

Research Article

Nyaope: The Street Drug Destroying Quality of Life and Physical Function of Users

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• Quality of life; Physical function; day to day function; Nyaope; Affect

Abstract

Background: Substance abuse remains one of the serious and devastating public health problems in South Africa, which presents multiple challenges that threatens the social, economic and health of the society. In South Africa currently the drug trending is Nyaope as known in Pretoria region which is known by different names in different areas. Nyaope is a mixture of street drugs, commonly used by the youth from poor socioeconomic background due to its availability and affordability. There is limited research on the effects of Nyaope on quality of life and physical function of the users. Therefore, the overall aim and objective of the study is to test the effect of a 10 week physical activity program for people using nyaope by exploring the experiences of using nyaope, quality of life and global physical functioning. For this paper we only looking at exploring their experience of using nyaope emphasis being on effects on quality of life and physical function.

Methods: An exploratory qualitative approach was used to gather data through in-depth interviews, with purposive sampling to select participants. The study aimed to explore the effects of Nyaope on the quality of life and physical function of users at a drug recovery center in Tshwane. Ethical clearance was obtained from the SMU Research and Ethics Committee (SMUREC/H/366/2018:PG). Permission was granted by the Centre Manager, and informed consent was obtained from participants. Ethical considerations, including confidentiality, voluntary participation, and the disclosure of risks and benefits, were addressed before the interviews. Demographic data was collected prior to the interviews, twelve interviews were conducted of which the first interview was used as a pilot to validate the tool.

Results: The study involved 12 male adults aged 22 to 40, with an average age of 27. Most participants were single, while a few were married or cohabiting. Their educational levels varied, ranging from Grade 10 to tertiary qualifications, with some having completed matric. Data saturation occurred after twelve interviews.

NVivo Pro 14 was used for data analysis. Data transcribed and translated into English. Ten Themes and sub-themes emerged from the data. Only three themes were used for this paper. The study revealed that Nyaope use led to compromised physical appearance, challenges in managing daily life, and strained social and romantic relationships. It disrupted sleep, caused emotional regulation issues, and negatively affected family members' mental states. Users also experienced hallucinations, along with a decline in basic daily functions and sexual performance.

Discussion: The study found that Nyaope use significantly compromised the users' quality of life, making them dependent on the drug for nearly everything and unable to function without it. Participants showed poor self-care, including hygiene issues, weight loss, coughing, and sleeping on the streets. Another done study found same results that users of Nyaope often show visible signs such as weight loss, skin infections, and needle marks due to its method of administration, typically through injection or inhalation.

The study revealed that participants did not have energy to perform basic activities of daily living (ADL) such as bathing and house chores without smoking nyaope. A study on families of Nyaope users found that the drug's addictive nature severely disrupts household responsibilities and social interactions, placing a heavy burden on family members who take on the roles left by the users. Additionally, Nyaope use causes physical deterioration and organ dysfunction, impairing users' ability to perform physical tasks.

Conclusion: The study revealed that nyaope use severely impacted the participants' quality of life, as they were unable to function or complete tasks without it. Personal hygiene and self-care were compromised, and their sleeping patterns became dependent on the drug, leading to occasional hallucinations. Physical activity was also affected, as they struggled with tasks like bathing, house chores, and sex without nyaope. To perform these physical tasks, participants resorted to smoking nyaope with marijuana or injecting it diluted in water for energy.

Contribution: Drug rehabilitation centers should incorporate exercise programs as part of treatment regimens for nyaope users. Substance abuse education should be integrated into school and university curricula. Further research is needed, and the physiotherapy profession should become more involved in substance abuse recovery.

INTRODUCTION

Substance abuse among youth in South Africa has become a public health challenge, as it affects the social, economic and overall health of the users and their families. It affects mostly the youth in South Africa as the recent studies shows that 45% of adolescent and youth are using substance in South Africa [1]. Presently in SA, Nyaope is relatively drug trending among young people and adolescents in the townships mostly around Tshwane, between 2000 and 2006 many young poor black people have become dependent on Nyaope [2].

Nyaope is a mixture of street drugs commonly used by the young people of poor socioeconomic background due to its availability and affordability. The use of Nyaope has become a national crisis even though it was classified as one of the illegal drugs in 2014 due its components. The component of Nyaope varies from one area to the other but common ingredients are low grade heroin, marijuana, cleaning detergents, rat poison and chlorine describes Nyaope mixture as a brown colored powder, which can be easily disguised as soil or cement powder .

Prolonged use of Nyaope significantly impairs mental and physical health, with users often developing psychological conditions such as depression, anxiety, and psychosis [3]. Nyaope has severe physiological impacts on its users, due to its being highly addictive it leads to significant physical dependency that manifests in a range of harmful health effects such as deterioration of the immune system and even organ damage due to the toxic nature of its components [4].

Quality of Life (QOL) represents overall well-being, covering physical health, relationships, education, employment, finances, spirituality, and environment. It reflects life satisfaction and fulfillment but can be severely disrupted by substance use, which negatively impacts multiple life domains. Quality of Life (QOL) is a key measure in addiction treatment, helping assess long-term recovery progress. Since addiction requires ongoing care, QOL can guide treatment strategies to improve life satisfaction alongside clinical recovery. Physical activity is an effective intervention, promoting both physical and psychological well-being by enhancing health, self-esteem, and emotional regulation, making it a valuable tool for rehabilitating nyaope users.

This study seeks to address this gap by exploring the personal experiences of nyaope users and assessing the extent to which their addiction affects their physical, psychological, and social functioning. By doing so, it aims to provide critical insights that can inform more effective

intervention strategies and support systems for those affected by nyaope addiction.

Therefore, overall aim of the study is to test the effect of a 10-weeks physical activity program for people using nyaope by understanding first their experiences of using nyaope, quality of life and global physical functioning. For the sake of this study, we going to focus on experience of the users on their quality of life and physical function. The overall objectives of the main research are:

- 1) To establish, explore and describe the experiences of people living with nyaope addiction.
- 2) To determine the effects of nyaope on their quality of life.
- 3) To determine the effects of nyaope on their global physical function.
- 4) To test the effect of a 10-week PA program for nyaope users on their quality of life and global physical function.

The study will focus on the first objective from the overall objectives which is to explore the quality of life and physical function of the users.

METHODOLOGY

To answer the objective of this study, an exploratory phenomenological qualitative approach was used to explore and describe the lived experiences of nyaope users. This approach assisted in exploring and describing the quality of life and physical activity challenges encountered while using nyaope. To further explore how Nyaope affected their QOL and other physically demanding activities when using and while on recovering phase. Information was collected through an in-depth interview (IDI) using open ended question(s). The study was conducted at the recovery center in Tshwane.

Ethical clearance was sought and obtained from SMU Research and Ethics Committee (SMUREC/H/366/2018:PG). Before the commencement of the study permission to conduct the study was requested by the Centre Manager of the Institution. Informed consent was obtained from the participants. Confidentiality, voluntary participation and disclosure of potential risks and benefits were the ethical considerations that were communicated to the participants before the interviews. Twelve participants were interviewed with the first interview used as a pilot of the study. In-depth interviews followed a structured format with open-ended questions, allowing participants to express their views in their preferred language.

Conversations were audio-recorded and lasted 30-60 minutes. The estimated number of participants for the in-depth interviews were determined by data saturation.

The sociodemographic factors were entered into an excel spread-sheet and imported into STATA software for descriptive analysis. The qualitative data was transcribed verbatim. The transcripts were translated from the local language into English, read repeatedly before uploading in to NVivo Pro 14 software for analysis. Several themes emerged from the analysis and these were used to write the results.

Trustworthiness

Credibility was ensured by capturing detailed descriptions of the topic and by transcribing voice recordings verbatim to capture each narrative. **Transferability** was ensured by providing a detailed description of the study methods and findings. To ensure the **Dependability** of this study, detailed field notes were collected using a good-quality digital recorder, verbatim transcription of the recordings was done. **Confirmability** is to ensure that the researcher's social background and belief was not biased during interview and analysis of data.

RESULTS

The demographic data involved 12 male adults aged 22 to 40, with an average age of 27 (Figure 1). Most participants were single, while a few were married or cohabiting. Their educational levels varied, ranging from Grade 10 to tertiary qualifications, with some having completed matric.

Theme: Quality of life compromised by the use of nyaope

Nyaope use led to compromised quality of life, which included challenges in planning their life, social life, mental well-being and their physical appearance.

Sub-theme: Compromised physical appearance

Deteriorated physical appearance that is associated with the use of Nyaope.

The poor appearance included poor hygiene

"That time I was dirty, I didn't bath anymore I could

say that I was an animal, I was a zombie. ". (Participant 12 29-year-old).

The compromise quality of life included living in the street

"I'm still slept on the streets. I just came home to eat. They forced me to bath, but I didn't want to. (Participant 5 26-year-old)

Sub-theme: Managing their own life was compromised

The quality of life was compromised by the challenge in lack of planning or managing of expected life responsibility

Without taking nyaope they could not function

"My mind was slow; I could not think straight or function if I did not smoke. When I smoke, my mind will start working properly." (Participant 2, 29-year-old)

Sub-theme: Compromised social life

The use of nyaope resulted in compromised social life as they become social outcasts

They experienced rejection from their own family

"At home everyone is fed up with me. They didn't know what to do, jail didn't help. No one wants me." (Participant 5 26-year-old)

They rejection spread to the community as well

"I was fighting with everyone, my parents, partner, kids and community. Community hated me and I felt that they will one day kill me." (Participant 8 29-year-old)

Sub-theme: Romantic relationships were compromised.

The use of nyaope also affected their romantic relationships negatively as it made them not to have time for their partners.

"I had girlfriends before I was seriously addicted but once I got more addicted, I did not have time or interest for girlfriends. Girlfriends need time and I use my time to hustle for my next fix. (Participant 9 24-year-old)

Theme: Consequences of nyaope use

This theme highlighted how nyaope affected the mental status of the users, including sleeping patterns, emotions, and hallucinations.

Sub-theme: Sleeping pattern compromised by nyaope

Figure 1: From the main study ten themes emerged and for purpose this manuscript, the researcher is focusing on the QOL and physical function theme.

Demographic information of twelve participants who participated in the study								
Age in years	22	24	25	26	28	29	31	40
Number of participants	1	2	1	2	1	3	1	1

The sleeping pattern of the participants was compromised as they were no longer able to sleep without taking nyaope

One needed to take nyaope to sleep

"When I get home, I also had to smoke before I sleep otherwise, I will not sleep at all. "(Participant 9 24-year-old).

While others needed nyaope to sleep and waking up in the morning

"When you get more addicted you end up not able to sleep without a getting a fix(nyaope) and first thing when you wake up in the morning you must smoke otherwise it will be so difficult to even get out of bed. "(Participant 8 29-year-old).

Sub-theme: The cravings result in failure to regulate their emotions

Nyaope also contributes to unregulated emotions which is related to cravings

Without the next fix(nyaope) they experienced anger

"I used to have this bit of anger, but I could manage it when I smoke Nyaope. If I did not have a plan of my next fix I took my anger on other people." (Participant 6 31 year old)

Theme: Consequences of nyaope use on physical Function

This theme reports the consequences of nyaope use on performing basic and instrumental activities of daily living.

Sub-theme: The effects of nyaope on Basic function of Daily Living

They had no energy to bath

"I had no energy to bath, but I was bathing because I had no choice, I wasn't allowed to sleep inside the house without bathing." (Participant 4 22-year-old).

Even energy to perform house chores

"It was difficult performing any activity without a fix because you end up sweating a lot and not have energy to perform any house chores. "(Participant 9 24-year-old).

Sub-theme: Effect of nyaope on sexual performance

This sub-theme is about the effects nyaope had on their sexual activities as they believed that taking nyaope before sexual activities improved sexual performance and confidence.

They believed nyaope made their performance better

"... your performance is great. Nyaope works on sexual performance. You become the best if you do it after the fix. You will never perform like that ever, nyaope is the Best in Sex." (Participant 1 24-year-old).

The nyaope improved on their erection

"It affected it big time because if I did not smoke, I could not perform at all due to weak erection and I did not last long compared to when I have smoked. (Participant 8 29-year-old).

Nyaope also boosted their confidence during sexual activities

"Could not perform sexually without smoking nyaope, even the confidence was not there. (Participant 3 26-year-old).

Nyaope gave sexual drive

I couldn't perform to my best if didn't take nyaope I didn't have stamina, it gave the boost and drive. (Participant 4 22 year old).

DISCUSSION

Results reveals that nyaope compromised the quality of life of the users that they were now dependent on it for almost everything and could no longer be functional without it. The study result shows that the participants were no longer taking care of themselves and appeared with poor hygiene, weight loss, coughing and were sleeping on the streets. Madiga [4], in their study found same results that users of Nyaope often show visible signs such as weight loss, skin infections, and needle marks due to its method of administration, typically through injection or inhalation [4,5].

The study found that nyaope users experience rejection from both family and community due to loss of trust and involvement in theft. This isolation excludes them from social activities and contributes to psychological distress, including self-blame, stress, and deeper addiction. Similar findings from previous studies highlight that rejection leads some users to seek help to overcome their circumstances [6,7].

The study found that nyaope use negatively impacts romantic relationships, as users struggle to invest time and effort into them. A lack of support services further complicates relationship dynamics. Additionally, nyaope use is linked to declining mental health, leading to depression and anxiety, which strain relationships. Overall, maintaining a romantic relationship becomes mentally challenging for nyaope users, highlighting one of the many consequences of addiction [8-10].

Nyaope use severely disrupts sleep patterns, making users dependent on the drug to fall asleep and wake up. Chronic users experience excessive drowsiness, irregular sleep, and insomnia. Withdrawal symptoms further worsen sleep problems, as the craving for nyaope overrides the body's need for rest [11-13].

Nyaope users struggle to perform basic daily activities, such as bathing and house chores, without smoking the drug. Other studies found that its addictive nature disrupts household responsibilities, forcing family members to take over their duties. Additionally, physical deterioration, including organ dysfunction, further impairs their ability to carry out tasks [14]. Nyaope use negatively impacts sexual performance, with users reporting weak erections and short duration during sex. Many need to take the drug before intercourse to perform. Studies confirm that most male users experience erectile dysfunction, with clinical evidence linking nyaope to endocrine dysfunction and other health complications that further worsen sexual health. Overall, the drug severely affects both physical and sexual function [15,16].

CONCLUSION

The study explored the lived experiences of recovering nyaope users, revealing severe neglect of daily activities, relationships, and self-care. Users reported a deteriorated quality of life, relying on nyaope for both mental and physical tasks. Their mental health was significantly affected, with sleep disturbances and, in some cases, hallucinations. Prolonged use of nyaope severely damages both physical function and overall well-being.

LIMITATIONS

Data collection was severely disrupted by COVID-19 lockdowns, preventing facility access for over a year. Additionally, the researcher had to spend a week building trust with each group before collecting data, further delaying the process.

RECOMMENDATIONS

Despite limited literature on nyaope in South Africa, there is a need for policies supporting prevention and treatment. The study recommends integrating exercise into rehabilitation programs to bridge treatment gaps.

Clinical Practice

- Drug rehabilitation centers should incorporate exercise as part of treatment.
- Multi-disciplinary collaboration among health professionals and fitness experts is essential.

- Reducing stigma through public workshops and educational campaigns.

Policy

- The Departments of Health and Social Development should implement exercise programs in local communities.
- Both formal and informal rehab centers should integrate exercise into standard treatment.
- Community programs should raise awareness of exercise benefits in addiction recovery.

Education & Training

- Substance abuse education should be included in school and university curricula.

Research

- Further research on physiotherapy's role in substance abuse treatment should be pursued and included in university programs.

CONSENT FOR PUBLICATION

All participants provided informed consent for the interviews, the recordings and publication. All personal identifiers have been removed and no names were used in publications or public presentation of this research.

AVAILABILITY OF DATA AND MATERIALS

The raw data has been stored at the Sefako Makgatho Health Sciences University researchers' computer and it will be available on request. The raw data is password protected.

COMPETING INTERESTS

The authors declare that they have no competing interests.

FUNDING

Study was self-funded.

AUTHORS CONTRIBUTIONS

All authors (ME, DM&KM) worked to conceptualised the study. ME drafted the research protocol, conducted the interviews, analysed the data, and reported on the findings. DM and KM supervised the protocol drafts, theses and edited the manuscript. KM guided ME throughout the writing of this manuscript. All authors contributed to the writing and editing of the manuscript.

DISCLAIMER

The views expressed in this article are those of the authors, they do not represent the views of the organization the authors are affiliated to.

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