International Journal of Emergency Mental Health and Human Resilience, Vol. 17, No.1, pp. 251-252, ISSN 1522-4821

The Novel Psychoactive Substance 'Nyaope' Brings Unique Challenges to Mental Health Services in South Africa

Kebogile E Mokwena, MSc, EdD

Social and Behavioural Health Sciences, Department of Public Health, Medunsa Campus

University of Limpopo, South Africa

The past twenty years has seen an increase in the prevalence of substance abuse among young people in South Africa (Moodley, Matjila, & Moosa, 2012) but the situation has been worsened by an introduction and increase in the use of a novel/designer/cocktail drug called *nyaope*, also commonly known as whoonga in other areas of the country (Ho, 2013; Grelotti et al., 2014), which is sold in powder form, rolled with cannabis, and smoked. Nyaope was only classified illegal in March of 2014 although it has been used since the year 2000. There is dearth of formal studies on nyaope and most of what is known was reported by both local and international media, including television documentaries in the UK and USA.

Nyaope is unique to South Africa and is mostly prevalent among young and unemployed black people who live in socio-economically depressed areas *(Venter, 2014)*. It is highly and uniquely addictive and withdrawal symptoms include painful stomach cramps which the users describe as similar to an 'explosion' in the local language (Tuwani, 2013; Ephraim, 2014). The use of nyaope takes over the lives of the users because they drop out of school or lose their jobs because all they think of and pursue is getting the next fix (Ghosh, 2013). They assemble in public places where they spend their day smoking the drug or making plans to get the next fix (Conway-Smith, 2013). This behaviour, as well as the poor personal hygiene and grooming of the users, is yet to be understood and explained.

Because the cost of a joint is as low as $2 to $3, and the dealers are many, nyaope is easily accessible to children. The users typically steal anything from their families and communities to sell the stolen goods and feed their habit. They seem to have a distorted view of the value of what they sell as they see the value in the context of a nyaope joint. As an example, they will sell something that is worth $200 for $3, because what they have in mind is the ability to buy a nyaope joint. In a qualitative study carried out in Gauteng, Mpumalanga and North West provinces of South Africa, unemployment and unfavourable social environment were identified as contributory factors to the vulnerability to initiating and continued use of nyaope, and a resultant low resilience that is specific to nyaope (Mokwena & Huma, 2014; Mokwena & Morojele, 2014).

Being a cocktail drug, it is not always certain what all the ingredients of nyaope are, as these vary from sources of sellers. Although the main ingredient is heroin, in a yet to be published study, using the a PerkinElmer FlexarTMFX-15 LC pump with AxION™ TOF MS, analysis of nyaope samples which were collected in selected townships of Gauteng and Mpumalanga provinces identified a variety of compounds, which included caffeine, drugs of abuse such as opiates, methyl-dioxy amphetamine (MDA) and heroin, antibiotics, central nervous system (CNS) depressants such as phenobarbitone and benzodiazepines, stimulants such as pipradol, as well as dextromethorphan, which is an antitussive cough suppressant. Numerous reports of antiretroviral drugs have also been reported (Davis & Steslow, 2014).The effects of the combination of these drugs on the mental function of the users are not yet known.

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. The overall effect of nyaope on the mental health of affected communities is not known.

Although legislation is part of the control of illicit substance abuse, the challenge of nyaope and its use is not limited to policing and justice systems, but is a significant mental health issue. The measurement of the burden of mental illness associated with nyaope use has not been determined because the prevalence, though widespread, has not been quantified. However, the group behaviour of the addicts, as well as the extent of the addiction, suggests changes in mental function which has been associated with nyaope use.

Nyaope use brings challenges to already inadequate mental health services because of inadequate understanding of nyaope as a drug, and the large numbers of addicts. The users, who are mostly poor and unemployed, pose a significant challenge because of the inability of the mental health services to provide them with necessary assistance in the form of rehabilitation services which include tailor-made detoxification. The lack of rehabilitation and mental health services is so dire that, in desperation to beat the addiction, users have locked themselves in a community hall in an attempt to provide a makeshift rehabilitation environment where they provide support for each as they deal with the painful withdrawal symptoms (Stuurman, 2014; Morebudi & Mukhari, 2014).

Nyaope addiction therefore worsens the already present crisis for mental health services in South Africa, which has already been identified (Skeen et al., 2010; Burns, 2011) which highlights the need to develop a tailor-made strategy for the country. Such a strategy should consider a community-based rehabilitation model that can accommodate groups rather than individuals (because of the huge number of nyaope users versus availability of rehabilitation facilities and resources). The global increase in the burden of mental illness has been increased in South Africa, because of the scourge of nyaope use. In response, mental health services need to include increased services in the form of quantity and quality of services, including a cadre of mental health professionals who will provide behavioural and psychological services for the affected individuals. At this stage, South Africa does not have a national health and social development strategy to deal with the scourge of nyaope.

REFERENCES

Burns, J.K. (2011). The mental health gap in South Africa-a human rights issue. *The Equal Rights Review, 6* (99), 113.

Conway-Smith, E. (2013). Nyaope, the street drug that's the scourge of South Africa's townships. *Globalpost,* 31 October.

Davis, G.P. & Steslow, K. (2014). HIV Medications as Drugs of

*Correspondence regarding this article should be directed to: KebogileMokwena@embanet.com

Abuse. *Current Addiction Reports,* 1-6.

Ephraim, A. (2014). Nyaope's deadly and addictive mix. *Mail & Guardian,* 4 July.

Ghosh, P. (2013). Nyaope: Cheap Drug Cocktail Ravaging Black Townships of South Africa. *Global Girl Media,* 20 September.

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

Ho, U. (2013). Cheap high is taking families down. *IOL News*. May 2.

Mokwena, K.E. & Huma, M. (2014). Experiences of '*nyaope'* users in three provinces of South Africa. *African Journal for Physical, Health Education, Recreation and Dance,* September (Supplement 1), 352-363.

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

Moodley, S.V., Matjila, M.J. & Moosa, M.Y.H. (2012). Epidemiology of substance use among secondary school learners in Atteridgeville, Gauteng. *South African Journal of Psychiatry*, *18,* 2-7.

Skeen, S., Lund, C., Kleintjes, S. & Flisher, A. (2010). Meeting the Millennium Development Goals in sub-Saharan Africa: What about mental health? *International Review of Psychiatry, 22*(6), 624–631.

Tuwani, T. (2013). Giving up nyaope is hard; relapse is easy. *Daily News.* 16 October.

Venter, C. (2014). The scourge of nyaope. *The Citizen, 3 April.*

Stuurman, S. (2014). Nyaope addicts doing it for themselves. *SABC News*, 29 June.

Morebudi, T. & Mukhari, Z. (2014). Nyaope addicts cry for help. *New Age online* 9 July.