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

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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 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 phenobarbitalone and benzodiazipines, 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.

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


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