



Understanding the Financial, Emotional, and Social Impacts of Nyaope Addiction on Family Members in South Africa: A scoping review of coping strategies and support needs

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**Thesis submitted in fulfilment of the requirements for the degree of
Master of Social Science (Clinical Psychology)**

In the

DISCIPLINE OF PSYCHOLOGY

School of Applied Human Sciences, College of Humanities

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July 2024

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DECLARATION - PLAGIARISM

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Acknowledgements

I would like to thank God for the strength, wisdom, and grace that carried me through the challenging journey of completing this dissertation. I acknowledge your grace and infinite blessings, recognizing that this accomplishment is a testament to your divine guidance. I am grateful for the perseverance and inspiration that allowed me to achieve this milestone.

To my supervisor, Dr Thabani Khumalo, I am deeply grateful for your invaluable guidance, unwavering support, and expertise, which have been instrumental in shaping and enriching my research journey. Thank you for believing in my abilities as a researcher.

To my parents, thank you for everything. “Xikwenbu a ximi katekisi” (May the Lord bless you).

To my son, Njabulo Muhluri Sibuyi, I know it was not easy, but your resilience encouraged me to continue until the finish line.

Thank you to my partner for your unwavering support and encouragement throughout this challenging journey: your belief in me was my anchor, and I am thankful for your love that made this possible.

Thank you, Thembinkosi Singwane, for your academic assistance and guidance provided throughout the writing process of this dissertation.

To Martha, Moagi, and Molebogeng Sebola: this journey would not have been the same without your sisterhood. May God continue to bless your loving hearts. “Ndza mi rhandza swinene” (I love you so much).

Abstract

Despite the significant impact on immediate family members, interventions addressing the escalating nyaope crisis among South Africans often overlook the broader familial context, focusing primarily on the individual affected. This study aims to bridge this gap by underscoring the pressing needs of family members. A scoping review was conducted to map and synthesize existing literature that investigated the financial, emotional, and social impacts of nyaope addiction on family members in South Africa, their coping mechanisms and support needs. The study adopted Arksey and O'Malley's methodological framework; and data were screened thoroughly using PRISMA-ScR flow diagram according to the inclusion and exclusion criteria. Relevant databases were searched resulting in the identification of six studies for final review. The data were analysed thematically, and by means of descriptive numerical summary. This study revealed financial, emotional, and social repercussions, as well as coping strategies and support needs. Findings highlight the profound impact of nyaope addiction on family members, with coping strategies ranging from seeking external assistance to religious solace. However, many family members find existing support strategies inadequate, emphasizing the necessity for comprehensive support systems. The review emphasizes the urgent need for integrated, community-centred interventions addressing not only addiction treatment but also the overall well-being of family members. Recommendations include establishing support groups and community-driven initiatives to offer practical assistance and foster understanding among families affected by nyaope addiction in South Africa.

Keywords: Nyaope, addiction, family, scoping review, coping strategies, support needs

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List of abbreviations

ATS – Amphetamine-type stimulants

JBI – Joanna Briggs Institution

LOC – Locus of Control

NIDA – The National Institute on Drug Abuse

OST- Opioid Substitution Therapy

PCC – Population Concept Context

PRISMA-ScR – Preferred Reporting Items for Systematic Reviews and Meta-Analyses
Extension for Scoping Reviews

SACENDU- South African Community Epidemiology Network on Drug Use

SSCS – The Stress-Strain Coping Support

TA – Thematic Analysis

UNODC – United Nations on Drugs and Crime

WHO – World Health Organization

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CHAPTER ONE

INTRODUCTION

1.1 Introduction

The phenomenon of nyaope addiction in South Africa presents a multifaceted challenge with significant public health and social implications (Department of Social Development, 2020). This potent mixture predominantly containing heroin and cannabis has proliferated throughout various communities across the nation (Mthembi et al., 2018). First observed primarily affecting the youth of Gauteng Province in the Tshwane townships of Atteridgeville, Mamelodi, and Soshanguve in the early 2000s (Masombuka, 2013; Moodley et al., 2012), nyaope's explosion across the nation has been substantial (Madiga & Mokwena, 2022), particularly in areas characterised by high poverty and unemployment rates (Nkosi, 2017). The drug's addictive nature, coupled with its easy accessibility and affordability (Maseko, 2015), has made it the drug of choice, especially among young individuals in impoverished and marginalized communities (Mokwena, 2015; Mokwena & Fernandes, 2015).

The social repercussions of nyaope addiction have captured national attention (Farber, 2015; Mange, 2013), with reports highlighting its contribution to rising crime rates and homelessness (Wilson et al., 2022). A major public health concern is the diversion of HIV antiretrovirals (ARVs) for recreational use in nyaope given South Africa's high HIV prevalence (Varshney et al., 2023). ARVs often cause psychiatric side effects such as psychosis, anxiety, delirium, vivid dreams, nervousness, catatonia, lethargy, agitation, mood disorders, insomnia, hallucinations, depression, anxiety, insomnia, lethargy, nervousness, antisocial behaviour, mood disorders and suicidal thoughts. It is the hallucinatory effects of ARVs that contribute to their inclusion in nyaope (Mthembi et al., 2018). This has led to incidents where health professionals are robbed, corrupt officials sell ARVs, while HIV-positive individuals either sell or are robbed of their ARVs (Radebe, 2017), ultimately disrupting their treatment and hindering HIV control efforts in South Africa (Mthembi et al., 2018). Heroin is a very addictive substance, and the inclusion of ARVs makes nyaope an even more addictive substance which can result in users experiencing violent or intense stomach cramps (Mthembi et al., 2018).

Efforts to curb nyaope addiction have included recommendations for rehabilitation centres (Weich et al., 2008), with ongoing attempts to address the shortage of such facilities and resources (Mabuse, 2014). To provide comprehensive healthcare given these shortages, there is a recognition of the role of the existing health-care facilities; and where primary

healthcare nurses and clinical associates could be more effective in further treating conditions that come with addiction (Myers et al., 2012). These insights resonate with harm-reduction advocates' suggestions for humane drug treatment and the provision of opioid substitution therapy (OST) in communities (Scheibe, 2020; Scheibe et al., 2018). This perspective contrasts with the acknowledgment that, while nyaope addiction primarily impacts individuals who use the drug, its effects on family members remain largely unexplored.

Nkosi (2017) highlighted the profound emotional and psychological distress experienced by parents upon learning of their child's addiction to nyaope. These feelings encompass guilt, anger, blame, and depression, among others, prompting parents to adopt self-protective behaviours including chasing the addicted person from home, seeking external help and doing nothing about the situation (Nkosi, 2017). Groenewald and Bhana (2016) further noted that mothers, in particular, while they exhibit signs of deep distress, often lack support from their extended families. Additionally, the financial burden of rehabilitation can impoverish parents, affecting not only the family's survival but also the attention given to siblings who do not have drug problems (Groenewald, 2018). The financial costs extend to material losses caused by theft, as individuals addicted to nyaope often steal money and personal belongings, including portable house appliances, to fund their habit (Kekana, 2015). Even when the child has left the home, as they often do, mothers may experience anxiety and distress when their child goes missing in nyaope parks, compounding their emotional turmoil (We are in Durban, 2014).

In light of these effects on parents, researchers have emphasized the need for support (Hlahla & Mothiba, 2022; Masombuka & Mathibela, 2022), highlighting the lack of comprehensive understanding of the effects on family members and the consequent inability to provide tailored coping strategies and support. Moreover, existing literature points to interventions that often focus on the individual user; and there is a pressing need to comprehend the broader impact on family members. This scoping review aims to address these gaps by providing insights that could inform more inclusive and family-oriented approaches to addiction treatment and support in South Africa. There appears to be a notable research gap in understanding how nyaope addiction specifically affects family members within the South African context.

1.2 Background

The usage of nyaope among South Africans has notably increased since its emergence on the streets (Nkosi, 2017) as a lethal substance inflicting harm on young individuals nationwide (Masombuka & Qalinge, 2020). This surge in nyaope use compounds the challenges faced by South Africa's already strained mental-health services, exacerbated by the limited understanding of nyaope as a substance, and the growing number of addicts (Mokwena, 2015). Treatment for nyaope addiction is both expensive and lengthy, with severe withdrawal symptoms complicating the recovery process (Mokwena & Fernandes, 2015). Moreover, the low socio-economic status of nyaope users exacerbates the situation, access to rehabilitation services being severely limited due to the lack of resources for private facilities, and the scarcity of public rehabilitation centres in the country (Mokwena & Fernandes, 2015).

The current mental-health and rehabilitation services in South Africa include inpatient care, outpatient care, primary health care services provided at tertiary, secondary and primary levels of care, including and community health care services (Lund et al., 2012). Despite these, the dire shortage of such services is highlighted in the literature (Louw et al., 2023; Mokwena & Fernandes, 2015; Pillay, 2016; Sorsdahl et al., 2023). These include among others the lack of rehabilitation capacity at primary care, the limited numbers of specialised rehabilitation facilities, and early discharge for many due to limited bed capacity at tertiary facilities, resulting in limited access for many South Africans (Louw et al., 2023). The lack of capacity and infrastructure, limited community-based care services in the country and severe shortage of trained mental healthcare providers in South Africa with considerable variation between provinces is some of the mental health challenges (Lund et al., 2012).

Additionally, the poor integration of rehabilitation at the primary care level has a significant impact on access to rehabilitation, as many cannot afford the direct expenses (such as transport) and indirect expenses (such as time off work) to attend rehabilitation at tertiary institutions, where most of the current rehabilitation services are currently available (Louw et al., 2023). The number of professionals who are specialist psychiatric nurses is substantially lower than the suggested ratios estimated for a service delivery package based on the burden of mental health conditions and identified mental healthcare service needs in South Africa (Lund et al., 2012). The substantial increase in individuals grappling with nyaope addiction further compounds this issue, placing additional strain on their family

members who struggle with the consequences of their behaviour daily (Masombuka & Qalinge, 2020).

Family members often bear the brunt of the emotional, financial, and social consequences of their loved one's addiction (Bradshaw et al., 2016; Groenewald & Bhana, 2016). Understanding the challenges, coping mechanisms, and support needs of these family members not only facilitates community support but also informs governmental policies and interventions. However, the existing landscape lacks comprehensive information on these impacts and the corresponding coping strategies and support needs specific to South Africa. Through this comprehensive review, stakeholders can gain a deeper understanding of the familial dynamics surrounding nyaope addiction, tailoring interventions; accordingly, ultimately contributing to more effective support systems and strategies for affected individuals and their family members.

1.3 Aims and Objectives of the Study

1.3.1 Aim of the study

In undertaking this review, the intention was to contribute to a comprehensive understanding of the challenges faced by family members affected by nyaope addiction; and to inform the development of effective intervention strategies in this context. The purpose of research in any field is to advance understanding through the application of scientific methodologies (Kabir, 2016). The aim of this scoping review was to map and synthesize existing literature on the financial, emotional, and social impacts of nyaope addiction on family members in South Africa, their coping strategies and support needs.

1.3.2 Objectives of the study

Following the notion that research objectives offer a more detailed and purposeful direction than research questions (Rojon & Saunders, 2012), the specific objectives of this study are:

- To explore the depth or breadth of existing research studies examining the financial, emotional, and social impacts of nyaope addiction on family members in South Africa.
- To explore the coping strategies utilized by family members affected by nyaope addiction, as reported in the literature.

- To explore the support needs expressed by family members dealing with the consequences of nyaope addiction in South Africa.
- To identify gaps and limitations in the current body of literature on the financial, emotional, and social impacts of nyaope addiction on family members in South Africa, their coping mechanisms and support needs.

1.4 Research Questions

Research questions serve as precise inquiries aimed at advancing understanding of various aspects of a phenomenon or topic of interest (Ganesh & Aithal, 2022). As such, the primary research question guiding this study is:

- What is known from existing literature about the financial, emotional, and social repercussions of nyaope addiction on family members in South Africa, along with their coping mechanisms and support needs?

The sub-research questions are as follows:

1. What are the financial, emotional, and social impacts of nyaope addiction on family members in South Africa; and what coping strategies do they use to deal with these impacts?
2. What are the financial, emotional, and social impacts of nyaope addiction on family members in South Africa; and what are their support needs to cope with these impacts?

1.5 Rationale of the Study

The impact of nyaope extends beyond the individual user to affect family members in various ways, potentially impeding their ability to cope and recover from its effects (Nkosi, 2017). Recognizing the significance of prioritizing the experiences and support needs of family members in substance abuse and family policies is crucial (Groenewald & Bhana, 2016; Kourgiantakis & Ashcroft, 2018). Despite this, family members affected by a relative's addiction have often been overlooked in social and health provision and policy (Orford et al., 2013). This neglect is evident in South Africa, where policy documents acknowledge the negative impact of substance abuse on families but fail to adequately address the support needs of affected family members; instead emphasizing individual-focused approaches (Groenewald & Bhana, 2016). Moreover, studies suggest that addressing the recovery needs of family

members on a personal level is essential in enhancing their quality of life and their ability to support their loved one's recovery (Bradshaw et al., 2016).

Furthermore, there is a scarcity of studies examining outcomes concerning family members' coping strategies, the quality of family relationships, or their overall health status (Orford et al., 2013). This lack of assessment may contribute to affected family members silently enduring their struggles, often overlooked and unidentified (Orford et al., 2010b), while attempting to find the support and guidance they desperately need (Mafa & Makhubele, 2020). Recognizing the critical role of supporting families is paramount in developing integrated strategies to mitigate the harms caused by drug or alcohol addiction, with understanding the experiences of family members being central to achieving this objective (Andersson et al., 2018). Therefore, this study aimed to identify and map relevant research on the financial, emotional, and social impacts of nyaope addiction on family members in South Africa. In elucidating these impacts, it is hoped that policymakers and addiction professionals can better recognize coping needs, therefore directing appropriate support and interventions, ensuring equal attention to both the nyaope user and their family members throughout the treatment and ongoing care phases.

1.6 Definition of Key Terms

Addiction — Drug addiction is defined as the inability to manage drug use or the obsessive need to obtain and use drugs despite negative effects (Waqar et al., 2014).

Coping strategy — “cognitive and/or behavioural effort to manage crises or chronic stressors that are perceived as distressing or exceeding one's ability to adapt” (Carr & Pudrovska, 2007, p. 175).

Family — The *Revised White Paper on Families in South Africa* defines family as a social group that is related by adoption, ties of marriage (religious, customary or civil), cohabitation or civil union, blood (kinship) or foster care (Department of Social Development, 2021).

Nyaope — The *National Drug Master Plan* (2019–2024, p. 8) describes nyaope as a “street mixture of drugs with the most common substances including heroin and cannabis” (Department of Social Development, 2020).

Social dynamics — According to Farmer (2000, as cited in Farmer et al., 2018), social dynamics refers to the relational structure of interpersonal contexts and how this structure impacts, and is impacted by, the interactions among individuals within the ecosystem.

Substance abuse — Refers to the hazardous or detrimental use of psychoactive substances, including illicit drugs and alcohol (Sahu & Sahu, 2012).

Support needs — “a psychological construct referring to the pattern and intensity of supports necessary for a person to participate in activities linked with normative human functioning” (Thompson et al., 2009, p. 135).

1.7 Overview of the Research Report

This research report provides a thorough investigation into the financial, emotional, and social repercussions of nyaope addiction on family members in South Africa, encompassing their coping mechanisms and support requirements. Structured into distinct chapters, each segment of the report delves into various facets of the study. These chapters collectively aim to offer a comprehensive understanding of how nyaope addiction affects family members, with the ultimate goal of informing future interventions and policymaking endeavours.

Chapter 1 provides an orientation to the study, establishing the background and context underlying the research. This chapter explicates the problem statement, aims, and objectives of the study, while also stating the research questions and discussing the rationale for the study. Additionally, key concepts crucial to framing the discussions throughout the study are clarified.

Chapter 2 delves into an in-depth examination of existing research on substance abuse in South Africa, with a specific focus on nyaope. This chapter covers various aspects such as the risk factors of addiction, an overview of nyaope addiction, its impact on family structure and individual members, and its effects on the community. The theoretical framework guiding the study is also discussed in this chapter.

Chapter 3 outlines the research design and approach, detailing the use of a scoping-review methodology. This chapter describes the methodology for literature search and selection, data extraction, and analysis.

Chapter 4 presents the findings of the research study, offering a detailed description of the data including sample size, participant demographics, data-collection methods, and relevant contextual information. The findings are presented clearly and in an organized manner, often utilizing tables, charts, and figures. Building on this foundation, the chapter further synthesizes and discusses the findings from the literature review, highlighting key themes and patterns

regarding the impacts of nyaope addiction on family members, as well as coping mechanisms and support structures available. This chapter also includes a comparison of the study's findings with existing literature on substance abuse in South Africa, noting any similarities and differences.

Chapter 5 concludes the study by summarizing the key findings and their implications. This chapter also addresses the study's limitations, including issues related to sample size, data-collection methods, and measurement tools, and discusses how these limitations may have influenced the findings. Recommendations are provided for policymakers, healthcare providers, and other stakeholders to better support family members affected by nyaope addiction.

1.8 Conclusion

This chapter has highlighted the pervasive and multifaceted issue of nyaope addiction in South Africa, emphasizing its detrimental impact on both users and their family members. The discussion provided a foundational understanding of the substance itself, tracing its origin, composition, and the socio-economic factors that contribute to its prevalence, particularly in impoverished communities. It also underscored the profound emotional, financial, and social burden borne by family members, who often face stigma, financial hardship, and emotional distress as they attempt to support their addicted loved ones while managing the personal and familial consequences of addiction. The chapter also defined the key terms and provided an overview of the research report.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews the literature and provides an in-depth examination of existing research on substance abuse in South Africa, with a focus on nyaope. The chapter is divided into two sections, that is, the empirical literature on understanding nyaope addiction, and the theoretical framework. The literature review section begins with substance use and abuse internationally; an overview of substance abuse in South Africa, followed by a detailed discussion of factors that increase the risk of addiction; the impact of addiction on the family structure; an overview of nyaope addiction and its impact on the individual, family members, and community. The theoretical framework is then discussed after the literature review.

2.2 Substance Use and Abuse Internationally

The World Drug Report (2023) has reported that, worldwide, 296 million persons aged 15 to 64, most of whom were men, had used drugs within the previous 12 months of 2021, a 23% rise from 2011, partly due to population growth. According to the report, the top four drugs in 2021 are: cannabis, which is the most used drug, continuing to be used by 219 million people worldwide; amphetamines, used by an estimated 36 million people; cocaine, with users estimated at 22 million; and ecstasy, with an estimated 20 million users. Just 1 in 5 persons of the 39.5 million people who suffer from drug use disorders worldwide had obtained treatment (United Nations Office on Drugs and Crime (UNODC), 2023).

The World Health Organization (WHO) in 2022 reported at least 15.3 million people in the African region suffering from drug-use disorders, with cannabis continuing to be the most-used illegal substance in this region. The report also shows that West and Central Africa, with rates ranging from 5.2% to 13.5%, have the largest frequency and increase in use. The second-most often abused drug class in Africa is presently amphetamine-type stimulants (ATS), which include 'ecstasy' and methamphetamine (WHO, 2022).

The number of people dying from drug-related illnesses has increased significantly over the previous ten years (nearly doubled), considerably outstripping any growth in the number of users, signifying that drug use has become more hazardous, according to the World Drug Report (2021). Half-a-million deaths in 2019 were ascribed to drug use; with more than half of these deaths being a result of cirrhosis, liver cancer, and other chronic liver diseases brought

on by hepatitis C; although the increase is also attributable to an increase in overdose deaths, linked to the use of opioids such as fentanyl (World Drug Report, 2021).

2.3 Substance Abuse in South Africa

Substance abuse is a devastating and serious problem in South Africa, with just over 13% of the population having used a drug at some point in their lives (Madiga & Mokwena, 2022). Even though drug usage has significantly increased since 1994, when South Africa emerged in sub-Saharan Africa as the most attractive substantial market for illicit drugs, there are limited statistics and information on the prevalence of substance use in the country (Madiga & Mokwena, 2022). Despite this, the 2020 World Drug Report, announces that the most commonly used drug in South Africa is cannabis, according to estimations among all substances monitored (United Nations Office on Drugs and Crime (UNODC), 2020). From this report, cannabis leads in its use by 3.7% of the population, cocaine by 1%, amphetamines by 1%, opioids by 0.5%, opiates by 0.4%, ecstasy-like drugs by 0.3%. Prescribed opiates came last at 0.1%. The 2020 World Drug Report slightly differs with the National Drug Master Plan (2019-2024) which reports alcohol as the most often used psychoactive substance in the nation (Department of Social Development, 2020). Mbandlwa and Dorasamy (2020) report that South Africa ranks among the top 20 countries for alcohol abuse and has one of the highest rates of alcohol-related deaths, with 58% of fatalities linked to drunken driving.

Several studies have reported on the prevalence of substance abuse in South Africa. A study by Mokwena and Setshego (2021) investigated substance abuse among high school learners in a rural district of the Free State province, South Africa. They found that the prevalence of substance use in the sample was 47%. Alcohol (87%), cigarettes (45%), and dagga (24%) were the most commonly used substances. Similarly, a recent study by Shuro and Waggie (2024) investigated trends in substance use among high school learners in Limpopo Province, South Africa. It found that alcohol, cigarettes, and cannabis were the most commonly used substances. The survey, conducted among 768 learners, revealed that 49% of the participants reported alcohol use, 20.8% used cigarettes, and 16.8% reported marijuana use.

A study by Blows and Isaacs (2022) on the "Prevalence and factors associated with substance use among university students in South Africa" reveals key insights into substance use among students at a Western Cape university. The prevalence rate of substance use among the sample was 62.7%. Alcohol was the most frequently consumed substance (80.6%), followed by cannabis (46%), and ecstasy (5.3%). Tindimwebwa et al. (2021) examined the

prevalence and demographic correlates of substance use among adults with mental illness in the Eastern Cape, South Africa. The findings indicated that 64.4% of participants reported lifetime alcohol use, and 33.3% had used alcohol in the past year, with 18.5% engaging in risky alcohol use. Psychoactive substance use was also significant, with 39.7% having ever used such substances and 17.4% reporting use in the past year. Cannabis was the most commonly used substance. The study by Mbandlwa and Dorasamy (2020) on the impact of substance abuse in South Africa, specifically within informal settlement communities, highlights several key findings including high levels of alcohol abuse among youth. The study emphasizes that young people in South Africa, particularly in informal settlements, exhibit high rates of alcohol consumption and abuse.

According to the South African Community Epidemiology Network on Drug Use (SACENDU) research brief which provides an overview of substance use related treatment for the period January to June 2023, there was a notable increase in alcohol-related admissions, with a 43% rise in the Central Region and 36% in KwaZulu-Natal. In terms of alcohol disorder treatment, between 12% of people in Gauteng and 43% in the Central Region reported alcohol as their primary substance of use. Cannabis admission rates also remained high, with 23% of individuals in the Western Cape and 36% in the Northern Region seeking treatment for cannabis as their main substance. Nationally, cannabis was the leading primary substance for those treated at specialist facilities, with a 32% and it also accounted for 78% of admissions among individuals aged 18 and younger (SACENDU, 2024) .

Heroin/opiates remain a significant concern, particularly in the Northern Region and KwaZulu-Natal, where more individuals are seeking treatment. Nationally, heroin/opiates accounted for 17% of all admissions between January and June 2023, with 80% of users smoking the substance. The report further highlights that substance use trends vary considerably across provinces, with certain drugs being more prevalent in specific areas. For instance, methamphetamine is primarily an issue in the Western Cape and Gauteng, while heroin/opiates are more prevalent in the Northern Region and KwaZulu-Natal (SACENDU, 2024). According to the National Drug Master Plan (2019-2024), socio-economic factors such as inequality, unemployment and poverty as the major elements that contribute to the rising drug use and substance-use disorders development in South Africa (Department of Social Development, 2020). The upsurge in substance-use prevalence can also be partly explained by the rapidly changing economic and social climate, promotion of drugs, availability, and increased demand (Madiga & Mokwena, 2022).

2.4 Factors that Increase the Risk of Addiction.

2.4.1 Environmental factors

An individual's environment can play a significant role in their susceptibility to addiction, indicating that the propensity towards drug addiction is not solely influenced by genetics, but also strongly impacted by the surrounding environment (Waqar et al., 2014). Environmental factors encompass various elements, including poor job opportunities, exposure to substance use, and having an abundance of unstructured time (Mogotlane, 2018). Additionally, Mogotlane (2018) mentions factors such as unemployment, discrimination, low socio-economic status, and inadequate recreational facilities, which can contribute to the risk of drug abuse.

The participants in a study by Mokwena and Fernades (2015) exhibited an external Locus Of Control (LOC), signifying their belief that both the initial experimentation and ongoing usage of nyaope were influenced by external factors and circumstances within their social environment. These factors encompassed their friends and acquaintances who encouraged them to use nyaope, the availability and sale of nyaope by drug dealers, and the perceived lack of action by the police in arresting drug dealers (Mokwena & Fernandes, 2015). In 2014, the National Institute on Drug Abuse (NIDA) identified the following environmental factors that increase the risk of addiction:

- **Home and Family:** The impact of the home environment, particularly during childhood, is a crucial factor. If parents or older family members abuse drugs or alcohol, or are involved in criminal activities, this can heighten the risk of children developing their own drug-related problems (NIDA, 2014).
- **Peers and School:** During adolescence, the influence of acquaintances and friends becomes increasingly stronger. Even individuals without risk factors may be persuaded to experiment with drugs by drug-using peers (NIDA, 2014). Difficult or bullying relationships with peers can also lead to drug use (Mogotlane, 2018). Factors such as academic struggles or inadequate social skills can increase the likelihood of a child using drugs or developing an addiction (NIDA, 2014).
- **Individual factors** include factors that are unique to each individual, such as attitudes, personality, and mental and physical health (Mogotlane, 2018). Anxiety, depression and stress, are individual factors that play a significant role in the initiation and continuation of drug abuse and addiction, as highlighted by psychoanalysts and clinical psychologists (Waqar et al., 2014). Personal attributes such as deviant attitudes,

unconventionality, and delinquency, are also significant predictors of adolescent drug use (Mogotlane, 2018).

2.4.2 Biological/genetic factors

Drug addiction is a comparatively stable condition, often resulting from alterations in gene expression (Waqar et al., 2014). It is estimated that genetic factors contribute to about 40 to 60 per cent of an individual's susceptibility to addiction, which includes the interplay between genetic makeup and environmental influences on a person's gene function and expression (NIDA, 2014). Numerous family, twin, and adoption studies have provided evidence of genetic factors influencing substance dependence (Wang et al., 2012). Family members of individuals with alcohol dependence are more likely to develop alcohol dependence themselves (Guze et al., 1986). In one study focusing on families heavily impacted by alcohol abuse, about 50% of brothers and 22%–25% of sisters of an alcohol-dependent individual were also alcohol dependent (Bierut et al., 1998). Similarly, siblings of individuals dependent on marijuana, cocaine, or habitual smoking faced a roughly 1.7 times higher risk of developing those same dependencies compared to siblings of nondependent individuals (Bierut et al., 1998).

Research has also shown that illicit substance use disorders can be passed down within families, with heritability estimates ranging from 30% to 80% (Agrawal & Lynskey, 2008). A recent meta-analysis of twin studies on marijuana use found that both genetic and environmental factors significantly influenced the likelihood of initiating and continuing use (Verweij et al., 2010). Genetic factors explained 48% of the variance in marijuana initiation among men and 40% among women, while accounting for 51% and 59% of the variance in marijuana abuse among men and women, respectively (Wang et al., 2012).

2.5 Impact of Addiction on the Family Structure and Individual Family Members

When alcohol or drugs are brought into a family system, the family's aptitude for self-regulation is challenged, and members of the family frequently lose their sense of normalcy as a result of the disease's total engulfment (Dayton, 2012). Families with addiction frequently experience unhealthy family dynamics (e.g. co-dependency, parentification, financial instability, unpredictable behaviour and chaos, emotional neglect and abuse) which have a detrimental effect on both the health of the person and the family (Bradshaw et al., 2016). As

a result of addiction, mental survival takes primacy; and unclear roles and family structures are observed or seen (Schultz & Alpaslan, 2020).

Those who live with addiction are frequently traumatized to varied degrees by the experience, because it is difficult to live in families in which addiction is present (Dayton, 2012). The non-addicted family members' behaviour is an effort to restore stability to the family system, the addiction problem causing more and more instability and unpredictability in the household (Black., 2020). Both covert and overt role reversal and adjustments occur to enable the family to survive as a whole, also as individual family members; and all actions and efforts are directed towards bringing the family back into balance and fixing the disarray. The abuse of substances continually causes chaos in families (Schultz & Alpaslan, 2020). These families turn into systems for creating and maintaining trauma, which has an impact on each person's capacity for healthy, unhurried, and trusting interaction, their relationships, and their inner life (Dayton, 2012). Many times, caregivers or other burdened family members are unable to seek help or assistance, or choose not to do so out of shame or concern over societal stigma (Schultz & Alpaslan, 2020). The problem frequently has an impact outside of the nuclear family. Extended family members might share feelings of anger, fear, embarrassment, guilt, or concern; they could also either want to defend or avoid the person who abuses the substance (Schultz & Alpaslan, 2020). Additionally, the consequences on families can persist for decades (Mannelli, 2013)

The impact of addiction on children includes alcohol usage during pregnancy which can cause harm to the development of the foetus, leading to birth abnormalities and developmental issues for the child (Daley, 2013). Pregnant women who misuse nyaope mixtures comprising ARVs, often experience development of abnormal behaviour for the unborn child, neonatal abstinence syndrome, and abnormal intrauterine growth (Mthembi et al., 2018). Mothers with addiction might be less sensitive and emotionally available to their infants (Daley, 2013). The vast majority of people who are raised in a family with addiction have difficulty coping with stress; they struggle with issues of low self-esteem, challenges with stress management, and distorted boundary issues, that have a negative impact on their intimate, friendship, and parenting skills (Black., 2020).

Addiction breaks trust between partners, and leads to couples blaming each other for their wretchedness; the addicted person then blames their partner for not being considerate, leading to more drug abuse on their part (Arlappa et al., 2019). The spouses and partners of the addict frequently are so preoccupied with the substance abuser that they neglect themselves and their own needs; they experience loss of sense; they take over most if not all of the

responsibility of the substance-using partner, and they react to other people's behaviour rather than acting for their own reasons (Black., 2020; Schultz & Alpaslan, 2020). At times, family members may attempt various coping strategies, but find that none of them seem effective; as such, they would either simply confront the issue, put up with it, or withdraw, and gain confidence (Orford et al., 2013).

2.6 Overview of Nyaope in South Africa

The South African drug trade has been flooded by nyaope, which is most frequently found in places with high levels of poverty and low socio-economic status (Nkosi, 2017). Nyaope is a Swahili word for 'white' which is used to describe heroin by some Tanzanians. Whoonga is a mispronunciation of unga, which is also a Swahili word for 'flour', primarily used in KwaZulu-Natal, South Africa, as a provincial variation (Eligh, 2020). These are some street names given to the same product; names differ from province to province in South Africa (Eligh, 2020). Other names include 'sugars', also used in KwaZulu-Natal; 'kataza', used in Johannesburg; and in Mpumalanga and Limpopo the drug's moniker is 'pinch' (Phokedi, 2018).

Although nyaope was initially smoked, it is now also injected (Meel & Essop, 2018). This mode of administration is commonly known as Bluetooth. This is "where addicts would inject the drugs into his blood system and then other users would draw blood from the already high individual and then inject themselves with the blood in order for them to also experience the high" (Radebe, 2017, p. 21). Addicted users start switching to injections in progressively increasing numbers, once the availability diminishes and/or the price rises; because practically all of the active drugs are physiologically available via injection (Strang et al., 1997). These days, people even snort, chew, or heat the drug, and inhale the fumes (Phokedi, 2018). The latter is known as 'chasing the dragon' according to Strang et al. (1997). The majority of users are unemployed, and from underprivileged families (Mokwena, 2015; Mthembi et al., 2018). As a result, they frequently turn to criminal behaviour to support their drug habit, which includes robbing anyone who has anything of value, or stealing anything they can find that is valuable (Mthembi et al., 2018; Nkosi, 2017).

Nyaope is distinctive in that it is a South African phenomenon (Madiga & Mokwena, 2022; Masombuka & Mathibela, 2022; Mokutu, 2020; Mokwena & Fernandes, 2015; Motsoeneng, 2018). Its uniqueness is in the mixture of the drug which does not exist globally; thus no circumstances exist that can represent the worldwide use of nyaope (Motsoeneng,

2018). Nyaope users typically begin using it when they are of school age, and they often drop out before completing Grade 12 (Radebe, 2017). Additionally, the abuse of the drug is primarily among coloured males and Africans (Mthembi et al., 2018). The drug is popular with the youth, especially those from underprivileged backgrounds, because it is affordable and accessible to them (Radebe, 2017). Supporting the above is a systematic review on the risk factors and consequences of nyaope usage, by Varshney et al. (2023), which explored the complex socio-demographic and health-related impacts of the drug in South Africa. There was a pooled total of 807 nyaope users from 19 studies, all in South Africa. Users were predominantly male, unemployed, and had not completed secondary education. In the majority of studies, nyaope users were most frequently between 18 and 29 years of age.

Some studies show that pregnant women are not exempted from the abuse of nyaope which is harmful to the unborn baby (Mthembi et al., 2018). Currently, a national health and social development strategy does not exist in South Africa to address the issue of nyaope (Mokwena, 2015). Consequently, nyaope users pose a considerable challenge, as mental-health services struggle to provide them with essential help, such as tailored detoxification and rehabilitation services (Mokwena, 2015).

2.7 The Effects of Nyaope Use

2.7.1 Effects of nyaope addiction on the individual

One fix of nyaope is usually sufficient to trap a person into addiction; with withdrawal symptoms such as bone pain and excruciating muscle pain, insomnia, vomiting, and mouth sores (Nkosi, 2017). Effects of longer doses include feelings of safety, contentment, being relaxed, and drowsiness (Masombuka, 2013b; Nkosi, 2017). Supporting the above, here are verbatim quotes from some participants in Mahlangu's (2016) study: *"In my body, I feel okay when I have smoked it, but when you have not smoked you feel stomach cramps, your joints become painful, your muscles become stiff and you sweat a lot"* (p. 40). *"It makes you sleep; more especially when you have had too much, it makes you relax"* (p. 39). Adding to the above, nyaope users from a study by Mokwena and Huma (2014), experienced significant health problems, including extreme body pains, weight loss, poor hygiene, and physical deterioration. A study by Varshney et al. (2023), identified serious health consequences for the nyaope user such as cortical atrophy, high infection rates, and mental health disorders like depression.

On an emotional level, the individual using nyaope feels demotivated; and, on the social level, family relations suffer when they lose their non-nyaope-using friends, and are only left

with users (Mokwena, 2016). The following quote from one participant in Mahlangu's (2016) study highlights the negative impact on relationships with family and those close to the nyaope user: *"It ruins relationships with other people, like your parents, friends and those who care about you and those who are close to you"* (p. 41). Due to financial challenges, since the majority of nyaope users are unemployed, they resort to petty crimes to continue feeding their habits; while females often turn to prostitution to earn money to maintain their access to and use of the drug (Radebe, 2017). According to findings from a study by Varshney et al. (2023), addiction was particularly destructive, pushing users into criminal behaviour, including theft to support their drug habits.

2.7.2 Effects of nyaope on the family members of the individual

Barnard (2005, as cited in Nkosi, 2017) indicates that it has been simple thus far to overlook that substance-use problems have a significant impact on the family members. A focus on an index patient obscures that family members are dealing with the issue that requires daily trial-and-error process (Masombuka & Qalinge, 2020). A study by Masombuka and Qalinge (2019) found that nyaope abuse has negative effects not only on the user, but also on the family as a holistic system, especially the subsystem of mother/father thus making them feel helpless and useless. Sadly, the study by Masombuka and Mathibela (2022) showed the devastating experience of parents being victimised by the adolescents misusing nyaope is incalculable for both parents and their families.

A family unit experiences financial difficulties when addicted family members resort to crime or theft, requiring families to bear the burden of replacing the assets (Masombuka, 2013). Results from empirical studies indicate that family members experienced financial burden and were victims of theft, due to nyaope users stealing from them to sustain their habits (Mahlangu, 2016; Masombuka & Qalinge, 2020; Varshney et al., 2023). Importantly, nyaope addiction did not only cause financial hardships but also damaged family relationships according to findings from a study by Varshney et al. (2023). Moreover, family members are financially responsible for bailing addicts out of prison after their encounters with the law (Radebe, 2017).

Emotional and psychological distress often accompany having a loved one with a drug-addiction problem (Madiga & Mokwena, 2022). The psychological impact on family members is extensive, including feelings of anxiety, depression, disharmony, confusion, and tearfulness (Masombuka, 2013; Mathibela, 2017; Nkosi, 2017). A study by Madiga and Mokwena (2022)

reported depressive symptoms among family members of nyaope users ranged from mild to severe. In addition, family members experience verbal abuse from the user (Radebe, 2017); they are also blamed for their loved one's usage of nyaope, adopting feelings of shame and inadequacy (Motsoeneng, 2018). Family members often experience guilt and isolation, forming a hidden and marginalized group (Nkosi, 2017). They are occasionally left to care for the user's children because most users pursuing a 'high' neglect their children (Radebe, 2017). Family members also witness their loved one neglecting their hygiene, which will be of concern (Motsoeneng, 2018). These stresses stem from increased responsibilities and limited coping capabilities of family members (Madiga & Mokwena, 2022).

2.7.3 The effects of nyaope on the community

Nyaope has affected the South African population for more than a decade prior to its classification (Motsoeneng, 2018). The drug was eventually criminalised by an amendment of the Drug Trafficking Act 140 of 1992 in March 2014, even though there are still insufficient formal studies about the drug's addiction and its identification in other unlawful drug mixtures (Phokedi, 2018). According to Mokwena (2015, p. 251), the social impact of nyaope use includes "degradation of the social environmental as communities struggle with mushrooming of dealers in their doorsteps and an increasing number of young people who are addicted to the drug and find it very difficult to stop the use".

Co-workers, friends, and neighbours of nyaope users frequently experience the negative social impacts of nyaope addiction. Findings from a study by Varshney et al. (2023) show that the implications of nyaope use extend beyond the individual medical and psychological consequences to the wider community. According to results from a study by Nzaumvila et al. (2023), some nyaope users would rather do odd jobs or any informal work for a pittance, while others resort to pilfering, pickpocketing, shoplifting, break-ins and robberies in the neighbourhood to get money. The distress felt by communities at the insurmountable problem of nyaope use and the impunity of dealers has led them to find their own solutions, including community assaults and vigilantism due to lack of trust in the police. The failure of health and social services to tackle the problem contributed, in turn, to community distress and dysfunctional solutions (Nzaumvila et al., 2023). Additionally, nyaope addiction interferes with trust, often leading to abuse of relationships; and the user is likely to become estranged from their families or communities (Madiga & Mokwena, 2022). In their study, Mokwena and Huma (2014) found that the presence of nyaope users in communities was linked to increasing

crime rates, safety concerns, and community members' fear of interacting with users, worsening social cohesion.

2.8 Theoretical Framework

The research study was framed from the stress-strain coping-support (SSCS) model and the family-system theory. The SCSS model developed by Orford and colleagues serves as the theoretical framework for the research study (Orford et al., 2010b; Orford et al., 2013). The model is a non-pathological way of comprehending experiences of family members affected by a loved one's drug addiction (Orford et al., 2010b). At the core of the SSCS model lies a distinctive perspective on how family members respond to addiction (Orford et al., 2013). This model highlights a variety of stressors (economic and social) and strains that impact family members' experience; their lack of social support and information, and quandaries about how to cope, resulting in increased risk of ill-health (Orford et al., 2013).

The model views the affected family member as an ordinary individual facing a range of extremely stressful circumstances (Orford et al., 2013). Stress is experienced as a direct result of the relative's addiction which manifests in relational, physical, emotional, cognitive and economic strain (Groenewald, 2016). The experiences of family members living with an addicted member can be stressful for a variety of reasons. Some of the most obvious reasons are: the experience of uncertainty; family and home life being threatened; disputes over money and belongings; the relationship with the relative changing and becoming displeasing; and concern about the relative (Orford et al., 2010b). Feelings experienced by family members include guilt, self-blame, anxiety, hopelessness, shame, humiliation, anger, and resentment (Abrahams, 2009; Daley, 2013; Orford et al., 2010b; Orford et al., 2013; Schultz & Alpaslan, 2020). To understand the impact of substance abuse on family members, Ngatweni (2017) and Groenewald (2016) studies have also used the SSCS model as their theoretical framework.

According to the SSCS model, individuals may adopt various coping strategies to deal with these stressful conditions, with some approaches proving more effective and conducive to better health and well-being outcomes than others (Orford et al., 2010a). The SSCS model identifies three main coping approaches: standing up, withdrawing, and putting up (Orford et al., 2010a). This model emphasizes the significance of being proactive in challenging circumstances, effective problem-solving, and taking control of one's own destiny rather than feeling powerless (Orford et al., 2013). Additionally, the model acknowledges the importance of support that family members receive, or the lack of such from others, including

informational, material, and emotional support, which are recognized as familiar categories commonly discussed in the broader literature on social support (Orford et al., 2010b).

In summary, the model acknowledges the complexity of the impact of a relative's addiction on the family members; this is essentially linked to the ways in which the family members affected comprehend and cope with the loved one's addiction (Orford et al., 2013). Due to the model's broad way of describing affected family members' experiences in relation to the strain and stress caused by a loved one's addiction, this model was chosen to offer understanding of the financial, emotional, and social impacts of nyaope addiction on family members. Another motivation is the model's evidence-base, and the recognition of the variety of ways of coping by the family members and their support needs.

The family system theory also served as the study's theoretical framework. The goal of the general systems theory is to clarify the structural and functional principles that, regardless of a system's make-up, may be used to describe all types of system (McLeod, 2013). According to the fundamental tenet of family systems theory, it is impossible to fully comprehend a person or effectively treat them without first understanding how they interact within their family system (Lander et al., 2013). Understanding a family requires a comprehension of how family interactions change, how every person evolves, how the relationships within the family and the family context evolve over time (Younkin, 2013). The main concepts are that a system is a whole made up of interconnected pieces, and that, importantly, vicissitudes in any part of the system or family disturb the entire system; additionally, changes in the system's individuals also have an impact on the system as a whole (McLeod, 2013; Younkin, 2013). According to the family system paradigm, abusing alcohol and other substances is a key factor in structuring patterns of social behaviour within families (Klostermann & O'Farrell, 2013). Similarly to this study, the family system theory served as the theoretical framework for studies by Masombuka and Mathibela, (2022), Masombuka and Qalinge (2019), Nkosi (2017) and, Radebe (2017).

Dr Murray Bowen's family systems theory has been chosen for the study. Bowen's family systems theory offers a valuable way of describing the processes of a family (Younkin, 2013). The theory comprises eight interconnected constructs that shape family dynamics and functioning (Haefner, 2014). These concepts are: differentiation of self, nuclear family emotional system, triangles, emotional cut-off, family projection process, sibling position, multigenerational transmission process and societal emotional process (Haefner, 2014; Ray, 2016; Younkin, 2013). Through these concepts, the theory seeks to enhance understanding of how individuals operate within the context of a family system, encompassing emotions,

intellect, connections with family members, and interactions with the social environment (Wallis, 2013).

Bowen's family systems theory contends that all individual issues are family problems since it views family members as a part of an overall entity rather than a group of people (Ayaga, 2022). Family functioning and substance use are inversely correlated, with an individual's drug and alcohol use being best understood in the context of the functioning of the complete family (Klostermann & O'Farrell, 2013). According to the family system theory, when one family member has drug addiction/uses alcohol or drugs, the other family members are also affected (Masombuka & Qalinge, 2020). As a result, the family system's normal functioning is interfered with, which could eventually lead to the system's complete collapse (Masombuka & Qalinge, 2020). The Bowen family system theory was primarily used for this research because family members in a unit are typically impacted by each other's behaviour and choices to some degree; and what happens to one family member may either have a positive or negative impact on the other members which may influence their feelings, thoughts, and behaviour.

2.9 Conclusion

This chapter began by providing a description of substance use and abuse internationally, followed by an overview of substance use in South Africa. The complex and far-reaching impacts of nyaope addiction, focusing on the individual, family, and community levels were explained in detail. There was also a discussion on the debilitating physical withdrawal symptoms and emotional turmoil experienced by individuals, alongside the profound social isolation that exacerbates the addiction cycle. The burden on family members was highlighted, emphasizing the emotional strain, financial hardship, and social stigma they endure. This underscores the need for supportive interventions that address both the users and their family members. The theoretical framework was also discussed in this chapter.

The next chapter will present the methodology used in this research, detailing the research design, approach, and specific method of data collection and analysis. This methodological foundation is crucial for understanding the study's findings, ensuring reliability and validity, and guiding the interpretation of the results and formulating meaningful conclusions.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

In this chapter discussing the methodology, a detailed overview of how the study was conducted will be provided. The methodology is crucial as it forms the backbone of the research, offering insights into how data was gathered, analysed, and interpreted. For this research study, a scoping review is used, which is one of the methods of reviewing literature. Scoping reviews are used for mapping a research area's underlying concepts as well as the primary sources and forms of evidence that are readily available (Tricco et al., 2016). The four common reasons identified for undertaking a scoping review are detailed in this chapter including the five stages of the framework by Arksey and O'Malley (2005), adopted for conducting this scoping study.

3.2 Research Design

The research design for this study is a scoping review which is defined as a “type of evidence synthesis that has the objective of identifying and mapping relevant evidence that meets pre-determined inclusion criteria regarding the topic, field, context, concept or issue under review” (Peters et al., 2021, p. 2). Scoping reviews are a worthwhile technique for determining the breadth or depth of a body of literature on a particular topic, in that they provide a clear picture of the volume of studies and literature currently available, as well as a detailed or broad overview of its focus (Munn et al., 2018).

There are four common reasons identified by Arksey and O'Malley (2005, p. 21) for undertaking a scoping review, namely, “to examine the extent, range and nature of research activity; to determine the value of undertaking a full systematic review; to summarize and disseminate research findings and to identify research gaps in the existing literature”. The overall purpose of scoping reviews is identifying and mapping the evidence available (Munn et al., 2018). This research study was exploring existing evidence on how family members in South Africa cope with the burden of caring for loved ones with nyaope addiction, and what their support needs are in managing these responsibilities.

Mogotlane (2018) notes that an individual can understand a scoping review as a method that comes before a systematic review; which is not at all times the case, hence the importance

to differentiate between the two review methodologies. The goal of a scoping review is to determine what range of evidence is available on a topic and consequently provide a descriptive or narrative account of the existing research regardless of quality (Peters et al., 2020a). Thus, according to Arksey and O'Malley (2005) scoping reviews do not, for example, appraise the quality of evidence in the primary research reports in any formal sense. On the other hand, systematic review methods do require quality appraisal, thereby mostly reducing the quantity of studies included in the review and placing an emphasis on synthesising data (Arksey & O'Malley, 2005). Furthermore, the minimum number of articles to be included in a scoping reviews is flexible, but should include articles to adequately cover the breadth of a research question (Arksey & O'Malley, 2005). The table below further illustrates how a systematic review and a scoping review differ:

Table 1: Differences between Systematic and Scoping Reviews by Arksey and O'Malley (2005)

	Systematic Review	Scoping Review
Inclusion criteria	Focuses on a well-defined question (i.e., precise inclusion criteria)	Studies address broader topics (i.e., inclusion criteria are less restrictive)
Study designs	Study designs are identified in advance (qualitative & quantitative studies)	Inclusion of several types of evidence and study methodology
Aim	Provides answers to questions from a relatively narrow range of assessed studies	Provides a narrative or descriptive account of available research
	Seeks to 'synthesize' evidence or to aggregate findings from various studies	Identifies gaps in the evidence base, as well as summarizing and disseminating research findings
Duration	Full systematic review process can be very lengthy.	Provides a rigorous and transparent method of mapping areas of research in a relatively short space of time.

A scoping review was chosen for this study because of its broader scope and inclusion of several types of evidence, such as reviews, primary research, non-empirical evidence, and various research methodologies. Another reason for using a scoping review is that the researcher seeks to develop a comprehensive overview of the evidence available, rather than a quantitative or qualitative synthesis of data. Making use of a scoping review freed the

researcher from the restriction to a particular context, meaning that disseminated evidence was taken from sources that are different, providing the reader with a broader insight into the financial, emotional, and social impact of nyaope addiction on family members, their coping strategies and support needs in South Africa.

3.2.1 Methodological framework

The five stages of the framework by Arksey and O'Malley (2005) were adopted for conducting this scoping study. Arksey and O'Malley (2005) stress that the scoping review process must be adequately documented in order for the study to be reproduced by other researchers. This explicit approach according to Mays et al. (as cited in Arksey and O'Malley, 2005), improves the reliability of the findings, and responds to any suggestion that the study lacks methodological rigour. The method chosen to find literature in a scoping review study must produce comprehensive and in-depth results guided by the need to identify all pertinent literature irrespective of the study design (Arksey & O'Malley, 2005). Because the process is iterative rather than linear, researchers must engage with each stage in a reflective manner and repeat steps as necessary to ensure that the literature is completely covered (Arksey & O'Malley, 2005). An article by Levac et al. (2010) put forth precise recommendations to clarify and enhance the methodology for the various stages of the Arksey and O'Malley (2005) framework, which is included in each stage below:

Stage 1: Identifying the research question

The main concepts in the primary review question will be identified using the PCC (Population-Concept-Context) framework, which will also guide the search strategy. The starting point is to identify the research question to be addressed, because this guides the way that search strategies are built (Arksey & O'Malley, 2005). Research questions of a scoping study are often broad in nature in order to generate a broad range of coverage (Arksey & O'Malley, 2005). Levac et al. (2010) recommend that the research question be explicitly articulated by researchers, to direct the scope of the investigation, and to carefully consider the concepts, target population, and health outcomes of interests. Such will elucidate the focus of the scoping study, and establish a search strategy that is effective.

The main research question for the study is: What is known from existing literature about the financial, emotional, and social impacts of nyaope addiction on family members in South Africa; their coping strategies and support needs?

Stage 2: Identifying relevant studies

The goal of scoping a specific field is to be as broad as possible in discovering or finding primary studies which are either published or unpublished, as well as reviews that are appropriate to answering the main research question (Arksey & O'Malley, 2005). In order to accomplish this, a strategy was adopted by Arksey and O'Malley (2005) that entails seeking research evidence through a variety of sources including hand-searching of key journals, existing networks, relevant organizations and conferences, electronic databases, and reference lists.

In conducting a scoping review, it is essential to select databases that provide comprehensive and diverse coverage of the available literature. A comprehensive search of literature was accessed through several electronic databases, namely, Google Scholar and EBSCOhost online research platform, accessed via the University of KwaZulu-Natal's (UKZN) online library. The EBSCOhost database search included: APA PsycINFO, Academic Search Complete, MEDLINE, open dissertation, and ERIC. Google Scholar and EBSCOhost were chosen due to their unique strengths in retrieving relevant academic and professional resources across a wide range of disciplines. By using Google Scholar for its extensive reach and coverage of grey literature and EBSCOhost for its access to peer-reviewed and subject-specific articles, this scoping review ensured a comprehensive search that includes both high-quality, specialized research and a broad range of academic materials. These databases complemented each other, allowing for a thorough exploration of the available literature on the topic.

The search strategy for the study was guided by the PCC framework, aligning with the key inclusion criteria established for the review. The PCC framework is a valuable tool in scoping reviews, providing guidance for formulating clear and meaningful objectives and eligibility criteria (Pollock et al., 2023). The framework aids in identifying the main concepts of the primary review question, and guides the search strategy (Parker et al., 2021). For authors conducting scoping reviews, it is essential to extract data items relevant to the review questions only (Pollock et al., 2023). In the protocol's inclusion criteria section, explicit details of the

population, concept, and context elements should be provided to determine the sources to be considered for inclusion in the scoping review (Peters et al., 2020a). The potential data items of interest were structured around the PCC framework outlined in Table 3.3. and items for data extraction depended on the purpose of conducting this scoping review.

Table 2: PCC Framework for Identifying Elements of Key Search Words

Population	Concept	Context
Family members	Financial impact	Nyaope/Whoonga addiction
	Emotional impact	South Africa
	Social impact	
	Coping strategies	
	Support needs	

Subsequent to the keyword search, pertinent citations must be chosen by title, the abstract and full-text screening (Madlabana et al., 2020). This stage should be considered “an iterative process involving searching the literature, refining the search strategy, and reviewing articles for study inclusion” (Levac et al., 2010, p. 4). Study selection process excludes studies not addressing the main research question (Madlabana et al., 2020). Inclusion and exclusion criteria are developed to assist with the search and help eliminate studies that are not pertinent to the research question (Mogotlane, 2018).

The following inclusion criteria were used to guide the search, and when reviewing studies:

- Systematic reviews, scoping studies; qualitative, quantitative, and mixed methods
- Study population/sample of family members (i.e., parents/caregivers), siblings, extended family members, children, partner or significant other
- Financial, emotional, and social impacts of nyaope addiction on family members; their coping strategies and support needs
- South African studies
- English articles and dissertations
- Articles and dissertations translated into English
- Full-text studies published between 2000 and 2023
- Published or unpublished empirical studies.

Exclusion criteria

- Studies not based on family members
- Studies with no full text
- Financial, emotional, and social impacts of addiction on family members, including coping strategies and support needs outside the South African context, or globally
- Studies written in languages other than English which have not been translated into English
- Studies that focused on nyaope users' experiences, coping strategies, and support needs
- Studies with no evidence of the financial, emotional, and social impacts of nyaope addiction on family members; their coping strategies and support needs in South Africa
- Studies or articles published before 2000.

To locate pertinent studies, this study used a three-step search strategy following the guidelines outlined in the Joanna Briggs Institution (JBI) Manual for Evidence Synthesis. The first step of a scoping review involves an initial limited search of at least two relevant online databases related to the topic (Peters et al., 2020b). The second step involves conducting a comprehensive search using all the identified keywords and index terms across all included databases (Peters et al., 2020b). In the third step, the researcher explores additional sources by examining the reference lists of the identified articles and reports included in the review (Peters et al., 2020b). A final requirement is the inclusion of a complete search strategy of at least one major database as an appendix to the protocol (Peters et al., 2020b).

Electronic searches

The researcher conducted a preliminary search to check key words, which aided in refining the search terms and the appropriateness of the chosen electronic databases. The search included several terms that relate to these concepts: *nyaope addiction or South Africa AND family members OR significant other OR sibling/s OR spouse OR couple OR extended family members OR parents/caregivers OR children AND financial impact OR emotional impact OR social impact OR coping strategies OR support needs.*

The two initial searches of online databases included Google Scholar and one EBSCOhost data-base search (APA PsycINFO) which were appropriate for this scoping review of the financial, emotional, and social impacts of nyaope addiction on family members in South

Africa, their coping strategies and support needs. In this study, the search was then expanded to include other relevant EBSCOhost databases, namely Academic Search Complete, open dissertation, MEDLINE, and ERIC, in addition to the initially searched databases, Google Scholar and one EBSCOhost database, namely, APA PsycINFO. Online database search was done from the 5th to the 9th of September 2023 and generated 593 articles on Google scholar and 77 studies from EBSCOhost. The search was repeated on the 19-21 November 2023. On the second search, the researcher applied filters when searching on electronic databases to narrow down the results of the search. These filters include articles published in the past 10 years; articles published only in English; full-text availability; keywords or subject terms which include family therapy, substance use and abuse. This was done to eliminate a large number of articles that may have not been relevant to the search. Looking specifically at Google Scholar: the second search generated 606 results when using the keywords. After the filters were applied, only 502 articles remained. The electronic results of the final database search are illustrated in Table 3 below.

Table 3: Search Strategies and Yields for Electronic Databases (Dates accessed: 19 – 21 November 2023)

Database	Keyword Search	No. of Publications Retrieved	No. of Publications Relevant to Study
Google Scholar	Nyaope addiction or South Africa AND Family members OR significant other OR sibling/s OR spouse OR couple OR extended family members OR parents/caregivers OR children AND financial impact OR emotional impact OR social impact OR coping strategies OR support needs.	502	98
Academic Search Complete	Nyaope addiction or South Africa AND Family members OR	9	3

(EBSCOhost)	significant other OR sibling/s OR spouse OR couple OR extended family members OR parents/caregivers OR children AND financial impact OR emotional impact OR social impact OR coping strategies OR support needs.		
Open dissertation (EBSCOhost)	Nyaope addiction or South Africa AND Family members OR significant other OR sibling/s OR spouse OR couple OR extended family members OR parents/caregivers OR children AND financial impact OR emotional impact OR social impact OR coping strategies OR support needs.	1	0
MEDLINE (EBSCOhost)	Nyaope addiction or South Africa AND Family members OR significant other OR sibling/s OR spouse OR couple OR extended family members OR parents/caregivers OR children AND financial impact OR emotional impact OR social impact OR coping strategies OR support needs.	39	5
APA PsycINFO (EBSCOhost)	Nyaope addiction or South Africa AND Family members OR significant other OR sibling/s OR spouse OR couple OR extended family members OR parents/caregivers OR children AND financial impact OR emotional	9	0

	impact OR social impact OR coping strategies OR support needs.		
ERIC (EBSCOhost)	Nyaope addiction or South Africa AND Family members OR significant other OR sibling/s OR spouse OR couple OR extended family members OR parents/caregivers OR children AND financial impact OR emotional impact OR social impact OR coping strategies OR support needs.	19	4

Searching of other sources

A reference-list check was conducted by the researcher on the retrieved full-text studies. This helped to ensure a more comprehensive and exhaustive search for relevant literature. The process generated 1 new dissertation used for the scoping review.

Database search results

The final step in the three-step search strategy involves including a comprehensive search strategy for at least one primary database as an appendix to the protocol. Table 4 was used for one major database search strategy.

Table 4: Database Search Results: Google Scholar

Date of search	Keyword search	No. of publications retrieved	No. of publications utilized
19-21 November 2023	Nyaope addiction or South Africa AND Family members OR significant other OR sibling/s OR spouse OR couple OR extended family members OR parents/caregivers OR children AND financial impact OR emotional impact OR social impact OR coping strategies OR support needs.	502	5

Stage 3: Study Selection

Study selection begins with both the review of titles and abstracts guided by the inclusion criteria, thereafter, full-text retrieval of any potentially pertinent evidence for further review against the inclusion criteria (Peters et al., 2021). The PRISMA-ScR statement indicates that a description of the study selection process must be presented in both a narrative and a flow-diagram format (Peters et al., 2021). Pollock et al. (2023) emphasize the significance of transparently documenting the search process and providing comprehensive details about both included and excluded studies.

The researcher initially conducted a comprehensive database search, rigorously screened the titles and abstracts from the previously mentioned databases, guided by the inclusion and exclusion criteria. In the event of doubt, the researcher communicated with the supervisor to clarify exclusion and inclusion criteria. Any title and abstract that could not be definitely excluded or included was evaluated by the supervisor. The process began with the researcher identifying studies through databases search, removing any duplicates; followed by screening the studies and excluding some of them due to irrelevance to the study. Studies were then screened by title and abstract; some were excluded due to exclusion criteria. Subsequently, full-text publications were retrieved and assessed for eligibility. Only studies that met the inclusion criteria were included in the review. Although it is important to enhance objectivity and avoid any mistakes by including two or multiple independent reviewers, the author in this review independently screened and retrieved research studies due to the limited scope and scale

of the dissertation. The supervisor guided the researcher through methodological rigor and the selection of studies.

To facilitate the management of search results for this scoping review, an Excel spreadsheet was created. This approach ensured an organized and systematic handling of the retrieved information, aiding in the review's transparency and reproducibility. All full-text articles assessed for eligibility were exported to the Microsoft Excel spreadsheet for further analysis. The form was developed by the researcher to capture information relevant to the research questions. The form was piloted by the researcher using three articles; the final form included the author(s), the year of publication, study title, aims of the study, the methodology used, and the key findings or study results. This step-by-step process ensured a systematic and thorough evaluation of the relevant literature for the scoping review. The preferred reporting items for systematic reviews and meta-analyses ScR (PRISMA-ScR) flow diagram was used to report the screening results:

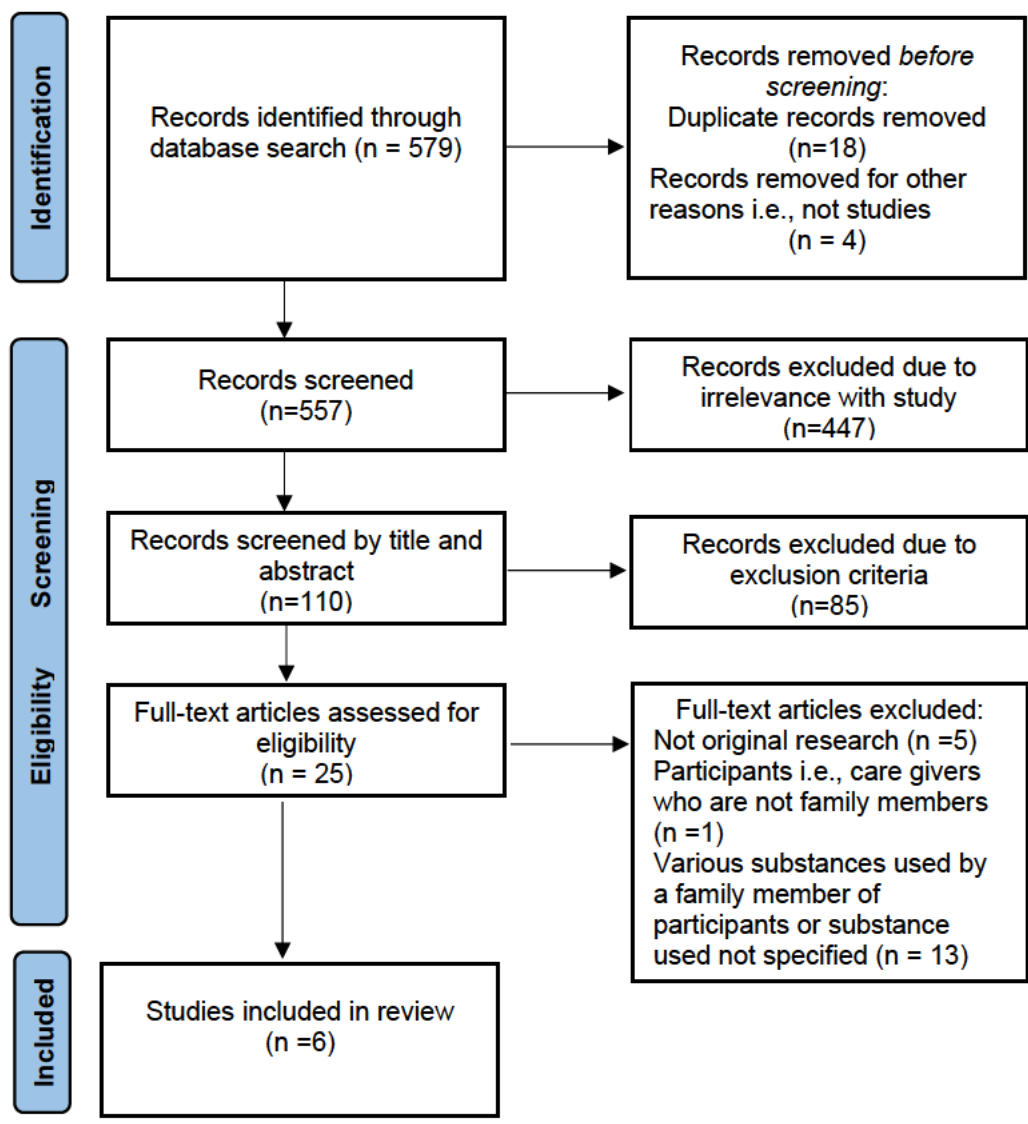


Figure 1: Flow diagram for the scoping review selection process

Figure 1 illustrates that 579 studies were initially identified through electronic database searches, of which 18 were duplicates; 4 records were removed for other reasons, i.e., 2 were books and 2 magazines. Thereafter, 557 titles were screened, and 447 studies were excluded due to studies not addressing the main research question (i.e., out of scope topic). Following the title screening, an abstract screening of 110 articles was conducted, after which 85 articles were excluded due to exclusion criteria for this study. The criterion which was not met by the 85 articles include: no full text; studies not based on family members; studies that focused on nyaope users' experiences, coping strategies, and support needs; no evidence of the financial, emotional, and social impacts of nyaope addiction on family members; their coping strategies

and support needs in South Africa. The full texts of 25 studies were assessed for eligibility; and of these studies, 19 were excluded. As a result, 5 studies were included in this review. With the addition of the study sourced from the reference list, 6 studies were included. The studies were also reviewed by the supervisor to determine eligibility for inclusion in the study.

Stage 4: Charting the data

Stage Four of the work includes ‘charting’ important items of data obtained from the main research reports that are being reviewed (Arksey & O’Malley, 2005). For charting the data, a summary table with thematic headings is used to synthesize the data after themes from the literature have been identified (Kourgiantakis & Ashcroft, 2018). The data-extraction process in this study was meticulously planned and executed to ensure comprehensive and accurate collection of relevant information from the various sources. The extraction of data involved charting the data found by reviewing each study included in this research, following Step Four of Arksey and O’Malley’s (2005) six-stage approach. This process was crucial for gathering the necessary data to answer the research question and meeting the objectives of the study. Throughout the data-extraction process, utmost care was taken to maintain the integrity of the data, and to ensure that it accurately represented the information collected from the various sources. This rigorous approach to data extraction laid a strong foundation for the subsequent stages of data analysis and interpretation in the study. A narrative review approach by Pawson (2002) was used for charting of data. The relevant data from each included study was extracted and charted in Table 5, as depicted in Chapter 4 below using a narrative review approach by Pawson (2002).

Stage 5: Collating, summarizing, and reporting the results

In this stage of a scoping review, the researchers collate, summarize and report the findings (Arksey & O’Malley, 2005). In order to increase the reliability with which researchers undertake and report scoping study methodology, three unique steps are recommended by Lavec et al. (2010, p. 6), namely: “analysing the data, reporting results, and applying meaning to the results”. According to Arksey and O’Malley (2005), researchers must provide a descriptive numerical summary that details the characteristics of all studies included, as well as a thematic analysis description. For the purpose of this research study, data were analysed using descriptive numerical summary and thematic analysis.

Thematic analysis (TA) is a technique for methodically identifying, compiling, and providing understanding of meaningful patterns (themes) throughout a data set (Braun & Clarke, 2012). Braun and Clarke (2012) provide the following six-phase guide which is a useful framework for conducting thematic analysis:

- **Acquainting oneself with the data:** During this phase, reading and rereading textual data, listening to audio recordings, or seeing video data are all ways in which the researcher can become familiar with the data.
- **Making up initial codes:** Phase 2 begins the formal coding-based analysis of the data. Codes specify and give a label to a data aspect that may be pertinent to the research issue.
- **Finding themes:** In this stage, the coded information is examined to find areas in which the codes overlap and are similar.
- **Reviewing prospective themes:** In this phase, the developing themes are examined in relation to the coded data and the complete data set, through a recursive process.
- **Defining and naming themes:** The phase of defining and naming themes entails the intensive analytical work necessary for thematic analysis, which is the key shaping up of analysis into its fine-grained details.
- **Producing the report:** Producing a report such as a dissertation or a journal article is the last step in the analysis process.

For this study, only the following information has been included in the summary presented in Table 5: Author(s) and year of publication; type of publication; study title; aims of the study; study population and sample size; methodology and results or key findings. The researcher will then provide a summary of data, using a descriptive numerical summary and a thematic analysis approach. Peters et al. (2020) stress the importance of transparent and comprehensive reporting, which involves providing detailed explanations of the methodologies, search tactics, and procedures used for data analysis.

3.3 Quality Assessment

The quality assessment of the data in this study was a crucial step to ensuring reliability and validity of the research findings. Reliability refers to the consistency and stability of measurements or instruments used in research (Ahmed & Ishtiaq, 2021). Validity, on the other hand, pertains to the accuracy and relevance of the measurements in assessing the intended

research objectives (Ahmed & Ishtiaq, 2021). Validity and reliability are ways of communicating and demonstrating the rigour of research processes and the trustworthiness of research findings (Roberts & Priest, 2006). There is a need for valid measures that accurately reflect the concepts being studied; and for researchers to employ reliable methods and tools to obtain consistent results that can be replicated (Ahmed & Ishtiaq, 2021).

Arksey and O'Malley (2005) maintain that the scoping-review process must be adequately documented to ensure transparency, and in order for the study to be reproduced by other researchers. To address this need, Peters et al. (2020) propose the PRISMA-ScR checklist, which consists of 20 items grouped into six categories: introduction, methods, results, discussion, funding, and registration (Tricco et al., 2018). The PRISMA-ScR framework aims to enhance the rigour and quality of scoping reviews, by providing researchers with a standardized checklist for reporting their methods and findings (Tricco et al., 2018). For the purpose of this study, the preferred reporting items for systematic reviews and meta-analyses extension for scoping reviews (PRISMA-ScR) checklist (Appendix 1, p. 92 of this report) was used as the standardized reporting framework. This ensured transparency and reproducibility of this scoping review and its findings.

By promoting transparent reporting, the framework aims to improve the reliability and usefulness of scoping review research (Tricco et al., 2018). To improve the transparency of each step pertinent to the conducting of the scoping review, recommendations by Levac et al. (2010) were used, outlined in each stage of the Arksey and O'Malley (2005) framework. Rigour was improved by using a data-charting table, and an iterative, transparent approach. To produce valid results, the researcher clearly defined the PCC (population, concept, and context) of the study. The researcher also ensured that all studies included are a representation of the PCC and align to the purpose of the study.

To ensure reliability, the study-selection process is presented in two formats: a narrative description and a flow diagram. This entails explaining the entire process step by step, from conducting the database searches to selecting the sources, handling duplicates, retrieving full texts, screening references, extracting data, charting, and presenting the findings. Additionally, an Excel spreadsheet was utilized to manage the search results; all full-text articles assessed for eligibility were exported to this spreadsheet. For reliability assessment, the researcher conducted repeated screenings two months after the initial screenings. The initial screening was conducted between 5 and 9 September 2023; and the repeated screening was accomplished between 19 and 21 November 2023. Furthermore, detailed information regarding the retrieved full-text articles will be provided.

Inclusion and exclusion criteria in a scoping review are essential to mitigate bias and enhance the credibility of the findings, reducing the likelihood of errors (Madlabana et al., 2020). To ensure the study's credibility, the researcher established these criteria at the outset of the research, and will consistently adhere to the criteria throughout the entire study process.

To ensure the validity of the final inclusion decision, the supervisor evaluated a random sample of full-text articles. Keeping a comprehensive and well-documented record of the search strategy is vital, including key terms used and search dates, enabling other researchers to replicate the searches if needed (Peters et al., 2020). For the purpose of this study, database search results (Table 4) were kept, and included: date of search, keyword search, number of publications retrieved, and number of publications utilized.

3.4 Ethical Considerations

Ethical issues of informed consent, voluntary participation, anonymity, and debriefing of participants were not applicable. This scoping review relied solely on publicly available secondary data, including peer-reviewed articles, dissertations. As such, there was no direct interaction with human participants or animals, and no primary data collection was involved. Additionally, it is not necessary to have a password to the data that is saved on the researcher's laptop because data were collected from publicly available sources. Throughout the process, all efforts were made to properly attribute and respect the intellectual property of original researchers. Full citations are provided for all sources used, and the review adheres to guidelines on academic integrity and plagiarism avoidance by using Turnitin.

The methodology employed in this scoping review was designed to ensure a transparent, systematic, and unbiased approach to the selection, analysis, and synthesis of the literature. A clear protocol was followed to minimize selection bias, and the inclusion and exclusion criteria were explicitly outlined. This review upholds the principles of ethical reporting, ensuring that all findings are presented accurately, without distortion or misrepresentation of the original studies' results. In summary, while no formal ethical approval was required for this review (see appendix 2), care was taken to ensure academic integrity, respect for original research, and unbiased reporting throughout the review process.

3.5 Conclusion

This chapter meticulously detailed the methodology employed in this study. The researcher combined in-depth insights from various studies through a scoping review which is the chosen research design. The scoping review adopted five of six stages of the framework by Arksey and O'Malley (2005) for conducting this study. The electronic databases that were used to comprehensively search for literature were outlined, including the process followed. Both electronic search and reference checks were used to identify relevant studies. Issues of reliability and validity were elaborated. The next chapter will focus on presenting the results, shedding light on the varied and profound impacts of nyaope addiction; and offering insights that could guide future interventions and policy formulation.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

The aim of this research study was to map and synthesise findings from studies that investigated the financial, emotional, and social impacts of nyaope addiction on family members in South Africa, their coping strategies and support needs. To achieve this, the findings are divided into two sections: the results and discussion. The results are provided in the first section of this chapter through a summary of data obtained in the study via both narrative and descriptive statistics (Section 4.2, Tables 5 and 6 and Figures 2 – 6), which will provide a basis for the discussion section in this chapter. The discussion section focus on discussing the key themes and sub-themes that emerged from the results regarding the financial, emotional, and social impacts of nyaope addiction on family members in South Africa. It also analyses their coping strategies and support needs. To add more depth, direct quotes or examples from the participants of the reviewed studies will be integrated.

Thematic analysis was employed to systematically analyse the data, enabling the extraction of detailed, contextual narratives aligned with the research question and objectives. Additionally, this chapter aims to compare the study's findings with existing literature, highlighting relevant similarities and differences. Drawing upon six qualitative studies, we delve into the lived experiences of those within the grip of this pervasive issue, capturing the voices of parents, siblings, and extended kin. These studies provide a snapshot into the struggles endured by family members, revealing the far-reaching consequences of addiction that extend beyond the individual to the very heart of the family unit. This chapter aims to contextualize the discovered themes within a broader social-health framework, examining the implications of the findings, and integrating them with the existing literature.

4.2 Results

Table 5: Articles of Data Extraction (Pawson, 2002)

Author(s), Year of Publication	Type of Publication	Study Title	Aims of the Study	Study Population and Sample Size	Methodolo gy	Results or key Findings Financial; Emotional and Social impact	Coping strategies	Support needs
1.Masombuka, 2013.	Dissertation	Children's addiction to the drug "nyaope" in Soshanguve township: Parents' experiences and support needs	To gain an understanding of parents' experiences and support needs regarding their children's addiction to the drug nyaope	Population: Parents Age:30-69 Sample: 8 Gender: F (6) M (2) 1: Unemployed 6: Employed 1: Retired 5: Married 2: Single 1: Divorced	Qualitative	Financial impact -Theft -Replacing assets that were stolen by the addicted child from other community members -Financial burden of paying for the treatment Emotional impact -anger -misery -shame and self- blame -helplessness Social impact -Negative labels by community	Seeking help from various sources, including governme nt departmen ts such as SAPS, communit y-based non- governme ntal organizati ons	Professional help to give reaffirmatio n and reassurance. -Support groups -Support from the community -Support from the police -Support from the family -Support from social workers and government

						members that create feelings of loneliness and apathy in families. -Social isolation to hide away from negativity as their children are seen to be perverts		
2. Radebe, 2017.	Dissertation	Parental experiences of Nyaope users in Temba Township, Pretoria (Gauteng)	To explore the experiences, knowledge, and coping mechanisms of parents whose children use the drug nyaope in Temba Township north of Pretoria CBD	Population: Parents/Caregivers Sample:11 Age: 43-73 Gender: F (10) M (1) Marital Status: Married: 5 Divorced: 1 Single: 3 Widow: 2 Employment: Employed: 2 Self-employed: 1 Pensioner: 2 Unemployed: 6	Qualitative	Financial impact -theft Emotional impact -hurt -shame - blame - frustrations -hopelessness Social impact -Rejection from family, the extended family, and the community. -Parents are laughed at and shamed instead of being helped or supported	Parents sought assistance in an attempt to find relief from the police, the Department of Social Services, and the non-governmental organisations in the community	-Family - Community

						-Insults/abuse from community members	y (including churches)	
3. Nkosi, 2017.	Dissertation	Effects of nyaope on families with a family member addicted to the drug nyaope	Explore the effects and challenges of nyaope on families	Population: Family Members Grandmother:1 Mother:7 Sister:2 Brother:4 Niece:1 Sample: 15 Age: 18-65 Gender: F (11) M (4) Marital status: Married: 3 Single:12 Employed: 5 Unemployed: 10	Qualitative	Financial impact -theft -debts due to trying to help their children to fight this addiction (rehabilitation fees) -replacing what their family member has stolen from the neighbours which also leads to families faced with financial problems Emotional impact -hurt -sadness -stress -depression Social impact -stigma from members of the community	-Coping strategies reported include chasing the addicted person out from home; trying to seek help from outside and; doing nothing about the situation. -Majority of the participants indicated that it is hard to cope	N/A

						-ruined relationships with neighbours	however they have learned to accept the situation and learned to live with it	
4. Motsoeneng, 2018.	Dissertation	The experiences of family members of nyaope users and their knowledge on the available social policy interventions; a case of east of Johannesburg	To explore experiences of family members of a nyaope user and their knowledge of South Africa's Prevention and Treatment Substance Abuse Act 70 of 2008 in Boksburg; East of Johannesburg, Gauteng	Population: Family Members Mothers:3 father:1 Sister:1 Brother:1 Aunt:1 Grandmother:1 Sample: 8 Age: 26-76 Gender: 6 (F) 2(M) Employed: 4 Unemployed: 3 Pensioner:1	Qualitative	Financial impact -The loss of possessions and valuable items through theft by the nyaope user -Repayments of the missing items stolen from the neighbours and local businesses that are attended to and paid by the family members of the nyaope user Emotional impact -anger, frustration disappointment -stress	-Chasing the nyaope user out of their household	N/A

						-trauma Social impact -complaints from the community due to the theft by the nyaope user		
5. Mathibela & Skhosana, 2019.	Article	Challenges faced by parents raising adolescents abusing substances: parents' voices	The study sought an in-depth understanding of the experiences, challenges and coping strategies of parents raising adolescents abusing substances in the community of Ramotse in Hammanskraal, Gauteng.	Population: Sample:13 Parents Age: 35-61 Gender: 9 (F) 4(M) Employed: 9 Unemployed: 4 Marital status: Married: 3 Divorced: 3 Widow/er: 2 Cohabiting: 2 Single: 3	Qualitative	Financial impact Financial challenges due to compensating the community for stolen goods and endured medical costs Emotional impact Parents experienced feeling of shock, sadness, helplessness shame stress anxiety fear Social impact -negative or derisive reactions from the community	-Avoided talking to teenagers to avoid pain and hurt. -sought comfort in their religion by praying or going to church -spiritual support from the church and their pastors - opted to give the teenager	-parent orientated support groups - professional support and workshops to be facilitated on parenting skills. - collaboration between the community and police - government should support

						<p>-Family and friends' distance themselves from parents of adolescents abusing substances</p> <p>-lack support from their families, relatives, and the community</p>	<p>Money - hope that their teenagers' behaviour will change</p>	<p>parents in dealing with the challenges they face regarding chemical substance abuse</p> <p>-need for more treatment centres and for a longer treatment period</p>
6. Mapogoshe, 2020.	Dissertation	Addressing the experience of parents of substance abusing youth: a model for pastoral care.	The study's primary aim is to contribute positively to the body of knowledge as well as the approaches as guided by practical theology which	<p>Population: parents</p> <p>Sample:26</p> <p>Age: 30-69</p> <p>Gender: 21 (F) 5(M)</p> <p>Employed: 22</p> <p>Unemployed: 1</p> <p>Retired: 2</p>	Qualitative	<p>Financial impact</p> <p>Stealing from household.</p> <p>Stealing from neighbours and community</p> <p>Emotional impact</p> <p>-shame</p> <p>-misery</p> <p>-despair</p> <p>-helplessness</p>	<p>Individuals to rely on hope and faith as a means of coping with the situation</p>	<p>Support groups</p> <p>Community support</p> <p>Police support</p>

			can be employed in providing meaningful support to the parents and families of substance abusing youth.	1 participant's employment status is not indicated. Marital status: Married: 19 Divorced: 2 Single: 3 Unknown: 2		-self-blame Social impact: Stigma from neighbours and members of the community		
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Table 6: Thematic coding of reviewed articles

Title of the study	Author/s and year of publication	Code	Explanation
Children's addiction to the drug 'nyaope' in Soshanguve township: Parents' experiences and support needs.	Masombuka, 2013	Q1	Qualitative 1
Parental Experiences of nyaope users in Temba Township, Pretoria (Gauteng).	Radebe, 2017	Q2	Qualitative 2
Effects of nyaope on families with a family member that is addicted to the drug nyaope.	Nkosi, 2017	Q3	Qualitative 3
The experiences of family members of nyaope users and their knowledge on the available social policy interventions; a case of east of Johannesburg.	Motsoeneng, 2018	Q4	Qualitative 4
Challenges faced by parents raising adolescents abusing substances: parents' voices.	Mathibela & Skhosana, 2019	Q5	Qualitative 5
Addressing the experience of parents of substance-abusing youth: a model for pastoral care.	Mapogoshe, 2020	Q6	Qualitative 6

Based on an extensive search of the identified electronic databases with the addition of the study sourced from the reference list, a total of 6 studies were included. Studies identified met the outlined inclusion criteria (illustrated in Chapter 3). All studies (n =6) had a qualitative methodological design; and made use of interviews, focus-group, and case studies, across sample populations, in collecting data. The participating population sampled included immediate and extended family members (i.e., parents/caregivers, siblings, grandparents, niece, and aunt). The scoping review identified the financial, emotional, and social impacts of nyaope addiction on family members between the ages of 18 to 76 years in South Africa, their coping strategies and support needs. The predominant ages sampled in the studies were between 50 and 59 and between 30 and 39 years.

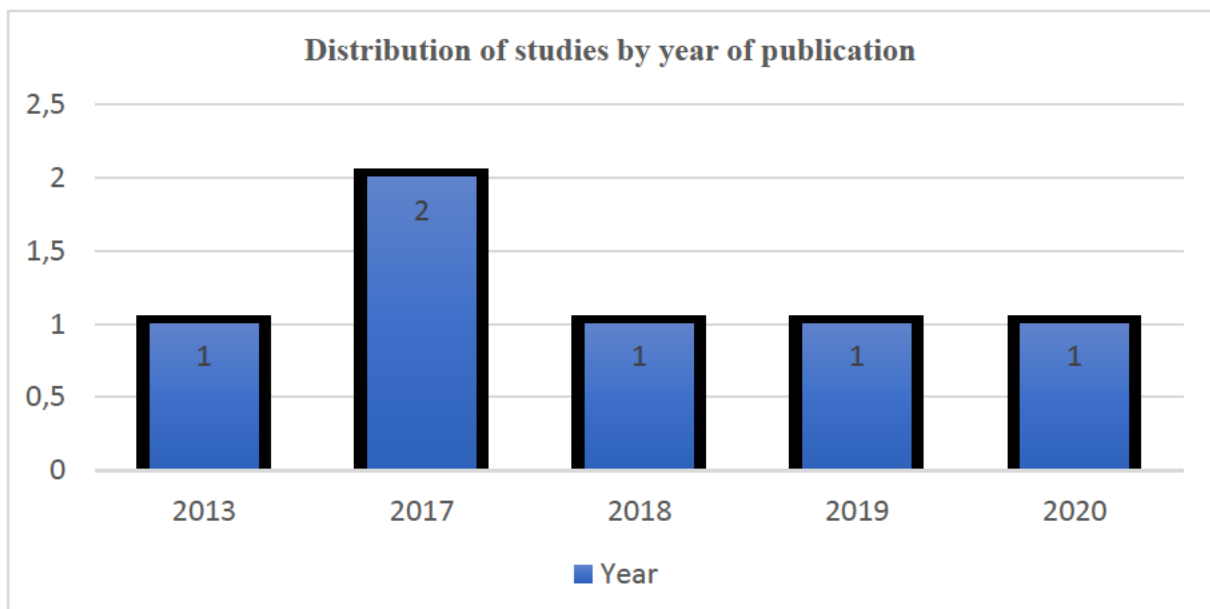


Figure 2: Number of publications per year

The total number of publications per year from 2013 to 2020 are illustrated in the figure above. Two studies were conducted in 2017 (i.e., Q1 and Q2), while other studies (Q2, Q3, Q4, Q5 and Q6) were conducted in different years. There were no studies that met the inclusion criteria published between 2010 to 2012 and from 2021 to 2023, despite the impact of nyaope addiction on family members.

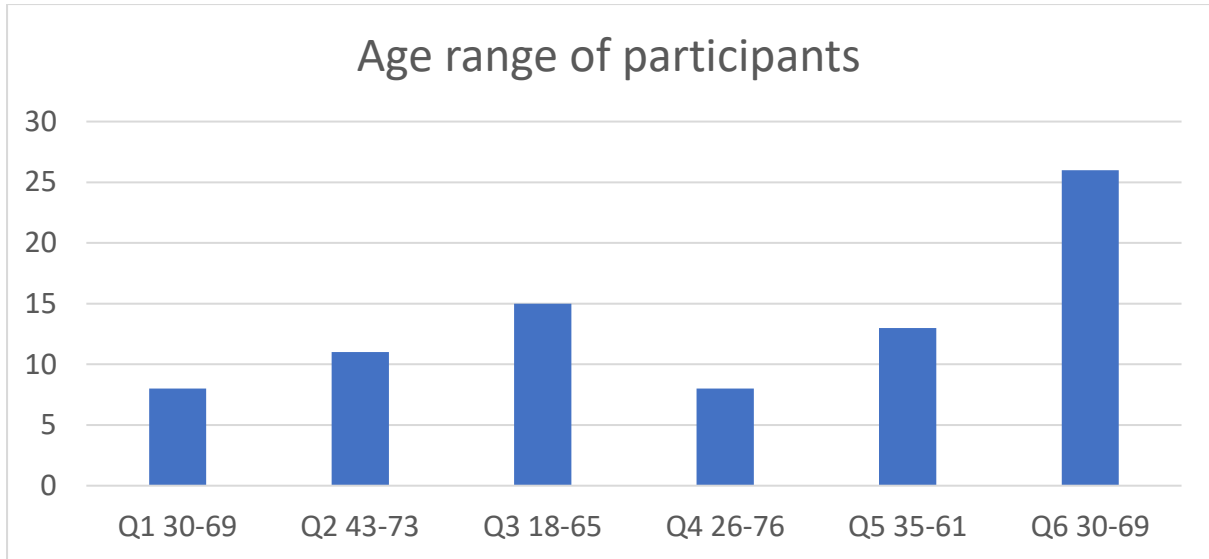


Figure 3: Age range of participants

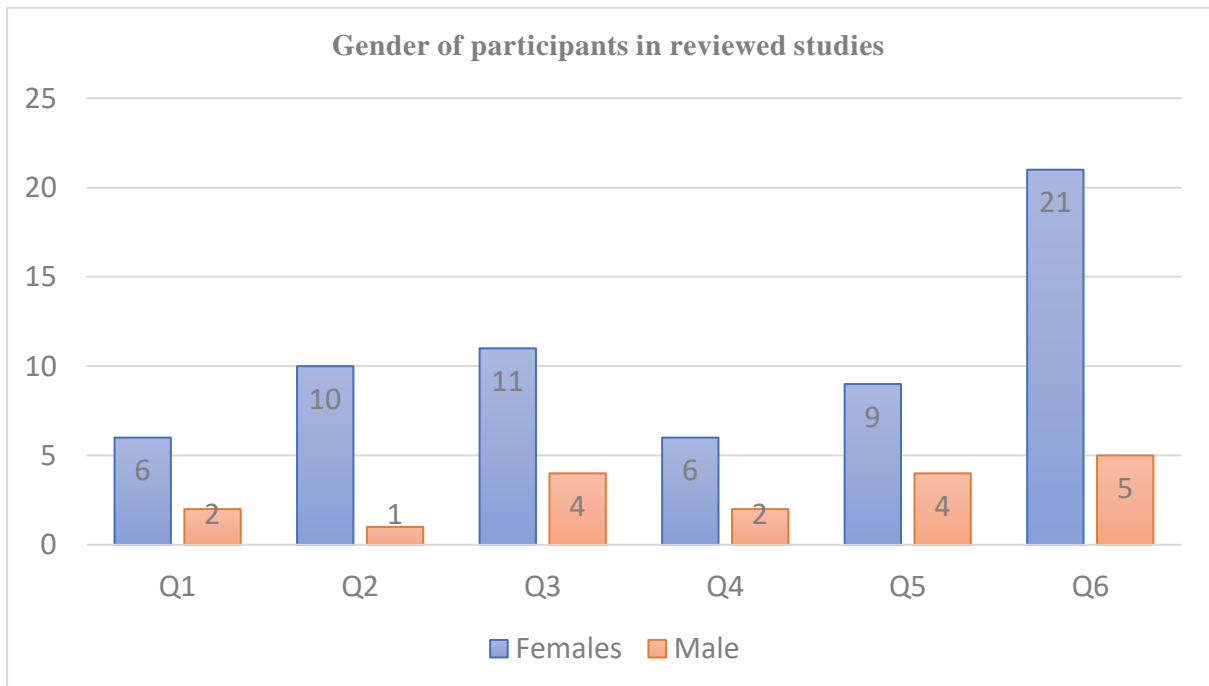


Figure 4: Gender of participants

The age range and gender of participants are illustrated and briefly outlined in Figures 3 and 4 above. Two of the studies had the same age range of 30-69 years, i.e., Q1 and Q6. The other 4 studies (Q2, Q3, Q4 and Q5) had various age ranges. Participants' ages from all reviewed studies ranged between 18 and 73 years. The total number of participants from the 6

studies reviewed is 81 family members, with 63 females (78%) and 18 males (22%). Q6 had the highest number of participants which is 26 (32%), followed by Q3 with 15 participants (18%). Q5 had 13 participants (16%), Q2 had 11 participants (14%), Q1 and Q4 had 8 participants respectively (10%). The populations in all the studies included both males and females, with female participants being the majority across studies.

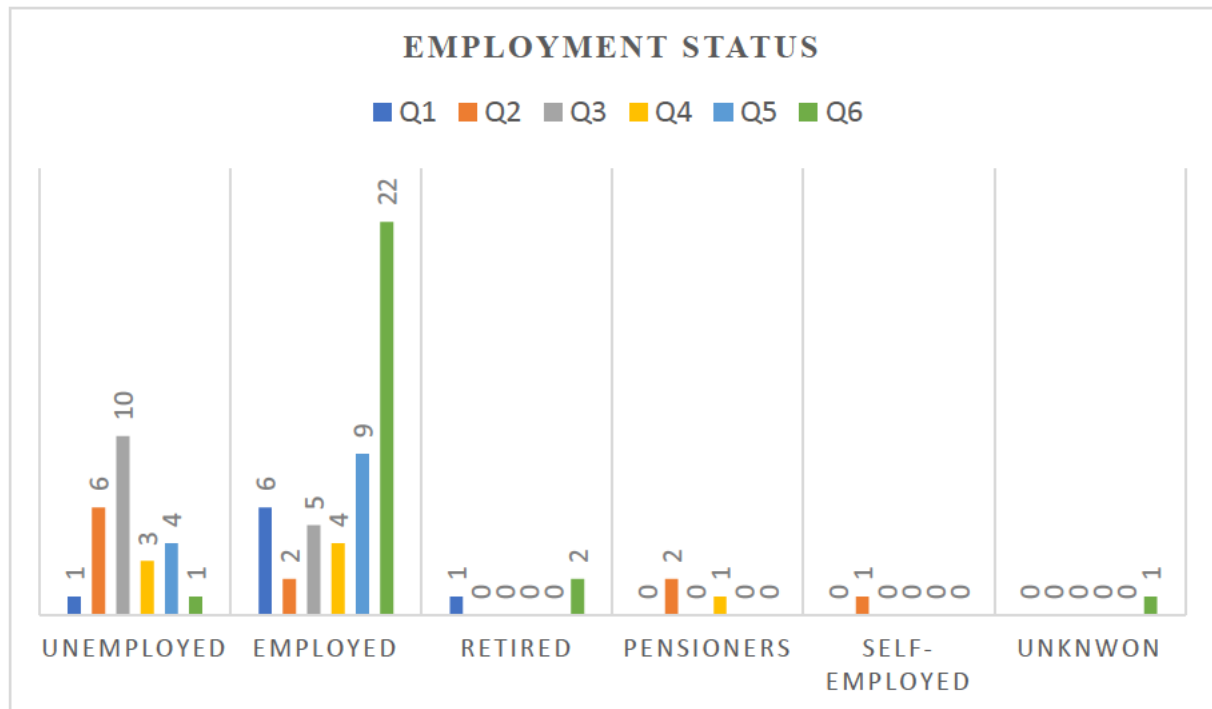


Figure 5: Employment status of participants in reviewed studies

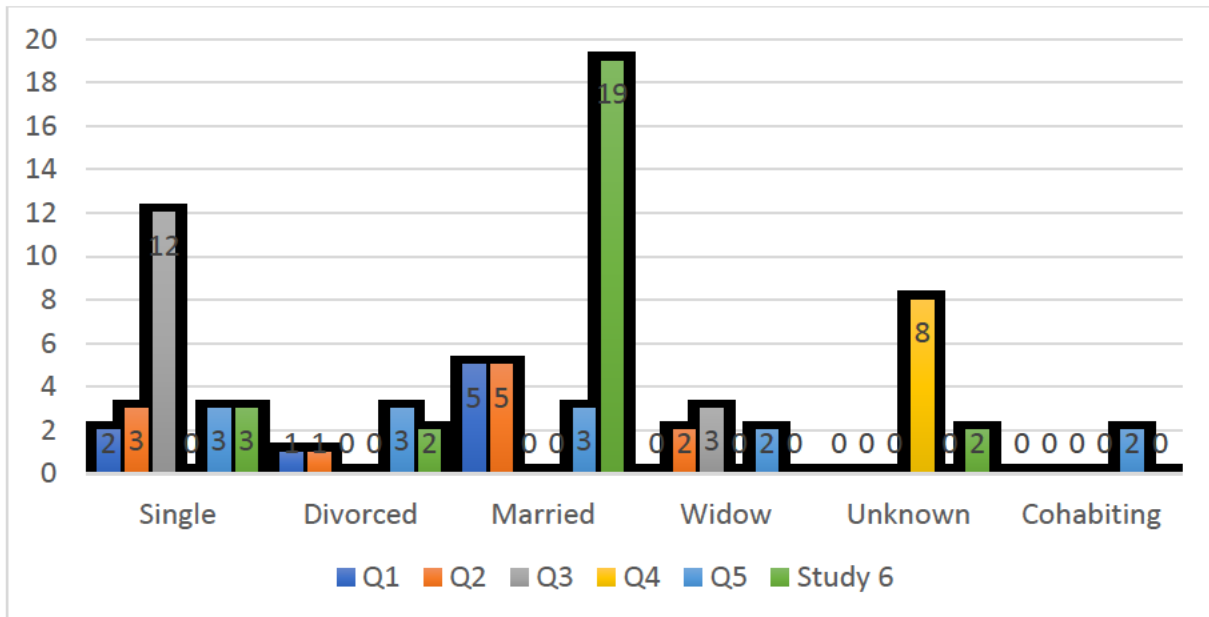


Figure 6: Marital status across all reviewed studies

Most of the participants in all studies were employed (59%); followed by those unemployed (31%). Other participants (10%) were either self-employed, pensioners, or retired while one of the participants' employment status was not specified. The majority of two studies' participants was unemployed (Q1 and Q4); while participants of 4 studies were predominantly employed. The participants' marital status was either married (40%), single (28%), divorced (9%), widow (9%) and cohabiting (2%). The marital status of 10 participants (12%) was not specified (i.e., 8 from Q4 and 2 from Q6). The employment and marital status of participants is illustrated in Figures 5 and 6.

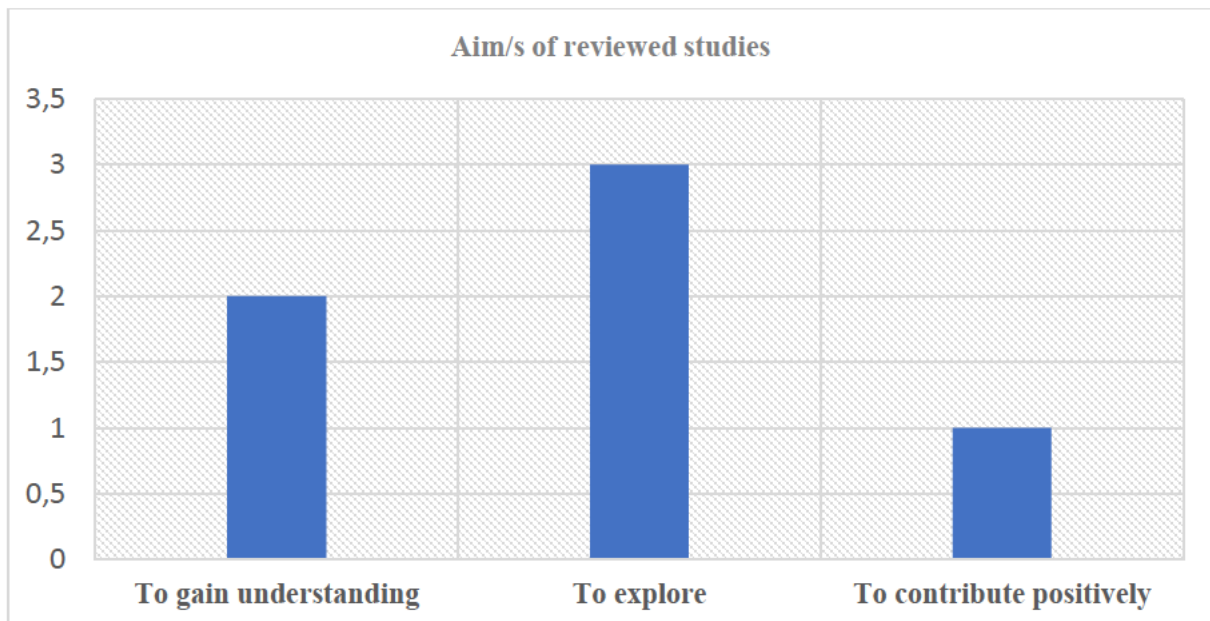


Figure 7: The aim/s of the studies

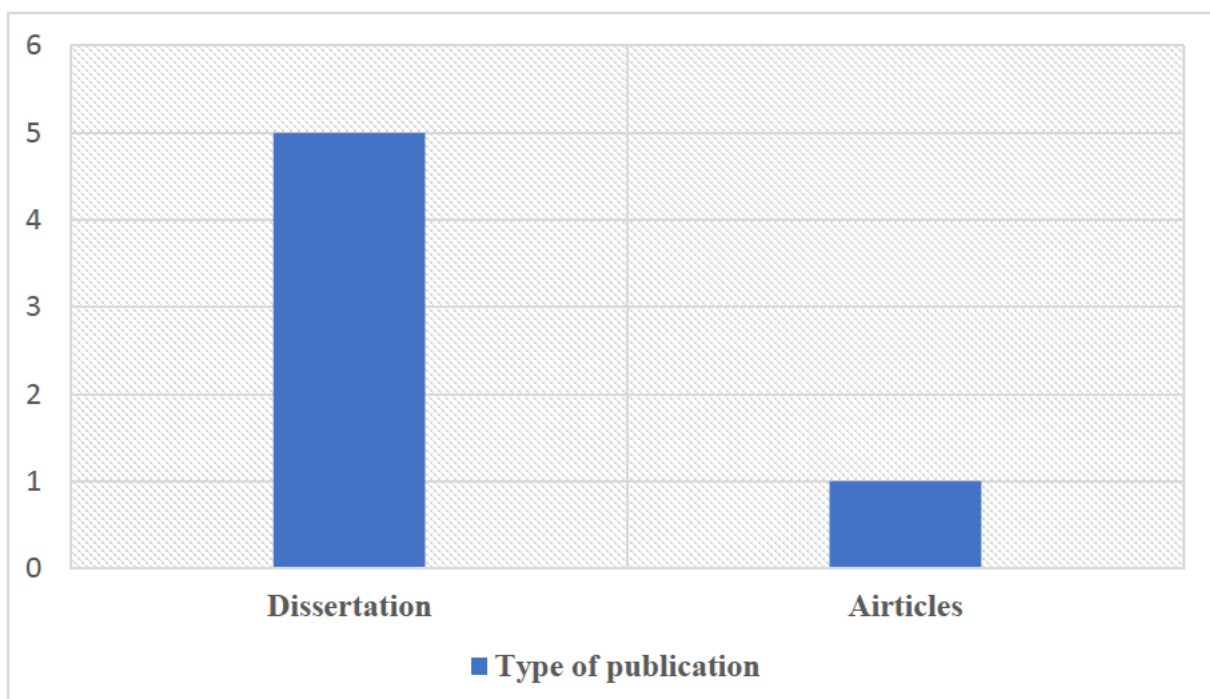


Figure 8: Type of publication

The aims and type of publications are briefly described and illustrated in Figures 7 and 8 above. The aims of the reviewed studies were similar. Three of the studies aimed to explore either parents' or family members' experiences of the effects of nyaope. Two of the studies wanted to gain understanding of the parents' experiences, coping strategies, and identified

support needs. One of the studies wanted to contribute positively to the body of knowledge. Five of the reviewed studies were dissertations, and 1 was an article.

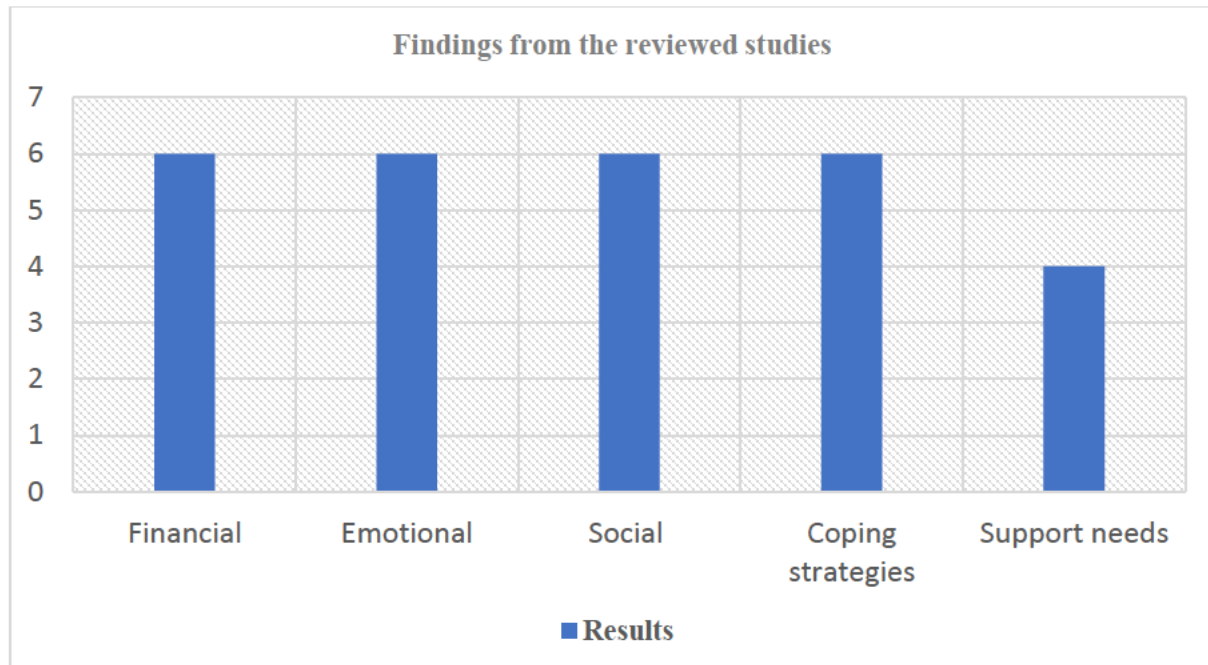


Figure 9: Findings from the reviewed studies

4.3 Discussion

The following section provide findings from six studies synthesized into five main themes which represent an interpretation and synthesis of eleven sub-themes. In table 7, each theme is outlined, together with the number of studies found on each theme; the authors have also been included. Each theme and sub-theme will be presented giving detailed explanations and references. This scoping review which investigated the repercussions of nyaope addiction on family members in South Africa provides thorough insights into the financial, emotional, and social impacts. The collective narratives of parents, siblings, and other relatives offer a poignant depiction of the struggle against the pervasive influence of nyaope addiction. Variety of coping mechanisms employed by family members, which range from seeking external help to either acceptance or avoidance of the situation are also discussed. Despite some family members finding existing support strategies inadequate, identified support needs will be outlined. The findings underscore the urgent need for effective interventions that address both the individual and their family members' needs.

Table 7: Conceptualization of the Financial, Emotional, and Social Impacts; Coping Strategies, and Support Needs

Theme No.	Conceptualization	Number of studies	Author (s)
Theme 1	Financial impact	6	Mapogoshe, 2020; Mathibela & Skhosana, 2019; Motsoeneng, 2018; Nkosi, 2017; Radebe, 2017; Masombuka, 2013.
Theme 2	Emotional impact	6	Mapogoshe, 2020; Mathibela & Skhosana, 2019; Motsoeneng, 2018; Nkosi, 2017; Radebe, 2017; Masombuka, 2013.
Theme 3	Social impact	6	Mapogoshe, 2020; Mathibela & Skhosana, 2019; Motsoeneng, 2018; Nkosi, 2017; Radebe, 2017; Masombuka, 2013.
Theme 4	Coping strategies	6	Mapogoshe, 2020; Mathibela & Skhosana, 2019; Motsoeneng, 2018; Nkosi, 2017; Radebe, 2017; Masombuka, 2013.
Theme 5	Support needs	5	Mapogoshe, 2020; Mathibela & Skhosana, 2019; Nkosi, 2017; Radebe, 2017; Masombuka, 2013.

The table above emphasizes the identified themes, which will be elaborated upon in detail in the subsequent section. These pertinent themes were identified from the extracted studies.

4.3.1 Main theme 1: Financial Impact on Family Members

Sub-theme 1.1: Theft

Most studies show that individuals addicted to nyaope, often steal family possessions to support their habits. Radebe (2017) found that theft typically starts at home, causing significant distress for parents and, in some cases, neighbours. Mathibela and Skhosana (2019) also noted that teenagers, when unable to find items at home, often resort to stealing from the community to fund their addiction. Motsoeneng (2018) and Masombuka (2013) highlight frequent losses of valuables, such as clothing and cell phones, as well as a breakdown in trust within families. Parents report feeling insecure in their homes, grappling with both material loss and emotional strain due to these thefts (Mapogoshe, 2020). Due to theft, Masombuka (2013) described

parents grappling with the dual impact of material loss and trust erosion within their households. The following storylines support the sub-theme above: *“It has got to the extreme that he even sells things that we use at home. Even things like my cups, Tupperware and sometimes food.”* (Motsoeneng, 2018, p. 26). *“My boy stole everything that he could get hold of in the house. I could not keep anything safe in the house because the next day it will be gone”* (Masombuka, 2013, p. 82).

He started by stealing money from me, stealing some items, my cell phones, CD’s in the house and small items that he can sell. He advanced to taking more expensive items such as his clothes, computers and anything that is valuable that he can carry (Masombuka, 2013, p. 82).

This recurring behaviour not only depleted family resources but also strained the foundational trust that typically characterizes familial bonds. The quote below describe how trust was ruined. *“He often shouts and accuses us of not trusting him. He always says that we always think that he is up to mischief. Unfortunately, I no longer trust him”* (Motsoeneng, 2018, p. 33).

Sub-theme 1.2: Treatment costs

The studies poignantly illustrate the economic duress family members endure in their quest to ameliorate the addicted individual’s predicament, particularly regarding the costs of rehabilitation. Radebe (2017) and Nkosi (2017) detailed the financial burdens that fall on in their efforts to fund treatment programmes for addicted members. The substantial expenses associated with attempting to secure sustainable recovery for their loved ones often propelled families into debt, as they assiduously sought redemptive opportunities often perceived as their last recourse. This is confirmed by the following storyline: *“It has affected the family a lot as we have gone through things trying to help him in terms of financial and emotional issues”* (Nkosi, 2017, p. 42). Masombuka (2013) described the financial burden of paying for the treatment. The researcher’s participants indicated that it is difficult to get help for their children who are addicted to nyaope due to the financial cost involved in the process. One participant from a study by Masombuka (2013) expressed this as follows: *“You need money, professional people and lot of things to try to help him”* (p. 99).

Sub-theme 1.3: Replacement of assets

The economic impact stretched far beyond the immediate exigencies of theft and treatment costs, resonating within the wider socio-economic framework. Motsoeneng (2018)

echoed the financial impact through narratives that emphasized families grappling with the loss of valuables, and the need to compensate local businesses and neighbours for thefts committed by the nyaope user. Such indirect financial obligations manifest the broader economic ripples stemming from the addiction, affecting communal relations and the family's standing within the community. Similarly, Nkosi (2017) highlighted the ubiquity of theft within afflicted family units, delineating the financial encumbrances created by the need to replace or compensate for stolen goods, often extending to neighbourhood residents and local businesses victimized by the addicted individual's actions. In Motsoeneng's (2018) study, the participants reported that the nyaope user also steals from the neighbours and local businesses. Unfortunately, the complaints and the repayments of the missing items are attended to and funded by the family members of the nyaope user.

Masombuka's (2013) research significantly underscored the financial strain engendered by the addiction, inclusive of the transactional nature of dealing with the repercussions of theft perpetrated against community members by the addicted individuals. The burden of reparations for these transgressions added a complex layer to the financial challenges families faced, consolidating their economic plights. In a study conducted by Mathibela and Skhosana (2019), parents described that when their teenagers could not find anything to steal from them, they resorted to stealing from others in the community. The parents expressed their frustrations in having to replace the items their adolescents stole from neighbours and community members. They further voiced their concerns about the ongoing losses they faced, especially having to repeatedly purchase the same items as their substance-abusing adolescents continued to steal them.

The emotional toll invariably intertwines with the economic consequences, compounding the financial detriment. The studies present a distressing portrait of parents and relatives entrenched in multifaceted battles against nyaope addiction, combatting a hydra-headed adversary manifesting through tangible economic deprivation, alongside the psychological warfare wrought by the drug's prevalence within their households. Together, these qualitative explorations demonstrate that financial impacts are not solitary, stationary outcomes for family members battling nyaope addiction; they morph and manifest in diverse ways, testifying to the drug's destructive economic ripple effect.

The findings underscore an ardent plea for an integrated, systemic response that assists families not only through rehabilitative means for the individual addicted but also by proactively bolstering the financial resilience of family units destabilized by the drug's pervasiveness. These responses could range from extending economic aid to affected families,

to establishing community funds that address the indirect costs linked to addiction. The integration of financial planning and assistance within addiction treatment programmes could also mitigate the ruinous cycle of debt and despair that frequently accompanies familial journeys through nyaope addiction. The participants from the reviewed studies shared the following insights regarding replacement of assets: *“I had to replace two cell phones of the community members within three months. I just realized something is not right when money started to disappear in the house”* (Mathibela & Skhosana, 2019, p. 93). *“At times he will steal from other people in the community and I had to pay off or replace the assets that he has stolen from them”* (Masombuka, 2013, p. 83).

This issue has affected me in a way that now I am not free in our own home we have to hide things as we are scared they will be stolen. Another thing is that now my aunt is the only person working in the house, so I can say this drug is affecting us as now we experiencing financial strain; on top of that he steals things from the house and then my aunt has to work on replacing them instead of using the money to buy new things that we need at home (Nkosi, 2017, p. 42).

4.3.2 Main theme 2: Emotional Impact

The emotional repercussions experienced by family members of nyaope addicts in South Africa are profound and multifaceted, deeply affecting their psychological well-being. The data extracted from the six qualitative studies consistently illustrates the severe emotional toll taken on those closely related to nyaope users, depicting a harrowing landscape of hurt, despair, and familial disruption.

Sub-theme 2.1: Negative emotions

Amid this emotional turmoil, the studies reveal a narrative of intense distress, with parents, siblings, and relatives experiencing a range of negative emotions. Masombuka (2013) highlights the anger, misery, shame, and helplessness parents feel as they face their children's addiction. These emotions are intensified by societal stigma, driving families into social isolation to escape judgment from the community. Radebe (2017) reinforces this, noting the deep emotional wounds of hurt, shame, and frustration, with a profound sense of hopelessness, compounded by ridicule from a community that offers scorn instead of support. Similarly, Nkosi (2017) reports emotions ranging from hurt and sadness to stress and depression, revealing the psychological burden on families. In extreme cases, some consider cutting ties

with the addict or seeking legal protection, illustrating the desperation and emotional upheaval caused by nyaope addiction.

Motsoeneng (2018) echoes these findings, with family members describing anger, frustration, and disappointment, emphasizing the stress and trauma permeating their experiences. The emotional toll is profound, affecting the entire household. In the study by Mathibela and Skhosana (2019), parents voice their emotions with stark candor, articulating experiences of shock, sadness, helplessness, and extreme stress. These emotional responses are underscored by anxiety and fear for the future, often leading to avoidance behaviours and a retreat into religion for solace, as parents struggle to make sense of the diverging paths their children have taken. Mapogoshe (2020) consolidates these insights, detailing the emotional landscape of shame, despair, helplessness, and guilt parents endure. Stigma from neighbors and the community deepens their suffering, trapping them in cycles of self-blame and silent anguish. Some of the participants expressed this as follows: *“I feel ashamed. I feel that maybe because I am not spending quality time with him. I also blame myself for working night shift”* (Masombuka, 2013, p.99). *“I mean things have happened and you find yourself confused, not knowing what to do or where to go because sometimes you talk to people who do not understand you”* (Radebe, 2017, p. 97). *“He does not eat and does not bath that is really stressing me because it is not how I know my child he has changed and I am worried that he will end up dying if he carry on like this”* (Nkosi, 2017, p. 41).

I am forever stressed. The way I have lost weight! The people who know me always tell me that I have lost a lot of weight. My clothes don't fit me anymore ... Look at me, I was a size 48 but now I have gone down to size 30 and I am still losing weight. I don't even buy clothes anymore. It is no abuse anymore; my life has just been stressful. Even if I want to buy clothes, I can't because she will steal them and sell them for drugs” (Mathibela & Skhosana, 2019, p. 95)

Sub-theme 2.2: Fear, anxiety, and stress-related health problems

Nkosi (2017) highlights that substance abuse, particularly nyaope addiction, imposes multiple stressors on family members. The behaviour of nyaope users, often considered unacceptable within family contexts, puts immense strain on the family unit and those closest to the addict. Motsoeneng (2018) reveals family members' fears of mob justice from the community due to the addict's criminal activities. Additionally, parents express anxiety over the potential death of their nyaope-using child, leading to feelings of guilt and responsibility for the addiction (Masombuka, 2013; Nkosi, 2017). Mathibela and Skhosana (2019) echo these

concerns, noting that the parents expressed vulnerability, fearing harm from their own children or the risk of losing them. This fear was a prevalent and persistent theme in their minds. This sub-theme was conveyed through the following statements: *“To me as a mother, he is always aggressive and too demanding. I always feel unsafe around him as I can’t trust him anymore”* (Masombuka, 2013, p. 99). *“I fear for my life every day. I am always scared that when he needs these drugs and if I can’t give him the money he will kill me”* (Mathibela and Skhosana, 2019, p. 99).

Nkosi (2017) also identifies several sources of emotional distress, including fears of death, aggressive behavior, strained relationships, and social withdrawal. This emotional toll can lead to physical health issues like heart disease and high blood pressure, requiring long-term medical treatment. Motsoeneng (2017) similarly reports that many parents suffer health problems directly related to the stress of dealing with their adolescents' nyaope addiction. This was articulated in the following statements: *“I lost a lot of weight due to his behaviour and am on chronic medication; it’s so difficult but I keep on hoping that he will change”* (Mathibela & Skhosana, 2019, p. 96).

From then I started hurting and I am a person with heart problems; so this issue has worsened my condition because I think day and night how I should help her and why is she doing this to herself and to me (Nkosi, 2017, p. 39).

It has caused me lot of stress and now I am on medication due to that stress, I am taking high blood medication which I did not take before all these problems my younger brother has caused me and I do not sleep very well these days I depend on pills to get enough sleep (Nkosi, 2017, p. 39).

Collectively, these studies highlight the profound emotional impacts of nyaope addiction on family members. The distress extends beyond individual experiences, reflecting a shared journey of psychological pain and altered perceptions of self-worth, as familial love becomes intertwined with frustration and grief. Coping strategies, such as internalized blame and isolation, can unintentionally intensify the emotional burden. The depth of this emotional struggle underscores that nyaope addiction is not just a physiological issue but a profound emotional and psychological crisis. It challenges the emotional resilience of entire families, emphasizing the need for comprehensive interventions, policies, and support systems that address the enduring emotional turmoil faced by family members affected by nyaope addiction.

4.3.3 Main theme 3: Social Impact on Family Members

Sub-theme 3.1: Social isolation

Masombuka (2013) brings to light the feelings of loneliness and apathy among parents caused by negative labelling by community members. Parents, finding themselves bearing the stigma of addiction, often take refuge in social isolation to avoid the negativity and perceptions of their children as deviants. Nkosi (2017) paints a similar picture of stigma and social ostracism faced by family members. Relationships with neighbours and other community members suffer as a result of the addicted individual's behaviour, often involving theft and deceit. Consequently, the family's communal ties and social interactions are put under tremendous strain, leaving them with tarnished reputations and reduced social capital.

Motsoeneng (2018) adds another dimension to the discussion by noting how complaints from the community concerning the misdeeds of the nyaope user amplify the familial anguish. These grievances contribute to an atmosphere of discord and tension that complicates the family's ability to engage socially within their community. Mathibela & Skhosana (2019) highlight the experiences of parents who face distancing behaviours from family and friends due to their children's substance abuse. With diminishing support from their own relatives and peers, the parents often find themselves in a precarious position, marginalized within their networks and lacking both support and understanding. Because of the persistent destructive behaviour of a child dealing with nyaope addiction, Masombuka (2013) noted that parents consistently attributed blame and distanced themselves from other family members, resulting in a gradual deterioration of family bonds. This led to a diminished sense of belonging and social isolation as a means of avoiding negativity. The following storylines from the reviewed studies reflect the experiences of participants being separated from their families and the community:

I do not get along with the neighbours as my child has stolen from them, this one time my neighbour was doing a garden and they left a spade outside in few minutes it was gone and they say it is my child as he also disappeared after the incident and that has cause conflict between me and my neighbour as they believe that I did not teach my child well (Nkosi, 2017, p. 36).

I am losing my family. No one wants to visit me and everyone is side-lining me ... When they [family] invite me, all we talk about is my daughter's behaviour. As a person, you can always sense when you are not welcome. So, these days I just stay at home and avoid going to family events, although I miss them at times ... Honestly, it hurts because

I need my family, but I have tried to make peace with that. She added: As for my community and family, they look at me as if I will contaminate them with some kind of disease (Mathibela & Skhosana, 2019, p. 98).

My challenge is the loneliness of being away from friends and family because they don't want to come to my house anymore and I can't visit them either. Everyone has just distanced themselves from me, I don't have anyone to talk to and I also struggle to go and visit my family especially during the family gatherings ... it is because of the behaviour of my son, but I also do not feel comfortable with the family, because they do not support me anymore; they are all tired of ... I am also scared to leave the house because if I leave he comes and steals my stuff. I feel like a prisoner in my own house (Mathibela & Skhosana, 2019, p. 98).

Sub-theme 3.2: Stigma by family members, neighbours, and the larger community

Mapogoshe (2020) affirms the prevalence of stigma in his study, which not only delineates the struggle for emotional and psychological coping but also articulates the loss of social cohesion. Family members of substance users encounter pervasive stigmatization from neighbours and community members, which substantially hinders their coping capacity and exacerbates the challenges they grapple with daily. Families dealing with adolescents who abuse substances often face discrimination, name-calling, and labelling from neighbours and relatives. In a similar vein, Nkosi (2017) remarks on the development of stigma by neighbours towards families with members addicted to the drug nyaope, leading to the imposition of labels and names. Some participants in the study noted that the community and neighbours questioned their parenting skills and attributed unrelated factors, such as being a single parent, as the cause for their child's substance-abuse behaviour.

Masombuka (2013) highlights that parents perceive themselves as objects of ridicule in the community, primarily because there is often a prevailing prejudice against drug abusers. Radebe (2017) further notes that participants in his study experienced emotional distress due to the words and actions of others who held them accountable for their children's choices. Some parents mentioned that this blame was particularly coming from community members, leading to experiences of rejection from both family members and community members. The quotes below illustrate the stigma that participants from the reviewed studies face from family members, neighbours, and the wider community: *"The addiction and the behaviour of my son have caused conflict between me and my neighbour as they believe that I did not teach my child*

well” (Mapogoshe, 2020, p. 111). *“They would rather laugh at us instead of helping us, they call us mother nyaopes”* (Radebe, 2017, p. 89).

The neighbours also say that the fact that the father of these children have left has led to our family being dysfunctional and therefore it is the main reason this child is not listening to me and behave as he wants, they even said that I have failed my children as I am the reason their father left, which I can say it is hurtful to hear all these things they say about me and my family (Nkosi, 2017, p. 37).

It is very sad to know that your child is taking substance that is actually killing and destroying him and he cannot stop that on his own. And also you as a parent you cannot help him to stop it. At the same time, people are laughing at you as if you have failed as a parent (Masombuka, 2013, p. 100).

Sub-theme 3.3: Lack of support

Radebe (2017) further explores these societal challenges, describing how parents of addicted persons are often taunted and shamed instead of being supported. Rather than finding solace and assistance within their communities, these family members encounter rejection, insults, and abuse. The absence of a supportive social network exacerbates the difficulties in managing the addiction, dealing a painful blow to families who are in dire need of compassionate understanding and assistance.

Ruined relationships with neighbours made it difficult for parents to receive support from these members of the community (Masombuka, 2013). Parents, as reported by Mathibela and Skhosana (2019), expressed a sense of not having sufficient support from their families, relatives, and the community. Moreover, these parents were largely excluded from social workers’ therapy sessions, as the primary emphasis was on the individual engaging in substance abuse. Supporting the above finding, DeGasperis (2014) confirms that the predominant focus of treatment remains on the individual’s recovery, disregarding the fact that one family member’s addiction affects the entire family.

The following storylines reflect the experiences of participants from the reviewed studies regarding a lack of support: *“It is very difficult because I am carrying this pain alone and still again the support is not enough from my family and everybody around me”* (Masombuka, 2013, p. 100). *“I felt helpless as a parent because when I tried to reach for helps neither the police nor social workers showed interest”* (Masombuka, 2013, p. 100). *“I don’t get much support from my family and the community. I wish parents can also be given support*

the way people who are abusing drugs are given support” (Mathibela & Skhosana, 2019, p. 98). “My family is not supportive as they feel I should stop trying to help my son and leave him in the street until he decides to change his life” (Mathibela & Skhosana, 2019, p. 98).

These studies underscore the profound social impact that nyaope addiction has on family members. Relationships within the community are compromised, social support networks crumble, and the family members of addicts become pariahs in their own environment, often marked by the addiction’s stigma. Furthermore, the studies reveal the erosive effect of addiction on familial relationships themselves, as the addiction erodes trust and fosters an environment of suspicion and division within the home. The implications of these findings for intervention are significant. It is evident that support needs to expand beyond the individual user to encompass their families, who are critically affected by the social repercussions of addiction. The evidence from these studies further reveals that the anguish inflicted by nyaope addiction bleeds into the social arena, disrupting the usual channels of communication, connection, and support that are foundational to family and community life.

4.3.4 Main theme 4: Coping Strategies

Numerous family members are severely challenged by having a member addicted to nyaope; their approaches to addressing the issue vary considerably (Nkosi, 2017). Coping mechanisms differ widely among families, with no single method considered universally superior or effective (Mapogoshe, 2020). While some resort to avoidance and emotional distancing as a means of managing their distress, as seen in Mapogoshe (2020), others seek solace in religious practices, particularly through prayer meetings enabling them to confront daily challenges, as discussed by Motsoeneng (2018), as well as Mathibela and Skhosana (2019). Conversely, some individuals choose to accept the situation as unchangeable and learn to coexist with it, opting not to take any action regarding the family member’s addiction (Nkosi, 2017). The following storyline from the study attest to this: *“I try to cope but it is hard because we don’t know what will happen and when will this end so I guess we have just accepted this situation”* (p. 49).

Motsoeneng (2018) identified a coping strategy wherein participants took the drastic step of forcibly removing the nyaope user from the family. Two participants from the study said: *“I chased him out of the house and I really don't care what happens to him.”* (p. 31). *“I keep chasing him away but he comes back. I don't want him near the house anymore! Even he knows that”* (p. 31). Similarly, one of the coping strategies from a study by Nkosi (2017)

involves excluding the family member addicted to nyaope from the family, even chasing the individual addict out of the household. Moreover, the situation was reported to become more manageable when the person addicted to nyaope voluntarily left home, aiding others in coping more effectively with the circumstances (Nkosi, 2017). The participants said: *“I ended up chasing him away from home because I couldn’t deal with the fact that things go missing in the house. So now things are better”* (Nkosi, 2017, p. 50).

We are coping well now that he is away as he ran away from home because when he was here I had to lock up my room but he would break the door and now we at the point where we have given up on him (Nkosi, 2017, p. 49).

An additional coping strategy involves seeking help from various sources, including government departments such as the SAPS, community-based non-governmental organizations such as churches, and relevant professional support systems such as psychologists and social workers, with the aim of finding relief for loved ones struggling with nyaope addiction (Nkosi, 2017; Radebe, 2017; Masombuka, 2013). Participants expressed this in the following ways: *“I took him to the psychiatrist and psychologist. I also took him to rehabilitation centre”* (Masombuka, 2013, p. 96).

We are trying to cope as I have involved social workers in this matter, they are really helpful in the sense that they always come by for a home visit to check on how we are doing and help us with other useful resources that can help us deal with this issue (Nkosi, 2017, p. 50).

While some families chose to implement these coping strategies, others took a different route by providing financial assistance to nyaope users. This approach aimed to prevent the stress associated with potential theft, particularly from community members (Mathibela & Skhosana, 2019). *“I don’t trust him; these days I give him money for drugs because I am scared if I do not give him he will kill me”* (Mathibela & Skhosana, 2019, p. 100). Nyaope addiction has a detrimental impact on family members, creating significant challenges in their ability to cope (Mapogoshe, 2020; Masombuka, 2013; Mathibela & Skhosana, 2019). The trauma and stress stemming from having a family member addicted to nyaope led participants in Masombuka’s study (2013) to express feelings of resentment and despondency.

In Nkosi’s study (2017), participants reported experiencing emotions of hopelessness and helplessness, as they perceived that they had exhausted all available resources to no effect. This feeling of having explored all avenues prompts individuals to rely on hope and faith as a means of coping with the situation (Mapogoshe, 2020; Nkosi, 2017). One participant from a study by Mapogoshe (2020) expressed the following:

We try to cope but it is hard as we are out options on how we can beat this problem as it affects the whole family, so we will see when and how will this entire end. We really tried our level best to help him but he does not accept our help (p. 122).

4.3.5 Main theme 5: Support Needs

The need for support reverberates throughout the studies, highlighting not only the lack but also the aspirations of family members for more robust mechanisms of assistance. There are resources identified to deal with the traumatic and stressful experience of nyaope addiction in the family which involves support from the family, support from the community, professional assistance, and support from church and pastoral counsellor (Mapogoshe, 2020). While Mathibela and Skhosana (2019) highlight the need for more treatment centres and for a longer treatment period, Mapogoshe (2020) added the need for spiritual support during and after treatment in addition to the need for the duration of substance abuse treatment to be increased.

Sub-theme 5.1: Government and professional support

Mathibela & Skhosana (2019) detailed the need for government to support family members in dealing with the challenges they face regarding chemical substance abuse. In their study, family members expressed the need for social workers to provide parental skills to assist in empowering them to adopt better ways of building relationships with the nyaope addict. Masombuka (2013) paints a similar picture, in which the need to be supported by social workers came top of the parents' list. The parents emphasised the need to be supported by social workers and government so that they can easily access rehabilitation centres for their addicted children. Mapogoshe (2020) and Masombuka (2013) pointed towards the necessity for police support. There is a belief that more commitment by the police and more responsive law enforcement would add significant value to the war against substance abuse (Masombuka, 2013). Participants from a study by Masombuka (2013) expressed the following support needs: *“Police should stop taking bribes from drug dealers and start to protect us. We expect police to do something positive when we report our children to them”* (p. 111). *“I would like to see parents with children addicted to nyaope able to access the rehabilitation centres easily and have information available”* (p. 113).

If government can build a big place whereby every child who is in the similar situation can get an easy way to attend treatment program. Again, the government should ensure that there is an effective out-patient programme for children who have been released from the rehabilitation centre (p. 113).

Masombuka (2013) identified barriers in accessing government and professional support services which include: shortage of state-owned rehabilitation centres; shortage of government in-patient facilities and government funded rehabilitation centres run by non-governmental organisations. These shortages then results in delays by government social work interventions with assisting nyaope users and their families in accessing rehabilitation services. Masombuka (2013) further highlights that referring social workers often have a backlog of substance abuse cases because of the high demand for rehabilitation services making it difficult to assist at the time of need. The average waiting period for accessing government rehabilitation services is about three to six months.

Some barriers include lack of financial resources and difficulties in obtaining professional services. Masombuka (2013) reported that at times when participants reached out for help for professional services, there was a lack of interest and very little support. This may be why some of the participants from a study by Radebe (2017) did not receive support from the Non-Governmental Organizations (NGOs) around the community as they were either inadequate or ineffective in helping them. Another barrier in accessing professional help identified by Radebe (2017) and Masombuka (2013) is police officer's involvement in corruption with drug dealers. Police officers were reported to also turn a blind eye on their crimes often leading to them to give up on reporting the people who are selling substances in their community, as they know they become targets and are victimised by the drug lords.

Sub-theme 5.2: Family and community

Mathibela and Skhosana (2019) identified the need for support and understanding from families and the community. In a study by Masombuka (2013), participants express that support by community members would help them to cope effectively. To strengthen family ties and enjoy a sense of belonging, the participants further articulated the need to be supported by their families (Masombuka, 2013). Reviving the principle of ubuntu in communities as a prerequisite was expressed in the study by Mathibela and Skhosana (2019); such will encourage the communities to be more involved in the lives of one another, showing more care for one another. The following accounts support these views: *"I just wish we could all work together*

as a community to fight drugs and the people who are bringing them to our children” (Mathibela & Skhosana, 2019, p. 101). *“I wish that our community members can be supportive and stop buying stolen goods from our addicted children”* (Masombuka, 2013, p. 110). *“I wish that my family can be supportive towards me because at times when I report the negative behaviour of my addicted child, they will just ignore me”* (Masombuka, 2013, p. 112).

Sub-theme 5.3: Support groups

The urgency for support groups was recognized (Mathibela & Skosana, 2019; Masombuka, 2013; Radebe, 2017). Such groups will focus on supporting parents with children who abuse substances (Mathibela & Skosana, 2019), assisting them to cope with their children’s addiction to nyaope (Masombuka, 2013). The support groups would also empower parents with knowledge on substance abuse, its prevention, early detection, and available treatments (Mathibela & Skosana, 2019). Additionally, support groups would provide parents with the opportunity to share common experiences with other parents in a similar situation (Masombuka, 2013). Participants from the reviewed studies suggested family support groups and recommended that these groups meet more frequently.

I think more support groups; like I mentioned that there is only one support group per month. If we can have support groups every week even if we all cannot afford to attend every week, at least you know if you missed this week’s meeting you will still get next week’s meeting” (Mathibela & Skosana, 2019, p. 102).

Through a series of discussions and support groups, people who have been through what I have been through, talking to them; maybe advising me how to handle this thing and as they relate their stories maybe I will find similarities and relate to their life experiences and be able to cope” (Masombuka, 2013, p. 106).

Despite the support needs identified above, it is worth noting that family members do not easily find support and assistance from the community and professionals in the community (Radebe, 2017). This may be the reason that support, and coping mechanisms employed by them are either inadequate or non-effective (Radebe, 2017). As a result, a recommendation was made by Radebe (2017) that there be collaborative work among the professionals (e.g., social workers, the police, and the community organizations) to design interventions that included family members; that more campaigns and road shows be conducted to educate the community

about nyaope; and that South African Police Service members be equipped to assist the parents when they come to them seeking help.

4.4 Comparative Analysis of Study Findings

Through a scrupulous comparative analysis of the findings from six qualitative studies, a tapestry unfolds of family members being engulfed by nyaope addiction in South Africa. Each study elucidates the multiple dimensions of impact that addiction extracts from the familial structure, offering a comprehensive understanding of the financial, emotional, and social impact.

Commencing with the financial repercussions, a stark parallelism is evident across the studies. Masombuka (2013), Radebe (2017), and Nkosi (2017) share a common narrative of theft and economic burden, whereby family members are left to navigate the financial ravages of addiction. This includes not only the direct loss of assets but also costs stemming from the treatment and rehabilitation of the addicted individual. A compelling similarity emerges in these findings, as families are thrust into a vicious cycle of financial depletion and debt to rectify the effects of theft within their communities, as illuminated by Motsoeneng (2018) and Mathibela & Skhosana (2019).

Emotionally, there is a confluence of despair and distress. Masombuka (2013) and Mapogoshe (2020) both articulate the deep-seated emotions of shame, misery, and helplessness, underscoring a pervasive sense of self-blame that festers among family members. Nkosi (2017) delineates additional layers of emotional turmoil, with individuals experiencing hurt, sadness, stress, and depression, linking the emotional impact of addiction to a sense of inevitable grief that encroaches upon the family dynamics.

When it comes to the social impacts, the studies collectively depict an environment in which social ties are strained, and community stigma is rife. Masombuka (2013), Nkosi (2017), and Mapogoshe (2020) offer a cohesive portrayal of social isolation and derision from the community resulting from the negative perception of addiction. These findings are reinforced by Radebe (2017) and Mathibela & Skhosana (2019), who discuss societal neglect and rejection that compound the challenges affecting these families.

A synthesis of coping strategies demonstrates a range of responses, including seeking external help, retreating into religious faith, and, in some cases, resorting to defensive social withdrawal, as captured by Motsoeneng (2018) as well as Mathibela and Skhosana (2019). The

studies point to a shared tendency among family members to face a dearth of effective coping mechanisms, leading to an oft-mentioned difficulty in addressing the situation at hand.

Despite the thematic overlap among the studies, there are notable disparities. The degree of social support, for instance, fluctuated amongst participants across the research. While Masombuka (2013) and Radebe (2017) indicate a scarcity of community support, findings from Motsoeneng (2018) reveal attempts to seek assistance, suggesting variances in community responsiveness and resource availability. Such comparisons across the studies highlight both convergence and divergence in family experiences. In terms of financial impact, the consequences are uniformly negative; however, the scale of economic strain varies, influenced by factors such as socio-economic status and access to resources, which may not be thoroughly examined in all studies. Additionally, while the emotional burden of humiliation, helplessness, and fear is a common element, the intensity of these emotions and their manifestations within the family members differs, indicating that individual and family resilience factors, as well as cultural nuances, play a role in emotional responses to addiction.

The coping strategies of these family members similarly reveal mixed approaches. While some families appeared to adopt active coping strategies such as seeking help from community resources or law enforcement, others reported a sense of resignation or passive coping, including the normalization of theft and the acceptance of the addicted individual's behaviour as inescapable. These variances underline the need for personalized interventions that consider the unique experiences and resources of each family members.

The need for support highlights an essential discourse that traverses the studies, revealing a pressing call for multi-faceted interventions ranging from mental health services to economic assistance. Such support is often underscored as inadequate, with family members voicing a need for broader systemic changes, including policy shifts, as suggested by Nkosi (2017) and Mapogoshe (2020).

Comparing these study findings demonstrates that, despite some inconsistencies, there is a clear consensus on the existence and extent of the deleterious impacts of nyaope addiction on family members. The implications of these findings for potential interventions are vast, suggesting the need for a holistic approach that addresses the financial realities, emotional distress, and social marginalization experienced by family members of nyaope users. This comparative analysis sets the stage for identifying opportunities for intervention, policy development, and research. It indicates the necessity for targeted financial support systems to alleviate the economic strain on households. Furthermore, it highlights the critical need for emotional support interventions such as therapy and counselling services, as well as community

awareness programmes to mitigate the stigmatization encountered by family members in their social environment.

The convergence in findings across these studies provides empirical substantiation for the development of an integrated, multidisciplinary response to the nyaope epidemic. This should be inclusive of tailored rehabilitation programmes that encompass family therapy and consider the socio-environmental dynamics of nyaope addiction. Providing community-based support and educational initiatives may also defuse the stigmatizing attitudes surrounding addiction, promoting a more robust communal approach to recovery.

Despite similarities, the disparities found in coping strategies and support demand caution against a one-size-fits-all approach to addressing the issue. Such differences underscore the importance of culturally sensitive policies and the adaptation of interventions to local contexts, accommodating the varying degrees of social support and resources available to individual family members. Conclusively, while the studies articulate a narrative of shared struggle, they also celebrate instances of resilience, suggesting that despite the profound challenges posed by nyaope addiction, family members endeavour to find strength within themselves and their communities. A comparative analysis of these findings not only underscores the interconnectivity of financial, emotional, and social ramifications but also illuminates the path towards comprehensive strategies capable of supporting family members through the multifarious trials presented by nyaope addiction.

4.5 Linking Findings with Existing Literature on Financial, Emotional, and Social Impact of Substance Abuse on Family Members, their Coping Strategies and Support Needs in South Africa.

Financial Impacts: The financial hardships are a recurring theme, characterizing the experiences of family members dealing with nyaope addiction. The studies reveal that the addicted individuals often resort to stealing from their families, neighbours, and the community to finance their drug habits. Theft is often the catalyst for the subsequent financial strain, as documented in Masombuka (2013), in which the replacement of stolen goods and the funding of treatment programmes significantly deepen the economic woes of the affected families. Nkosi (2017) illustrates this further, with families taking on debts to support their loved ones through rehabilitation. The substantial expenses associated with attempting to secure sustainable recovery for their loved ones has often propelled families into debt, as they assiduously sought redemptive opportunities often perceived as their last recourse.

These results are supported by findings in Hlahla and Mothiba (2022) as well as in Matheba (2005), where it was revealed that participants gave an account of the substance abuser stealing most basic appliances from their homes and selling the items to maintain their substance-abuse lifestyle. In addition, the theft extended beyond the family and affected neighbours and the community at large (Matheba, 2020). Groenewald (2016) adds another dimension of financial implications supporting the findings of these studies, in which the financial burdens were related to the costs associated with the substance abuser's rehabilitation. Other financial burdens included the actual cost of the rehabilitation programme but also travelling to and from the treatment centre (Groenewald, 2016; Ngantweni, 2018). Participants from a study by Groenewald (2016) also reported financial loss due to damage to property; this aspect was not referred to in this study. The transport costs finding was also not mentioned.

Emotional impacts: Across all studies, the emotional toll wrought by addiction emerges as a core theme. Masombuka (2013) and Mapogoshe (2020) portray the intense feelings of anger, chagrin, and self-blame, painting a picture of the deep-seated helplessness that envelops parents and relatives of addicts. These utterances align with findings from existing literature. Groenewald (2016) reported participants' experiences of despair, mortification, and anxiety as a result of the user's menacing behaviour. Additionally, family conflict resulted in anger, unhappiness, and blame; while individual failure led to self-blame, and signs of depression and guilt for the participants (Groenewald, 2016). According to Ngantweni (2018), a family member's substance-abuse problem leads to a wide range of emotional responses such as guilt and vulnerability.

Coping Strategies: The coping mechanisms employed by affected family members present a dichotomy. While some have difficulties coping, others resort to avoidance and emotional distancing as a means of managing their distress, as seen in Masombuka (2013). Others seek solace in religious practices, as discussed by Mathibela and Skhosana (2019) also by Motsoeneng (2018). These findings corroborate other studies pertaining to family members' experiences of substance abuse by a loved one (Mafa & Makhubele, 2020; Ngantweni, 2018). These studies revealed that participants often relied on spiritual assistance and religion as a way of coping with the turmoil of having a family member abusing substances. This provided members with optimism during challenging situations (Ngantweni, 2018).

Similarly to findings by Masombuka (2013), professional support, usually from social workers, was sought for the substance-abusing adolescent by participants of a study by Ngantweni (2018). Even though some family members employ various strategies to cope with

substance abuse in their families, literature also highlights that others find it difficult to cope, as reported in Mafa and Makhubele (2020), also in Matheba (2020).

Support Needs: The need for support reverberates throughout the studies, reflecting not only the lack of, but also the aspirations of family members for more robust mechanisms of assistance. This view is supported by findings of two studies which revealed that the majority of the participants lacked support; or rather, they did not receive the support that they required with regard to their family member's addiction (Hlahla & Mothiba, 2022; Mafa & Makhubele, 2020). The lack of support was from family members, nurses, and from other health-care providers (Hlahla & Mothiba, 2022). Despite the lack of support reported above, Mathibela and Skhosana (2019), together with Mapogoshe (2020), point toward the necessity for pastoral care, community support forums, and professional assistance. Literature on substance abuse reports similar findings. Matheba (2020) identified the need for emotional and spiritual support. Additionally, the need for support by extended family members and co-parents, support from community members as well as individual personal support from social workers was reported in a study by Mafa and Makhubele (2020).

4.6 Conclusion

This chapter provided the results and comprehensively synthesized the emergent themes from all reviewed studies examining the pervasive impacts of nyaope addiction on family members in South Africa. Financially, family members endure significant economic strain, often culminating in debt due to theft and rehabilitation costs. Emotionally, family members navigate a quagmire of distress, including shame, helplessness, and isolation, compounded by stigmatization from within their communities. Socially, these family members face ostracization, deteriorating traditional networks of support, and a breakdown in community rapport. Coping strategies vary widely, with some individuals turning to spirituality and professional support, while others struggle with effective means to manage their pain. The overwhelming need for support across studies highlights gaps in accessible, structured assistance. Furthermore, the findings from these studies align closely with the broader literature on the financial, emotional, and social impacts of substance abuse on families, as well as their coping strategies and support needs in South Africa. Comparative analysis reveals commonalities and discrepancies in experiences across different studies, demonstrating the need for personalized and culturally responsive interventions.

CHAPTER FIVE

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter is the concluding segment of this exploration into the multi-dimensional effects of nyaope addiction on family members in South Africa. A reflection on the key findings of the research affirms the monumental financial, emotional, and social burdens carried by those entangled in the web of addiction. The aim of this chapter is to articulate the overarching conclusions drawn from the analyses therein. These conclusions will be integrated, thus offering a cohesive picture of the current state of the issue, considering the implications for family members, communities, and policymakers. This section serves to bridge the gap between research findings and practical applications, setting the stage for future actions and research that can bring about meaningful changes in the lives of family members affected by nyaope addiction.

5.2 Conclusion

The aim of this research study was to map and synthesise findings from studies that investigated the financial, emotional, and social impacts of nyaope addiction on family members in South Africa, their coping strategies and support needs. This was accomplished through the analysis of the following:

- Existing evidence of the financial, emotional, and social impacts of nyaope addiction on family members in South Africa
- The coping strategies utilized by family members affected by nyaope addiction, as reported in the literature
- The support needs expressed by family members dealing with the consequences of nyaope addiction in South Africa
- Key gaps and limitations in the current body of literature on the financial, emotional, and social impacts of nyaope addiction on family members in South Africa, their coping mechanisms and support needs.

Six studies met the inclusion criteria for the present study, and these were included in the scoping review. Specific themes in relation to the current study objectives were identified:

- 1) Financial impact: The first theme identified addressed the first outlined objective. The financial burdens borne by family members are extensive and multifarious. Across the studies, it emerged that nyaope addiction precipitates a cascade of monetary hardships within households. Family members reported frequent instances of theft committed by the addicted individual, often leading to a dual loss of both personal possessions and trust within the family unit. The need to replace stolen items extended beyond the home, with family members compensating neighbours and local businesses for goods taken, creating financial debts beyond their own walls. Moreover, family members endured the considerable expense of treatment programmes for their loved ones, facing debt as they sought to provide rehabilitation opportunities often perceived as a last resort for redemption.
- 2) The emotional impact is the second identified theme that also addressed the first study objective. The emotional toll associated with nyaope addiction is as severe as it is complex. Across the studies, parents and family members articulated feelings of profound hurt, persistent sadness, and debilitating helplessness. The emergence of negative emotional states, including anger, frustration, and disappointment, was frequently reported. Shame was also a recurrent theme, both self-directed and sourced from social stigma as family members contended with the judgment of their community i.e., a judgment that often translated into self-blame. Stress and trauma were reflected as not only momentary responses but as enduring psychological scars, marking the profound emotional burden family members associate with the addiction crisis.
- 3) The social impact: The third identified theme addressed the first outlined study objective. The social dynamics around nyaope addiction introduce a layer of external stressors, as family members navigate their community environments. Many reported the loss of relationships with neighbours and friends, due to the antisocial behaviours associated with addiction, such as theft and aggression, the individual's reputation and by extension, that of their family. The stigma of addiction engenders isolation, as families face abusive treatment from the community, exacerbating their sense of desolation and estrangement. The community's response, often lacking in empathy or support, fosters a climate of rejection that compounds the family members' struggles.

- 4) Coping strategies: This theme addressed the second outlined study objective. In response to these myriad challenges, family members have adopted diverse coping strategies. Some report confronting the addicted individual, sometimes resorting to drastic measures such as banishing them from the family home, a heartrending decision that underscores the family's desperation. Others seek to manage through avoidance, attempting to circumvent direct conversations about the addiction to spare themselves further emotional pain. Seeking solace in religion was a frequently cited coping mechanism, with family members turning to prayer and church communities for comfort. Yet, for many, coping strategies appear inadequate or only temporarily effective, leading to an expressed difficulty in managing the situation. This is evident in accounts in which family members acknowledge an inability to cope, reflecting the overwhelming nature of nyaope addiction and its consequences. Acceptance of the harsh reality and learning to live with the situation were also noted as strategies, albeit often tinged with a sense of resignation rather than proactive management.
- 5) Support needs: This last identified theme addressed the third objective. Regarding support needs, the studies collectively underscore an immense need for professional and community assistance. Family members have expressed a desire for reaffirmation and reassurance from professionals capable of guiding them through the crisis. Support groups were highlighted as a crucial resource, offering a space for shared experiences and communal coping. Calls for more significant community support were echoed throughout the findings, indicating a collective need for communal interventions that extend understanding and practical assistance. Support from the police and social workers was also desired, pointing to a broader systemic requirement for law enforcement and government agencies to engage compassionately with families affected by addiction. The education of community members on the impacts of nyaope, and the establishment of stronger networks between families, law enforcement, and social services were identified as potential avenues for improvement. Moreover, government support was recognized as critical, with families seeking more robust policies that facilitate access to affordable, effective treatment facilities, and extended care services.

It is abundantly clear that the consequences of nyaope addiction stretch far beyond individual health, deeply affecting the emotional integrity, economic stability, and social fabric of family members. The studies have collectively painted a vivid portrait of the struggles,

coping mechanisms, and support needs intrinsic to the family member's experience of nyaope addiction. From confronting the daily challenges of financial strain to battling the pervasive stigma and isolation within their communities, family members have demonstrated resilience in the face of adversity.

The insights provided by these studies are instrumental in informing comprehensive, culturally sensitive, and sustainable interventions. There is a profound need for concerted multi-sectoral efforts, improved policymaking, and ongoing research, to provide the affected family members with the resources, support, and recognition they deserve. Future initiatives must be rooted in the complexities highlighted through this body of work, embracing a holistic approach that acknowledges the layered impacts of addiction. It is through such concerted efforts that society can hope to alleviate the suffering and lend strength to the family members in their journey to recovery, moving towards a future where the spectre of nyaope addiction no longer casts its long shadow over the hearts of the family members.

The fourth objective of the present study was to identify key gaps and limitations in the current body of literature on the financial, emotional, and social impacts of nyaope addiction on family members in South Africa, their coping mechanisms and support needs. The following gaps were identified: despite all reviewed studies being conducted in South Africa, participants of 5 studies were from the Gauteng province; and only 1 study's participants were from the city of Tlokwe in the Northwest Province. Most of the studies were conducted in townships, and only one in Ramotse village, Hammanskraal. As a result, predominantly urban township experiences were documented, potentially neglecting rural perspectives. Additionally, the reviewed studies made use of a qualitative research design. Therefore, the present study identified a gap in the existing literature which is a shortage of studies conducted using study designs other than the qualitative methodology. The limitations of the study are discussed in the section below.

5.3 Limitations

The limitation section outlines constraints within the study that readers should consider when interpreting the results. One of the limitations is the sample diversity and representation. Participants in the reviewed studies were not uniform or comprehensive in terms of regional, cultural, and socio-economic groupings. This limitation may affect the breadth of applicability of the findings; urban township experiences were predominantly documented, potentially neglecting rural perspectives. Given the qualitative nature of the included studies, the

limitations here encompass possible subjectivity in data analysis, the small, non-random sample sizes, and inherent difficulties in achieving wide-ranging generalizability of the results.

The review was limited by the specificity of its selection criteria, only comprising studies that focused on the impacts of nyaope addiction on family members. This scope might exclude broader literature on the subject and overlook studies inaccessible due to linguistic and database limitations. A focus solely on nyaope as a substance may not account for the varying implications of other drugs, limiting the findings' relevance to broader substance-abuse contexts, due to nyaope's particular composition and socio-economic associations in South Africa. Most reviewed studies did not evaluate the effectiveness of existing interventions, leading to a gap in the applicability of the findings to specific policy or support measures, aspects essential for crafting targeted and effective support for family members. Despite these limitations, the scoping review entire process entire is adequately documented.

The preferred reporting items for systematic reviews and meta-analyses extension for scoping reviews (PRISMA-ScR) checklist (Appendix 1) was used as the standardized reporting framework to ensure transparency and reproducibility of this scoping review and its findings. The study also improved the transparency of each step pertinent to the conducting of the scoping review, by using recommendations by Levac et al. (2010) outlined in each stage of the Arksey and O'Malley (2005) framework. While the focus was on nyaope, a comparative approach enhanced the relevance of this review. The researcher broadened the scope by including studies that examine the impacts of other substances or general substance abuse on family members, to allow for comparisons with nyaope-specific studies which helped generalize findings to broader substance use contexts.

5.4 Recommendations

In light of the synthesized insights gathered from the six qualitative studies described herein, the following recommendations are offered to address the multifaceted impact of nyaope addiction on family members in South Africa. These recommendations aim to facilitate systemic change in public health, social support, and policymaking, thus ameliorating the consequences of substance abuse at the familial and community levels.

5.4.1 Recommendations for policy and practice based on the identified support needs

From a policy perspective, the findings highlight the critical need for policymakers to prioritize the experiences and needs of family members when addressing the crisis of nyaope. Effective policies should enhance access to support services, reduce stigma, and promote culturally sensitive approaches, all of which are essential to creating more practical and sustainable solutions for combating nyaope. Furthermore, there is a need for policies that improve the delivery of health and social care services for individuals with nyaope addiction and restructure the treatment system to better support family members. By designing policies that prioritize and strengthen family support, the overall burden of nyaope use on families can be reduced.

Policymakers, program implementers, and interventionists should consider the unique needs of families when developing action plans, ensuring that these needs are integral to the strategy. Evidence-informed policies are crucial in creating a framework that enables effective and practical implementation strategies. Involving families in treatment models is likely to foster research into evidence-based guidelines that are both effective and cost-efficient, further strengthening the overall response to the nyaope crisis.

Policymakers and researchers would benefit from reviewing international substance abuse policies that emphasize family involvement and support. For instance, England's *Supporting and Involving Carers: A Guide for Commissioners and Providers* (2008) outlines best practices for local partnerships to deliver services that support carers of individuals with substance use issues. This guide also advocates for including carers, when appropriate, in the treatment process, citing evidence that involving carers can improve outcomes for those in recovery. Another example is the UK's *Think Family: A New Approach to Families at Risk* (2011), which focuses on coordinated support systems, addressing the needs of all family members, building on family strengths, and providing tailored assistance. Similarly, the *Substance Misuse Treatment Framework: Carers and Families of Substance Misusers* (2014) in Wales highlights the importance of involving adult carers and family members in policy development, service design, and planning, as well as in the creation of individual care plans for those affected by substance misuse. These examples underscore the value of integrating family support into substance abuse strategies to enhance treatment outcomes and strengthen family resilience.

Resources geared specifically toward families need strengthening. This can be accomplished by broadening access to mental-health services for family members affected by addiction through the establishment of dedicated counselling centres and support groups.

Training should be provided to healthcare professionals on addressing the emotional needs of those impacted by nyaope addiction, enhancing their ability to offer trauma-informed care. Establishing peer-led support networks can provide a safe space for sharing experiences and strategies for managing the day-to-day realities of dealing with a nyaope-addicted family member. Moreover, treatment facilities and rehabilitation services need to be more accessible and affordable for nyaope users and their families. These services should also incorporate family therapy components to reinforce familial bonds and support holistic recovery.

Given the significant economic fallout family members face as a result of nyaope addiction, it is recommended that financial assistance programmes be either established or expanded. These can include financial counselling services tailored to aid families in navigating the economic challenges posed by a member's addiction. Programmes that provide vocational training and promote income-generating activities within communities can offer alternative livelihood options for families, reducing the economic strain and potentially lowering the likelihood of substance abuse arising from economic despair.

To combat the stigma faced by family members and to promote a more supportive environment, educational programmes designed to sensitize communities on the realities of substance abuse are needed. These programmes should aim to destigmatize addiction, and encourage communal support, integrating perspectives from local community leaders, family members, and recovered individuals. Educators and local leaders should receive appropriate training to improve their understanding of substance abuse and its impacts. This training can promote early intervention strategies, increase awareness of the signs of addiction, and establish school and community-based programmes that cater to at-risk youth.

Strong partnerships between healthcare providers, social services, law enforcement, education systems, and community organizations should be encouraged to ensure a cohesive approach to addressing nyaope addiction. This collaborative model can ensure consistent messaging and comprehensive support. Improvements in the training of law enforcement on dealing with addiction-related issues can foster better community relations and ensure that police responses are supportive rather than punitive. Community policing initiatives could further facilitate trust and cooperation between law enforcement and community members.

Intervention programmes addressing addiction should be tailored to fit the diverse needs of the diverse population segments, including youth, women, and families from various socio-economic backgrounds. Cultural competency must be a consideration in the design and delivery of these programmes. There are successful interventions or programs from other contexts that could be adapted to the South African setting. These include the community

reinforcement and family training (CRAFT) which is a provider-delivered intervention also effective for improving the personal well-being of parents of youth, or spouses of adults, with substance use disorder (Austin et al., 2005). Other effective family-based interventions include Brief Strategic Family Therapy (BSFT), multidimensional family therapy (MDFT), functional family therapy (FFT) and culturally informed flexible family treatment for adolescents (Esteban et al., 2023).

The translation of these recommendations into practice requires the commitment and collaboration of multiple stakeholders including governmental agencies, non-profit organizations, healthcare providers, and community members. The concerted effort in implementing these suggestions has the potential to significantly improve the circumstances of family members combatting the challenges associated with nyoape addiction. It is only through comprehensive, empathetic, and culturally sensitive responses that the complex needs of these family members can effectively be met.

5.4.2 Future studies

Future research endeavours should aim to expand the scope and depth of our understanding of nyoape addiction's implications, focusing on areas that can strengthen family members' resilience, inform policy, and enhance the scope of community-based support. Key areas for future studies include:

1. Longitudinal research: Long-term studies to track the progression of nyoape addiction's impacts on family members over time, assessing the durability of coping mechanisms and the long-term effectiveness of various intervention strategies;
2. Diverse populations: Greater inclusivity in sampling, to include a wider range of socio-economic, cultural, and geographical contexts. Research including rural populations and different family structures, can provide a more comprehensive view of the addiction's impacts;
3. Quantitative analysis: Utilization of quantitative methods to complement qualitative findings, enabling statistical measurement of the prevalence, risk factors, and correlations between nyoape addiction and its impacts on family members;
4. Policy evaluation: Empirical studies which focus on assessing the outcomes of specific policy initiatives, evaluating their effectiveness in providing tangible support to family members and fostering recovery in addicted individuals;

5. Economic analysis: Detailed exploration of the economic repercussions of addiction on families and communities, analysing the cost-effectiveness of financial support programmes and their role in mitigating the economic strain on households;
6. Intervention and treatment efficacy: Investigation into the efficacy of existing treatment modalities, especially those incorporating family members, to identify the most successful approaches to addiction treatment and family-centred recovery support;
7. Cross-cultural comparisons: Comparative studies across different cultural settings, both within and outside South Africa, to identify universally applicable strategies and culturally specific interventions that support family members in diverse contexts.

By addressing these areas, future research can contribute to the evolution of more informed, effective, and empathetic approaches to managing and mitigating the impacts of nyaope addiction on families and communities. The findings from such studies have the potential to influence both practice and policy, supporting the development of interventions that are responsive to the nuanced needs of affected populations.

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Appendices

Appendix 1: Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	Yes, on page I.
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	Yes, on page iv.
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	Yes, page 5.
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	Yes, available on page 4.
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	Yes, it was registered by JBI.
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	Yes, available on page 27.
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	Yes, available on page 28.
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	Yes, available in page 31.
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	Yes, available on page 31.
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	Yes, available on page 34.

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	Available on page 33.
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	Not done.
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	Available on page 34.
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	Available on page 33.
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	Available on page 40.
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	Not done.
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	Available on page 53.
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	Available on page 48.
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	Available on page 73.
Limitations	20	Discuss the limitations of the scoping review process.	Available on page 76.
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	Available on page 73.
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	No funding.

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

Appendix 2: Exemption from Ethics Review Letter



Ms Zeldah Makhubele (223058530)

School of Applied Human Sciences
Pietermaritzburg

Dear Ms Zeldah Makhubele,

Original application number: 00022961

Project title: Understanding the Financial, Emotional, and Social Impacts of Nyaope Addiction on Family Members in South Africa: A Scoping Review of Coping Strategies and Support Needs.

Exemption from Ethics Review

In response to your application received on 14 August 2023, your school has indicated that the protocol has been granted **EXEMPTION FROM ETHICS REVIEW**.

Any alteration/s to the exempted research protocol, e.g., Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through an amendment/modification prior to its implementation. The original exemption number must be cited.

For any changes that could result in potential risk, an ethics application including the proposed amendments must be submitted to the relevant UKZN Research Ethics Committee. The original exemption number must be cited.

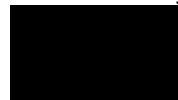
In case you have further queries, please quote the above reference number.

PLEASE NOTE:

Research data should be securely stored in the discipline/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours sincerely,



Prof Lauren Eva Dyll
Academic Leader Research
School Of Applied Human Sciences

UKZN Research Ethics Office Westville
Campus, Govan Mbeki

Appendix 3: Turnitin Similarity Report

Nyaope Addiction on Family Members in South Africa

ORIGINALITY REPORT

14%	14%	%	%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	researchspace.ukzn.ac.za Internet Source	2%
2	wiredspace.wits.ac.za Internet Source	2%
3	docplayer.net Internet Source	1%
4	socialwork.iournals.ac.za	1
