WHEN ADDICTION DEFEATS REASON: THE CASE OF WOMEN WHO USE NYAOPE DURING PREGNANCY

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INTRODUCTION

• There is increasing use of substance abuse worldwide, including during pregnancy (Fältmarch et al., 2019).

• The prevalence of substance use in South Africa has been well reported, which includes the use of cocktail, designer or novel psychoactive substances.

• Inadequate attention to this threat to health and well-being.

• Advising pregnant women to avoid all types of psychoactive substances is not helpful for a person with a substance abuse addiction.
INTRODUCTION

Substance use by a pregnant woman can directly negatively affect the foetus and can manifest as

- Increase in risk of miscarriage, stillbirth, preterm birth, birth abnormalities and low birthweight

- Neonatal abstinence syndrome/ neonatal opioid withdrawal syndrome (Fältmarch et al., 2019; Smid & Terplan, 2022).

- Alterations in neurotransmitters and their receptors and brain organization (Behnke & Smith, 2013).

- Caution if even placed on use of legal medication during pregnancy
NYAOPE AS A SUBSTANCE OF ABUSE

• Cocktail drug which is also called whoonga, unga, sugars, etc.
• Use is more prevalent in Black areas of low socio-economic status
• The addictive nature of nyaope has been well documented
• Services to mitigate its use are scarce
  • Thousands of users live in the street without services
  • Social environment drives the use
• Resources are scarce
  • Lack of custom made rehabilitation programs
  • Inadequate rehabilitation centres
• Rehabilitation outcomes are poor
  • Very high relapse rates
• Number of users continues to increase, and includes pregnant women
PURPOSE OF THE STUDY

Explore the views of women who use nyaope regarding their understanding of the potential risks on their babies
METHODS

• Study design
Exploratory qualitative design, using in-depth interviews

• Setting
Obstetric Unit of a teaching hospital

• Sample
In-patient nyaope users who are either pregnant or have recently given birth

• Recruitment
Recruited through the obstetric doctors in the unit
METHODS

• Data collectors
Trained research assistants

• Data collection
In the obstetrics ward, using a language preferred by the participant

• Data analysis
NVivo 12

• Ethics
Ethics Committee of Sefako Makgatho Health Sciences University
PROFILE OF THE PARTICIPANTS

- Aged between 20 to 32
  - Mean age 26
- 3 pregnant
- 5 had given birth
THEME 1: EFFORTS TO QUIT

“I tried to stop using it by trying to use other substances like alcohol and weed. But my body rejects them...... it becomes worse; the craving becomes worse. I also tried glue, thinking that if I used it then I wouldn’t crave for Nyaope”.

“I bought some medication that I couldn’t drink while I was pregnant. There is a possibility that you might miscarry the baby if you use it during pregnancy. But now that I have a child, I will start using that medication”.

“The process is you go for five days and they detox you. After the detox, you come back and if you have enough money they insert the implants. And then they say it’s supposed to melt over three months, and you will have no cravings, no nothing. But unfortunately because it wasn’t stitched tight enough, the stitches ended bursting in less than a day. And when I tried go back, they wanted more money just to stitch me again and I was like ‘what? I don’t have that kind of money.”
THEME 2: EFFECTS OF NYAOPE ON THE PREGNANCY

“The baby was born too early”.

“It’s not nice, it’s not good for the baby”

“Because the baby is hurting and it’s painful, ........... This is painful for the baby who is inside my tummy, and may come out early or born before time. And they are usually small, and would want to come out early, so it’s not nice”.

“(Smoking nyaope) affected my pregnancy because I gave birth early and I gave birth to a small baby”

“She was, [pause] grunting like [imitating grunting sounds]. She is in ICU now, and she’s [pause] struggling to breath on her own and the machines are helping her to breath”......

“I think they said that they baby was underweight and was infected. The baby stayed in the ICU but I don’t remember why. I think they said it’s because he came before time or he was underweight, I don’t really remember”
THEME 3: EFFECTS OF NOT SMOKING

“The baby is reacting the same way I do when I don’t smoke. The baby was so restless and irritable”

“If you don’t smoke Nyaope you will not be able to work or do anything”

“Do you know why, If I don’t smoke, my stomach would hurt and it would hurt the baby as well, so much so that even the baby, would want to come out at three That’s why mine was born at seven months. If you can look at babies that were born to the mothers who smoke Nyaope, they are born prematurely”.

“Because the baby is hurting and it’s painful, I don’t want to lie. This is painful for the baby who is inside my tummy, and may come out early or born before time. And they are usually small, and would want come out early, so it’s not nice”. 
THEME 4: EFFECTS OF NYAOPE ON THE NEWBORN

“........ I went to see the baby, they were saying that the child was crying and shivering”.

“The child faints, jumps around a lot and is easily frightened”

“She was, [pause] grunting like [imitating grunting sounds]. She is in ICU now, and she’s [pause] struggling to breath on her own and the machines are helping her to breath”.

“I had a baby in 2017 and that baby was really affected and ended up dying. I think they said that they baby was underweight and was infected. The baby stayed in the ICU but I don’t remember why. I think they said it’s because he came before time or he was underweight, I don’t really remember”
DISCUSSION

• The participants are aware of the risks of smoking nyaope on their babies
• There is limited literature on the impact of nyaope on pregnancy and pregnancy outcomes
• The participants have provided some of the information, which includes pre-term delivery and growth restriction, neonatal abstinence syndrome
• Symptoms of NAS include hyperirritability, *excessive crying, tremors* and seizures.
  • “I went to see the baby, they were saying that the child was *crying* and *shivering*”.
• Global health care systems prioritise the health of pregnant women because it impacts on the health of the unborn child
  • This prioritization should extend to pregnant women who use nyaope and other drugs
DISCUSSION

• Not much is known about the effects of nyaope on pregnant women or its effects on foetal growth and the developmental health of their children.
  • Ongoing study at SMU on health impacts of nyaope

• However, nyaope use in pregnancy has been linked to pre-term delivery, growth restriction of the foetus and neonatal abstinence syndrome (NAS) of the infant (Thomas & Velaphi, 2014)

• Nyaope use is associated with with significant fronto-temporal cortical atrophy, (Ndlovu et al, 2021).

• Atrophy of several parts of the brain using tomography (Nyakale and Mokwena, not yet published study)
CONCLUSION

1. The use of nyaope has not received due attention (Strauss, 2022).
   - Formal studies
   - Needs assessments
   - Prevention programs
   - Resources for rehabilitation

2. The results of this study answers some of the impact questions from the mothers’ perspectives

3. Formal studies are needed on the impacts of nyaope use on pregnancy, pregnancy outcomes and babies exposed in utero
RECOMMENDATIONS

• Increase pregnancy prevention efforts among nyaope users
• Need to identify pregnant women who use nyaope, to provide necessary screening and health support
• Follow up children who were prenatally exposed to nyaope use to track their developmental milestones
  • Current doctoral study
Working closely with communities on health issues

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