

Unveiling the grip of opioid addiction in South Africa: a call for community-centred interventions

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In anticipation of the forthcoming rollout of opioid substitution therapy (OST), this paper discusses the nature of heroin, which is commonly referred to as whoonga or nyaope in South Africa, examining its addictive properties as a foundation for community interventions, including harm reduction. Analysing its chemical composition enables the classification of the main substance as an opioid. Identifying common cheaper adulterants added to produce or sell more product, to make it less potent or to mimic its effects and potentially increasing its desirability to consumers, helps to dispel misconceptions such as the inclusion of rat poison or antiretroviral agents, and aids in relevant treatment approaches and strategies. This paper further seeks to initiate crucial conversations to raise awareness of the drug and its effects. The emphasis is on psychoeducation as a foundational step in enabling communities to comprehend the complexities of opioid addiction, its pervasive grip on individuals, and the formidable obstacles to cessation. Such understanding fosters empathy and lays the groundwork for comprehensive and supportive care for individuals struggling with opioid addiction. Drawing from successful models in other countries, the paper supports proposals of expanding OST to the community and primary healthcare settings, involving primary healthcare nurses, clinical associates, and mental health professionals not only to increase access to treatment but also to enhance support for those affected by opioid addiction.

Keywords: opioid addictions, primary healthcare, opioid substitution therapy (OST), comprehensive plan, community involvement

Introduction

Opioid addiction has emerged as a formidable challenge within the fabric of South African society, particularly ensnaring the vulnerable and communities. As the nation is due for the imminent rollout of opioid substitution therapy (OST), notably in the form of replacement agonists such as methadone, it prompts a critical reflection on combating the pervasive grip of opioid addiction among South Africa's youth. Amidst this backdrop, there arises a compelling need for a coherent understanding and clear delineation of the complex nature of a potent opioid known as whoonga or nyaope. This introductory discourse aims to provide a guiding framework amidst the ambiguity surrounding the "white powder," whose elusive contents have baffled many, even as its consistent and debilitating effects unmistakably categorise it as a hard drug. The urgent call for clarity extends beyond mere identification to untangling the web of adulterants with which it has become intertwined, ranging from antiretroviral (ARV) medication to rat poison. Establishing a definitive understanding of the addictive nature of opioids is not only a strategic imperative for psychoeducation but also a cornerstone in the comprehensive rollout of intervention strategies. By unravelling the mechanisms and intricacies underlying opioid addiction, this paper seeks to shed light not only on the substance itself but also on the formidable challenges it presents in cessation efforts and, crucially, how individuals ensnared by its grip can be effectively supported.

OST in communities

The suggestion to make OST available to communities in various ways often arises from resource limitations that may not adequately accommodate the number of people addicted to drugs.¹ As a result, community interventions following a primary healthcare model have been proposed. Such models often involve the provision of health services through mobile clinics, but also mental health centres where such mobile clinics are resourced.² To further enhance access in contexts facing similar challenges, some regions have implemented waivers allowing intermediary professionals to prescribe OST.³ This approach not only facilitates the treatment of concurrent conditions that addiction may entail but also ensures comprehensive care for individuals struggling with drug addiction, incorporating intervention within existing infrastructure.

Available reports, including clinical trials, indicate that the country is ready for this rollout of agonists that ease dependence on heroin or other opioids. To assist recovery and to reduce harm, it must be argued that the drug in question is an opioid, or at the very least, an opioid-based entity. While presenting symptoms may vary between heroin-derived drugs mixed with other substances or base ingredients, or consumed by different methods, similarities can be drawn with drugs like krokodil (the semi-synthetic opioid, desomorphine) or oxycontin. Thus, it is important to note that despite these differences, they are all still opioids.⁴

Identifying the drug can be achieved by synthesising tests conducted so far.^{5,6} In this paper, we draw primarily from

Strauss,⁷ to provide insight into the signs and symptoms, while leveraging the works of Myers, Petersen⁸ and recommendations by Scheibe, Shelly⁹ to propose and assert how community and community health interventions would feature in the provision of a comprehensive plan.

That this drug is an opioid: the origins and composition of nyaope

The origin of the popular names of the drug sheds light on its journey to South Africa, originating in the Middle East before traversing through East Africa via the Eastern Coast trade route.¹⁰ This drug, often appearing as a whitish powder, garnered names such as nyaope and whoonga, derived from KiSwahili, reflecting both its colour and composition. As elucidated by Eligh,¹⁰ these names translate to “white” and “flour,” aligning perfectly with the drug’s appearance. Despite its predominantly white form, variations in colour are evident, with the brownish version typically associated with smokable heroin. Interestingly, coffee may play a role not only in bulking the drug but also in imparting this brownish hue, as its composition in nyaope is indicated by laboratory tests conducted on nyaope samples.⁵ However, regardless of colour, the presence of morphine and heroin remains consistent, reaffirming nyaope’s foundation as a heroin-based entity.¹¹

The transition from smoking to injecting nyaope reflects global trends in heroin consumption and addiction progression, underscoring the potent and addictive nature of this substance.¹² Despite its evolving forms, packaging and methods of consumption, nyaope remains unequivocally classified as an opioid, with morphine and heroin identified as its pervasive, primary and active ingredients.

Administration methods and effects

The initial and ongoing method of consuming the drug involves sprinkling it onto cannabis, reminiscent of the “white pipe” method used for Mandrax (Quaaludes). The prevalence of cannabis use prior to nyaope’s emergence may have facilitated its introduction and popularity, particularly among youth. “Chasing the dragon” involves inhaling the vapours which arise when heating the drug, usually on tin foil over a flame. Industrialised drug distribution is exemplified by the formulation of heroin in capsules, and more recently, specialised and reusable glass dispensers used for smoking the drug. Reports indicating intravenous use are consistent with the progression of opioid use around the world.^{12,13}

Despite the initial pleasantness of the high experienced upon first encounter, addiction ensues as individuals find it increasingly difficult to achieve the same level of euphoria with subsequent doses. This tolerance reflects the nervous system’s adjustment to the drug, leading to escalating consumption and subsequent withdrawal symptoms when the drug is stopped. The effects of nyaope are often characterised as a “euphoric depressant”, inducing feelings of contentment and lethargy. Its allure is rooted in the intense euphoria produced by heroin, which drives individuals to desperate measures in pursuit of this fleeting high. However, this pursuit often leads to addiction, as diminishing

returns prompt individuals to increase their drug intake in a relentless quest for the same effects. This cycle of escalating consumption results in an inability to function without heroin.

Despite the negative consequences of nyaope addiction, individuals find themselves trapped in a cycle of dependence and withdrawal, unable to break free from its grip. Attempts to quit are thwarted by debilitating withdrawal symptoms, including stomach cramps, generalised pain, and diarrhoea,⁷ driving individuals back to the drug in a desperate attempt to alleviate their suffering. Tragically, deaths from drug overdose are all too common among people addicted to nyaope, an indication of the devastating toll of opioid addiction on individuals and communities alike.

The multifaceted impact of nyaope addiction

Addiction to nyaope manifests in a grim array of physical, psychological, and social symptoms. Nyaope is not associated with the lurid symptoms of krokodil (a “bathtub desomorphine chemistry” of codeine tablets, alkali solutions, organic solvent, acidified water, iodine and red phosphorus) that may cause thrombophlebitis, ulcerations, skin necrosis and gangrene. Rather, physical effects of nyaope are often related to withdrawal, which include stomach cramps as a key indicator. Gastrointestinal issues may further link to poor eating habits and malnutrition that are common among chronic users due to social and financial constraints. While users may initially experience euphoria and anxiety relief, this is overshadowed by slowed respiration and the risk of respiratory depression. Dry mouth, cognitive impairment and slurred speech are notable symptoms. Profuse sweating, itching, nausea, and vomiting may also occur.⁷ Social withdrawal is profound, leading to isolation and estrangement from loved ones. Financial struggles often drive users to desperate measures and side hustles. Ultimately, addiction may lead to homelessness and a decline in appearance and well-being.

Community-centred interventions

Community-centred interventions play a crucial role in addressing the chronic relapsing nature of nyaope addiction, emphasising the adoption of a disease model approach that extends beyond individual treatment to encompass the broader community. Understanding the drug and its effects promotes knowledge of what we are dealing with and does not only assist parents, caregivers and the community to identify symptoms, understand why it is difficult to quit the drug, but further enacts prevention as a necessary proactive measure.

Proposals to integrate treatment into primary healthcare systems aim to enhance accessibility and provide comprehensive care for people addicted to the drug. For Myers et al. (2012),⁸ integrating treatment services into existing primary healthcare structures would ensure a continuum of care catering to the diverse needs of individuals grappling with addiction. Legislative measures, including granting waivers to nursing practitioners and physician assistants and clinical associates in this country⁹ to prescribe opioid substitution medications like methadone and buprenorphine (a partial opioid agonist) have been implemented

to expand access to treatment.³ Moreover, leveraging community health centres and outreach programmes offers a promising avenue for reaching vulnerable populations and delivering essential services. By utilising existing pharmacological chains and involving clinical associates and primary healthcare nurses in dispensing and treating concomitant conditions, these interventions effectively bridge gaps in care and improve outcomes for individuals affected by nyaope addiction.

Conclusion

Nyaope presents a complex and potent opioid-based entity, with heroin and morphine, derived from the manufacturing process, serving as its primary active ingredients. By deepening our understanding of nyaope, this paper provided insights into its addictive nature. Addressing the complexities of opioid addiction demands a comprehensive and collaborative approach that encompasses psychoeducation, hence the need to understand the drug is important. Expanding access to treatment and engaging healthcare professionals within community health settings also tackles other health issues. As South Africa prepares for the rollout of OST, embracing a holistic approach to care and fostering empathy within communities, we can navigate the challenges posed by nyaope addiction and pave the way for healing and recovery for all affected individuals.

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