were removed.

RESULTS

A total of twenty (20) participants, nineteen males and one female, participated in the study. All were Black African and not married. A total of twenty (20) participants, nineteen males and one female, participated in the study. All were Black African and not married. Their ages ranged from 26 to 40 years

Table 1
Socio-demographic information of the participants

Characteristics of participants	Frequency	Percentage
Age		
26 – 30	10	50
31 – 35	4	20
36 – 40	6	30
Gender		
Male	19	95
Female	1	5
Highest education level achieved		
Primary	1	5
Secondary school	10	50
Completed high school	7	35
Tertiary	2	10
Employment status		
Employed	7	35
Unemployed	10	50
Self-employed	3	15
Age at first use		
10 – 19	15	75
20 – 29	4	20
>30	1	5
Number of years addicted		
>5	16	80
<5	4	20
Number of years being sober		
2 – 5	16	80
>5	4	20

with a mean age of 32 years. Half (n=10, 50%) were aged between 26 and 30 years, 4 (20%) were amongst the ages of 31 to 35 and 6 (30%) were between 36 and 40 years. The youngest age at first use was 10 years. The number of participants who had been addicted to nyaope for over five years is 16 (80%). The longest period of being sober after quitting nyaope use for two participants 2 (10%) is over eight years. Table 1 shows the rest of the socio-demographics of the participants.

Theme 1: Fast and easy journey to addiction

This theme refers to the views that it was fast and easy to get addicted to nyaope. The highly addictive nature of nyaope, ease of access, as well as low cost, enable easy addiction. The highly addictive nature of nyaope enables easy addiction. This sub-theme refers to the highly addictive nature of nyaope. Nyaope is easily accessible in Black dominated areas. Participants indicated that it is easy to be addicted to nyaope because addiction sets in within a short period of trying the drug.

The participant explains the highly addictive nature of nyaope.

“Yes, it was just one puff, and I was officially hooked. When I started, I just wanted to have a taste of this nyaope. Hmmm... nyaope is really nice. I cannot explain the feeling and after one joint, you want more, and the

addiction started from one joint”. (P15, male, 40 years old)

“Once you smoke, just one puff, it does not even take long. Once you smoke it, let us say for a week then it will be in your blood, or it is in your system. You feel nice but when you have not smoked it then you cannot eat, you cannot do anything. You want it in your system; you do not even get hungry. I wanted more every day and you do not get hungry; it is like you have to steal from people to get money to buy it”. (P5, male, 36 years old)

Participants indicated that the taste and feelings they get after taking just one puff makes one to ask for more because nyaope is highly addictive. The participants could not even explain their feelings after taking just one puff.

“The issue with nyaope is like one taste you are in. I wanted to take one puff and with that one puff, I was hooked, and I wanted more”. (P10, male, 36 years old)

Another participant reiterated the addictiveness of the drug nyaope.

“Like I said in the beginning, to tell you the truth it was one puff or smoke. I wanted to understand what the others were feeling when they say nyaope is nice. To tell you the truth, the taste of nyaope is very nice (emphasising by showing a sign with fingers). It is easy to fall in, one puff you are already in and you want more and more everyday”. (P19, male, 32 years old)

This sub-theme explains the view that nyaope is easily accessible, always in stock since it is sold at

many outlets in communities and in town.

The dealers even have areas where the users can smoke the drug without disturbance by the police. The dealers have created what is called safe smoking spots in their houses so that those who are smoking nyaope can do so without being bothered by community members or be arrested by the police. In The Drugs and Drug Trafficking Act, 104 of 1992, nyaope is regarded as an illegal drug in South Africa. It is strictly prohibited and punishable with a fine or imprisonment period not exceeding 15 years.

"Getting into nyaope is easy, they sell it everywhere and it is cheap, you get addicted because they also have smoking spots. Normally in Mabopane when you go to buy from someone they already us. Where you buy there is a backroom "a smoking spot", so after you buy you sit there and smoke. Those who can no longer go home, sleep there. So, you can never lack a place to smoke because if you smoke on the streets the police will arrest you. So, when you are there, you are safe because you know that they pay the police, they pay them a bribe. So, you buy then after you just sit there and smoke, it is safe like that unlike smoking on the streets". (P5, female, 30 years old).

Nyaope has been sold for some time now in known places in Pretoria city-centre. Nyaope is easily accessible as indicated below:

"Nyaope is sold the whole of Brown Street in Town (Pretoria). In our townships like Mabopane, Soshanguve, selling is at another level, to avoid the police or the community when I was smoking, the houses where they sell, they have smoking pots or spots. It is a room where you can smoke, and no one can bother you. It is easy because you buy there and smoke you can even sleep, then wake up and smoke again and you are now addicted to nyaope". (P11, male, 28 years old)

The dealers even target learners. Nyaope is widely used in the communities.

"I fell into the trap of smoking nyaope because they sell it in all the parks in Akasia. I used to buy and smoke here also. You can see in this park, those guys under the tree "pointing with his fingers", they are waiting for school kids to come and buy so it's easy to buy and smoke here in the park. The school kids buy everyday here in this park". (P8, male, 30 years old)

The low cost contributes to ease of access and addiction

"Yes, nyaope is sold very cheap, it is R25.00 or so". (P11, male, 28 years old)

"There was time when nyaope was sold at R50, then it went down to R15 and it is now sold at R20 or R25". (P4, male, 30 years old)

"Nyaope is cheap, with R100, I get 4 bags or 6 bags and depending on the colour of the plastic and the area. Green plastic is cheap, R20.00, with this it is like 'woza – woza' come back for more that is how I got addicted since I had pocket money for school". (P5, female, 30 years old)

The dealers are known by the community and the police. This is supported by the following:

"Yes, the people in the community know that a particular house they sell nyaope". (P9, male, 26 years old)

"Yes, the community is aware that a particular house they sell nyaope, and they are not doing anything about it. Instead, you will see a Police van outside their yard, and you will see them having a chat and then the police will leave". (P17, male, 26 years old)

The dealers can sell to learners without fear.

"Yes, it was easy to get nyaope in the community because where I was buying, I could go in while wearing uniform in the morning before going to school and they would sell it to me". (P9, male, 26 years old)

Lack of structure in their lives, which include being unemployed, boredom and unavailability of recreational facilities in the communities results in loitering and they resort to mischief, including smoking nyaope.

"I think being left alone without monitoring and the idle mind is not good. There are no safe parks or sports ground in my area anymore so most of us will just be sit by the corner and do nothing and that made it easy for the nyaope sellers to get us to taste and smoke nyaope. If there wa sport and other activities, I think I was going to be safe from getting into nyaope you see". (P8, male, 30 years old)

"...people are bored there's nothing for us to do. Boredom, being alone at home for a long time before the parents are back from work and lack of sport grounds or youth activities promotes the use of drugs in our community". (P11, male, 28 years old)

"I actually started smoking in school. Yes, because I quit school in grade 10 Not knowing what to do with myself, no gym, no soccer or sport so I was now wandering from one street to another and that way I smoked more nyaope. In Lotus Gardens, you see in all the open spaces where we had open gyms, they are dumping there". (P6, male, 35 years old)

Lack of employment opportunities and many other unfavourable social challenges

"I think unemployment makes it easy for starting nyaope. To others it's family backgrounds, others want to fit in. But for me I say those sitting at home not doing anything start smoking to pass time, and those ones smoking while in school, its peer pressure". (P10, male, 36 years old)

Participants mentioned that peer pressure from friends is instrumental, and it plays a role in getting users to experiment with nyaope. This is supported by the following:-

"To tell you the truth mam for me to get into nyaope it was because of friends. We are always hanging around with friends but at first, I started smoking cigarettes then moved to weed". (P2, male, 28 years old)

"It was actually friends, the desire to do the things that they were doing. I wanted to fit in also. It was being curious about doing things that you do not know, only to

find out that you are falling into the pit". (P3, male, 35 years old)

Participants mentioned that being in the company of bad friends pushed them to start experimenting with nyaope.

"Hence do you remember I mentioned that I did not start using nyaope because I loved it, but I just wanted to experiment. I was experimenting with friends". (P1, male, 30 years old)

"Firstly, I will say its peer pressure, not having parents, overthinking, and friends lying to you that if I smoked, I will forget about my troubles. At that time, I was starting to sink deep into nyaope addiction". (P15, male, 40 years old)

Theme 2: Long periods of being addicted to nyaope

In this theme, participants indicated the long period of being addicted, as it is difficult to quit despite the negative consequences.

"I was addicted for I can say that more than 10 years". (P11, male, 28 years old)

Addiction period differs from one participant to another and is supported by these:-

"I was addicted to nyaope for 17 years". (P10, male, 36 years old)

Nyaope is known to be highly addictive, and quitting is difficult.

"I was addicted for smoking nyaope, I think more than 15 years or so". (P13, male 26 years old)

"I was living for nyaope, and it almost killed me, everything in me was just for nyaope, addiction over addiction, and nyaope. My past life of 18 years was damaged by nyaope. Eish "showing a sad face and clinched fists" I was addicted for 18 years". (P16, male, 38 years)

Theme 3: The journey towards sobriety is made difficult by experiences of relapse

This theme refers to the convoluted journey which included relapse before achieving sobriety, which included several relapse experiences.

"I went to many rehabilitations maybe four and some NGOs because I will quit for some time then relapse again. It is not easy to deal with relapse, it made me to be angrier when I remember that I once stopped using nyaope. Hmmm....It is possible to quit but relapse is more dangerous". (P9, male, 26yrs old)

"All of it was difficult. All of it was difficult because I went to rehabilitation centres for about six, four, "huh" five or six times. And then in that time I do not know how many times I relapsed. And then yes going back and trying again so that alone was becoming too heavy". (P8, male, 30 years old)

Experiences included trying different

rehabilitation programs

"They (family) took me everywhere. I've been to FF, Cullinan rehabilitation center, Soshanguve rehabilitation, Mamelodi rehabilitation and Ga-Rankuwa". (P20, male, 37 years old)

"Eish... I have relapsed many times. After quitting for the first time, I was disappointed by life and I relapsed. I relapsed again and again since I stayed with friends who were still smoking nyaope. Relapse is not nice because you have to start all over again. I then decided to quit forever". (P16, male, 38 years old)

The experience of relapsing contributed to discouragement. The periods of relapse differed from one participant to another. Relapse was noted even after attending rehabilitation.

"Yes, I smoked nyaope for 11 years, it was bad because my mother always told me to quit. I was addicted and quitting was not easy because every time I wanted to quit, I even smoked more packets on that day. I have tried many times to quit but my mind was still on nyaope. I relapsed many times. The experience of relapsing many times is bad; you lose yourself again". (P7, male, 36 years old)

"Then all in all I relapsed more than seven (7) times until I finally told myself that I was fine". (P11, male, 28 years old)

Theme 4: Day-to-day dealing with post-addiction challenges

This theme refers to goals set by individuals to avoid relapse. The goals are set to reduce or avoid factors such as stress, boredom, lack of employment, poor support systems, negative thoughts, feelings and any temptations. This sub-theme indicates the various ways in which the participants tried to avoid relapse. Participants had to use different strategies to avoid relapse. Changing friends and associates who use nyaope.

"I changed friends, and I spend time with friends who don't smoke". (P17, male, 26 years old)

"Unfortunately, my sister I can never run away from relapse so for me the only way to make sure that I do not relapse is to engage with people who are not using nyaope". (P7, male, 36 years old)

Avoidance of any other psychoactive substances was another way of avoiding relapse

"To avoid relapse,..... I would say that you must change your lifestyle, and I would also say for you to leave drugs you must stop using any mind-altering substance. For example, if I would start drinking alcohol it would trigger me because it will not reach that level of nyaope. So automatically once I trigger my mind it will remind me that there is this thing which can take me to where I want to be. So, I would say that once you quit drugs you need to quit everything and do not substitute". (P9, male, 26 years old)

"For me to avoid relapse, I talk about me when I was still addicted. I tell my story about the dangers of nyaope to the young boys in my area. I tell them to focus on school every day that with education that will be fine. I am now spending time reading newspapers, books to keep my mind busy and I am looking for a job". (P20, male, 37 years old)

"I am busy with meetings, my work meetings. The work meetings are keeping me busy and I told myself that I am old now 40 years and I cannot just always relapse. To avoid relapse I told myself that I need to build myself and the meetings are helping, I do not have too much free time, so I will never go back to nyaope". (P15, male, 40 years old)

Activities of daily living

"I have now started the awareness programs, we go to schools to talk about drugs especially nyaope because it is easy to get it in my area. I want to help others to not go the route I have taken. Everyday I have to organise and prepare my talks about being addicted to nyaope and that takes all my time. Every day I organise pick-up points for meals to help those that are sleeping there by the park and that takes all my energy. I am a busy person now, very busy everyday. I go to different schools and churches as well". (P10, male, 36 years old)

DISCUSSION

The study qualitatively aimed to provide a thorough description of the lived experiences of those who were successful in quitting nyaope use and maintaining the status of being free from nyaope use for over two years. The study was conducted in townships dominated by Blacks, which are located in Tshwane and nyaope has been the drug of choice for many young people in these areas. The Recovery Capital framework (Best & Hennessy, 2021), aligns well with the experiences of the participants in their convoluted journey of quitting nyaope. The human capital, which is defined by the personal characteristics that enabled successful quitting of nyaope, was demonstrated by the decision taken and the commitment to quit, despite drawbacks. Although all the participants experienced a relapse at some stage, it is the human capital that differentiated those that learnt from their journey, came back to try a different strategy until they were successful, and those who did not have such personal characteristics. In a related study, the attribute was identified as locus of control (Fernandes & Mokwena, 2016). The social capital or resources available to support them on their journey came from the participants identifying various people who interacted with them in their lives, including family members, religious leaders, and even neighbours, who provided emotional and spiritual resources until they reached their goal of quitting. The lack of this social capital results in nyaope users

feeling lost (Mokwena, 2016; Lefoka & Netangaheni, 2022).

The financial or material resources, such as access to rehabilitation programs, was key to their successful quitting of nyaope. This study confirmed that rehabilitation resources, which include programs and facilities, are key to successful quitting of nyaope. In the communities plagued by nyaope use, there are thousands of users who are not able to access this resource because of inadequate facilities for those that cannot pay, and this has long-term negative implications. However, the mere existence and access to rehabilitation programs does not guarantee success, as some of the programs are not living up to their expectations (Mahlangu & Geyer, 2018). Cultural capital, which consists of family and community behaviours that promote sobriety living, is key to enabling them to remain clean as they seek community acceptance. This assists the participants to make significant to support their sobriety status and avoid relapses, which include seeking friends that don't smoke, as a way of maintaining their sobriety (Mokwena & Morojele, 2014). The success of their convoluted journey is defined by them accepting community values or membership to a cultural group, and them being accepted in such communities, which is the last domain of the Recovery Capital framework (Best et al., 2015; Cano et al., 2017; Best & Hennessy, 2021).

The findings that nyaope is the common drug of choice in many Black townships areas that are known to have low socio-economic status or hard-hit by different social ills have been reported in other studies (Mokwena & Morojele, 2014; Ndlovu et al., 2021). Since nyaope is sold at a low cost, the dealers are widespread, young people can access it easily and buy many packets to smoke thus making addiction to be easy. Additionally for the participants to continue feeding their habits, they had to commit petty crimes and steal from their families. As reported in this study, once addiction sets in recovery is not easy the same was mentioned in studies by (Ghosh, 2013) and (Mokwena, 2016). where participants are crying for help to be assisted to access rehabilitation services. Despite the negative consequences of nyaope, it is still widely available and easy to access. It is regarded as the drug of choice by many young Black males in impoverished townships. Because nyaope is highly addictive in its nature and easy-to-access, once addiction sets in recovery is not easy (Mokwena, 2016). The participants in this study started by experimenting and falling for peer-pressure. This is

evident where 80% of the study participants were addicted to nyaope for periods longer than 5 years because addiction sets in within a short period of trying or experimenting with the drug. The vast majority of users are not able to quit, which results in long-term difficulties for them and their families. Their journey to recovery is met with many challenges and experiences (O'Brien et al., 2014; Stokes et al., 2018). Quitting nyaope was not easy, due to relapse (Tuwani, 2013; Sadike, 2023). Participants had to develop strong coping mechanisms so that they do not relapse. Due to the relapse participants were admitted repeatedly in different rehabilitation centers. Similar were noted in the studies by Fernandes & Mokwena (2020a), Motsepe (2022) and Sadike (2023). The study focused only in areas in Tshwane even though nyaope is now widely used in many other disadvantaged areas. Even though the study collected data on lived-experiences, some of the participants may have responded in a way that is perceived as socially acceptable. Due to the complexity of nyaope addiction and the journey to recovery, that allowed the researcher to probe deeply to uncover the lived experiences of the participants. Overall, the meaning of lived experiences was covered well by using in-depth interviews.

CONCLUSIONS

Due to the high number of young people that are addicted to nyaope, it is imperative to learn from those who managed to quit using nyaope. The study findings captured that quitting nyaope is not easy hence multi-sectoral approach is needed to focus on the relationship of the people who have managed to quit using nyaope and the available systems that can be used to assist them to avoid relapse. There is a dearth of academic literature on recovery from nyaope use and the ability to sustain that. Most of the studies available are on recovery from general substance abuse and maintenance of sobriety from that and not specifically on nyaope.

This study recorded the journeys and experiences of those that were able to quit nyaope, the process is needed to assist others. There is a need to build safe environments and communities that can take into consideration the needs of young people so that they are not left on their own. Lastly, building safe communities and environments needs various stakeholders and organisations which will assist in changing the social ills and socio-economic status that are associated with nyaope addiction. The Recovery Capital framework is well suited as a foundation for

people who are recovering from nyaope, although the significance of the different domains may vary for individuals in their journey. Overall, this study has shown that quitting the drug nyaope is complicated by many complexities. This study calls for collaboration and involvement of various stakeholders and organisations to assist in improving the social experiences of young people who have managed to quit smoking nyaope. In addition, visibility of police officers other law enforcements, community structures and community policing forums to monitor hotspots for nyaope. For future research, since nyaope has its own unique characteristics and the ingredients are different from region to region, so more research is needed across the country.

ACKNOWLEDGEMENT

The authors would like to thank all the participants for their time, and valuable inputs and the research assistants Ms Keabetswe Montshioa and Ms Simphiwe Skasimbe for helping with the study.

FUNDING

This study was funded by the National Research Foundation under the Research Chair on substance abuse and population mental health grant (grant 115449).

AUTHORS' CONTRIBUTIONS

Mmampedi Mathibe conducted the study. MM and KEM initiated the manuscript. Kebogile Mokwena supervised the study and refined the manuscript. Both authors finalised the manuscript.

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COMPETING INTERESTS

The authors confirm that all of the text, figures, and tables in the submitted manuscript work are original work created by the authors and that there are no competing professional, financial, or personal interests from other parties.

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