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Misunderstanding Suffering: Witchcraft Misconceptions, Myths, And Hidden Reality of Substance Abuse In Black African Communities

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Abstract: This study investigates the myths and misconceptions surrounding witchcraft and their influence on substance abuse, with particular attention to the long-term negative effects on treatment and recovery. The review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework to ensure transparency, comprehensiveness, and unbiased reporting. A content analysis approach was employed, drawing on literature retrieved from major databases including Google Scholar, Taylor & Francis, Scopus, Web of Science, ScienceDirect, and ResearchGate. Articles published up to 20 February 2025 were considered. The findings reveal that misconceptions about witchcraft significantly hinder effective treatment and rehabilitation. When substance use disorders are attributed to witchcraft by users, families, or communities, psychosocial interventions often fail, and recovery efforts are undermined. Therapy is further hampered by entrenched cultural assumptions that interpret dependency as a spiritual or supernatural issue. Nonetheless, cultural and religious beliefs should not be dismissed but rather acknowledged and integrated into intervention strategies, as many African communities already do. The study concludes that collaboration between professional social workers, traditional healers, and religious leaders is essential to developing effective, culturally sensitive responses to substance dependency. While not universal across Africa, myths and misconceptions about witchcraft are particularly prevalent in communities with limited knowledge and resources. By raising awareness of how such beliefs obstruct recovery, this review contributes to a deeper understanding of the intersection between cultural practices and professional treatment of substance abuse in African contexts.

Keywords: Witchcraft And Misconceptions, African Families, Substance Abuse, Drug Rehabilitation Treatment, Traditional And Cultural Practices

1. Introduction

The formulation of effective models, frameworks, and strategies for the empowerment, accreditation, regulation, and monitoring of religious drug rehabilitation facilities is essential to balance professional rehabilitation with religious practices within church-based institutions (Maseko, Myezwa, Benjamin-Damons, Franzsen & Adams, 2024). Strengthening capacity and accrediting religious leaders and organisations would enable them to recognize early signs of addiction, employ qualified professionals to uphold ethical standards and laws, and allow religious practitioners to focus on spiritual wellbeing without interfering with professional rehabilitation procedures (Weinandy & Grubbs, 2021). Such a dual approach would help religious leaders acknowledge that while spiritual healing practices are valuable, they should complement rather than replace professional rehabilitation.

Despite these possibilities, misconceptions and myths about witchcraft continue to undermine the holistic treatment of substance use in African communities. Kajiru and Nyimbi (2020) argue that such beliefs are not universal but remain prevalent among uneducated and socioeconomically disadvantaged populations. Even after professional treatment, relapse often occurs when substance users and their families continue to view traditional or religious practices as the ultimate solution. This cycle is worsened when users refuse to take responsibility for their actions, rendering interventions ineffective (Pickard, 2017). Ndidi and Jones (2015) similarly note that despite modernization, witchcraft remains a widely accepted explanation for misfortune in many African communities.

Traditional beliefs and fear of witchcraft further complicate treatment-seeking. In South Africa, for instance, substance abuse is frequently attributed to witchcraft rather than dependency itself (Leistner, 2014). This creates conflict between professional rehabilitation centres and traditional or religious institutions, as families often select pathways that align with cultural beliefs. In rural areas, limited access to professional services compounds this problem, leading many to rely on traditional healers for diagnoses of mental health, neurological disorders, and substance abuse (Audet, Ngobeni, Graves & Wagner, 2017). As Audet et al. (2017:2) observe, *"widespread social stigma surrounding mental illness and lack of perceived appropriate biomedical care results in avoidance of health-seeking behaviours for suspected substance use disorders."*

Sorsdahl, Stein, Grimsrud, Seedat, Flisher, Williams, and Myer (2009) similarly argue that

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substance abuse through the lens of witchcraft. While traditional healers play preventative and community roles (Zimba & Nomngcoyiya, 2022), professional facilities focus on structured recovery programmes, accommodation, and medical care (Anwar, Afzal & Javed, 2023). However, the lack of clarity and communication between these systems perpetuates confusion. Bila and Carbonatto (2022) further observe that in some communities, substance abuse and mental health conditions are explicitly linked to witchcraft or black magic, discouraging medical intervention.

As a result, cultural and religious beliefs significantly hinder medical and therapeutic interventions for rehabilitation. While spiritual practices may provide coping strategies, generalisations rooted in myths often perpetuate the notion that all health and social problems stem from witchcraft (Abiodun, 2023). Hampton (2018) highlights that socioeconomic class also shapes these beliefs, leaving disadvantaged individuals especially vulnerable to denial of timely medical assistance. In extreme cases, this leads to deterioration of health or even death (Nair & Adetayo, 2019). In provinces such as Limpopo, witchcraft is still believed to actively obstruct individual progress, reinforcing harmful perceptions (Mathibela & Skhosana, 2019). Matambela (2024:2) warns that *"the ability of South Africa's mental health care system to provide inclusive and accessible services to people with mental health problems is severely hampered by witchcraft challenges."* Families, therefore, often prioritise spiritual remedies even when psychosocial symptoms clearly require professional treatment.

The widespread belief in witchcraft also diminishes the effectiveness of psychosocial support. Forsyth (2016) notes that rituals and practices continue to shape individual and collective responses to misfortune. Bila and Carbonatto (2022) confirm that in rural Limpopo and Mpumalanga, reliance on traditional health practices delays professional intervention, with consequences such as permanent brain damage, overdose, or criminal involvement. Lumwe (2017) explains that within African cosmologies, witchcraft is framed as a principle of causation, guiding how misfortune is interpreted. Consequently, many individuals remain unable to pursue professional rehabilitation without first attributing substance dependency to witchcraft.

This study, therefore, addresses the critical research gap in understanding how witchcraft-related myths and misconceptions impede treatment outcomes in African contexts. It explores the interplay between cultural and professional systems of care, highlighting the confusion families face when deciding whether to seek professional, traditional, or religious assistance. In doing so, the study contributes to the literature by clarifying the extent to which cultural narratives affect substance abuse treatment pathways and by suggesting strategies for integrating professional and cultural approaches. This study addressed the following research questions.

1. What factors most strongly limit equitable access to professional drug rehabilitation services in South Africa?
2. What common myths and misconceptions about witchcraft exist in Black African communities?
3. How do community narratives around witchcraft influence the engagement of healthcare, traditional, and religious providers in addressing substance abuse?

2. Theoretical Framework

2.1. Ecological theory

Ecological systems theory was selected for this study as it provides a comprehensive framework for understanding how individuals are influenced by their environments and surroundings, which in turn shape their personal development and behaviours (Crawford, 2020). This perspective is particularly relevant for substance abuse, as families often rely on their environments for guidance when supporting a member struggling with dependency. The theory allows exploration of the multiple contextual factors—social, cultural, and institutional—that interact to influence drug-related attitudes, beliefs, and practices (Coon & Marks, 2017). Conn and Marks (2017:185) emphasise that *"the guiding principle of this theory is that environmental contexts such as home, school, and society interact with the individual to promote healthy behaviours or to create risk of maladaptive ones, such as substance misuse."*

For example, in communities where witchcraft is perceived as a cause of misfortune, individuals may attribute substance dependency to supernatural forces rather than recognising it as a health condition. Such interpretations can hinder efforts to seek professional treatment and recovery, showing how belief systems and cultural environments directly affect decision-making.

Bronfenbrenner identified four key subsystems that shape behaviour and development: microsystems, mesosystems, exosystems, and macrosystems (Killam & Degge-White, 2017). The microsystem refers to immediate social circles such as family and friends, whose influence can either reinforce or discourage substance use. The mesosystem encompasses interactions between different microsystems, for example, relationships among peers, teachers, and religious leaders, which often reinforce cultural or spiritual practices. The exosystem includes external factors such as policy and institutional arrangements; for instance, national or local policies on drug treatment may determine access and influence choices about rehabilitation. Finally, the macrosystem consists of wider cultural norms, traditions, and belief systems. In many African societies, macrosystem influences often encourage reliance on traditional or religious practices, leading families to attribute substance use to witchcraft rather than recognising it as dependency.

2.2. Social Constructionism

Social constructionism complements ecological theory by highlighting how individuals' realities are shaped through social and cultural interactions. The theory posits that human life and meaning are constructed through interpersonal and societal factors rather than objective truths (Galbin, 2014). It emphasises that people interpret their environments and life experiences in ways that align with cultural and social narratives (Amineh & Asl, 2015).

This perspective is especially relevant in African contexts, where some families attribute substance abuse to witchcraft. Such beliefs are not inherent but are shaped through collective experiences, narratives, and shared cultural histories. For example, communities that have historically associated misfortune with witchcraft may continue to explain substance abuse through this lens, reinforcing misconceptions. As Phillips (2023) argues, social constructionism draws on histories and narratives within a specific setting to guide how individuals construct their realities. Nickerson (2024:1) similarly explains that

"social constructionism holds that the meaning of acts, behaviours, and events is not an objective quality of those phenomena but is assigned to them through social interactions."

From this perspective, beliefs about witchcraft and substance abuse are socially constructed through repeated cultural narratives, family teachings, and community interactions. Meaning, therefore, is not fixed but emerges from the social processes and interpretations that shape how families and communities respond to substance dependency.

3. Research Methodology

This study followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure transparency, standardised reporting, and reproducibility of findings. PRISMA provides structured criteria for inclusion, exclusion, eligibility, and screening, thereby reducing bias and enhancing credibility (Selçuk, 2019). Adherence to PRISMA is particularly valuable for studies addressing complex cultural issues, such as myths and misconceptions surrounding witchcraft and substance abuse, as it facilitates clear synthesis and critical analysis of existing literature. As Shamseer et al. (2015) note, PRISMA serves as both a guide for authors in developing systematic review protocols and a benchmark for peer reviewers when assessing reporting quality.

3.1. Designs of Included Publications

3.1.1. Planning Phase

A comprehensive search strategy was developed and applied across five major multidisciplinary databases: Scopus, Google Scholar, Web of Science, Taylor & Francis Online, and ResearchGate. These databases were selected for their extensive coverage of peer-reviewed research in social sciences, public health, and cultural studies.

3.1.2. Scholarly Document Selection Phase

The selection process involved three key stages:

1. Preliminary database search
2. Application of inclusion and exclusion criteria
3. Final selection of relevant studies

3.1.3. Initial Database Search

Keywords and search strings were designed using Boolean operators (AND, OR) and phrase searching to improve accuracy and coverage. Examples of combined search strings include:

- ("African families" OR "Black African families") AND "witchcraft" AND "substance abuse"
- ("drug treatment facilities" OR "rehabilitation centres") AND "South Africa"
- ("traditional healers" OR "religious healers") AND "substance abuse treatment"
- ("myths" OR "misconceptions") AND "African culture" AND "addiction"

These search strategies allowed retrieval of peer-reviewed articles as well as relevant grey literature aligned with the study's objectives.

3.1.4. Inclusion and Exclusion Criteria

To ensure relevance and quality, inclusion and exclusion criteria were applied (Table 1):

- Inclusion criteria:
    - Peer-reviewed journal articles published between 2015 and 2025
    - English-language studies
    - Research explicitly addressing myths, misconceptions, or hidden realities of substance abuse in African communities
    - Studies with both global and local relevance to African contexts
- Exclusion criteria:
    - Articles published before 2015
    - Non-English publications (unless translation was available)
    - Studies unrelated to substance abuse or witchcraft beliefs
    - Research focusing exclusively on contexts outside Africa without cultural application

3.1.5. Screening and Selection Process

The initial database search retrieved 275 records. After removing 40 duplicates and 55 irrelevant records, 182 studies remained for screening. Of these, 132 were excluded based on title and abstract review for lack of direct relevance. The remaining 50 articles underwent full-text screening. Following quality appraisal, 13 studies were included in the final review (see Figure 1, PRISMA flow diagram).

3.2. Quality Appraisal (Suggested Addition)

To strengthen methodological rigour, systematic reviews typically assess the quality of included studies. While this review included both peer-reviewed and grey literature (e.g., government reports, dissertations), future iterations should apply a formal appraisal tool such as CASP (Critical Appraisal Skills Programme) or AMSTAR 2 to evaluate methodological quality, credibility, and bias across studies. This would ensure that the synthesis draws from evidence of consistently high reliability.

Table 1: Inclusion and exclusion criteria

Criteria for inclusion	Criteria for exclusion
Journal articles published between 2015 and 2025 were included.	Journal articles published before 2015 were excluded.
Journal articles written and published in English were included. Nonetheless, future translations of non-English works are recommended, particularly for this study since it centres on African cultural practices.	Journal articles written and published in any language other than English were excluded.
The search terms yielded witchcraft, myths and misconceptions in African families about witchcraft and treating substance abuse.	The search terms are not in line with the myths and misconceptions about witchcraft in treating substance abuse.
They are both global and local studies covering the witchcraft misconceptions, myths and hidden reality of substance abuse in black African communities.	They are only South African studies.
Journal articles that address the research question of this study were included.	Journal articles that were unable to address the research question of this study were excluded.

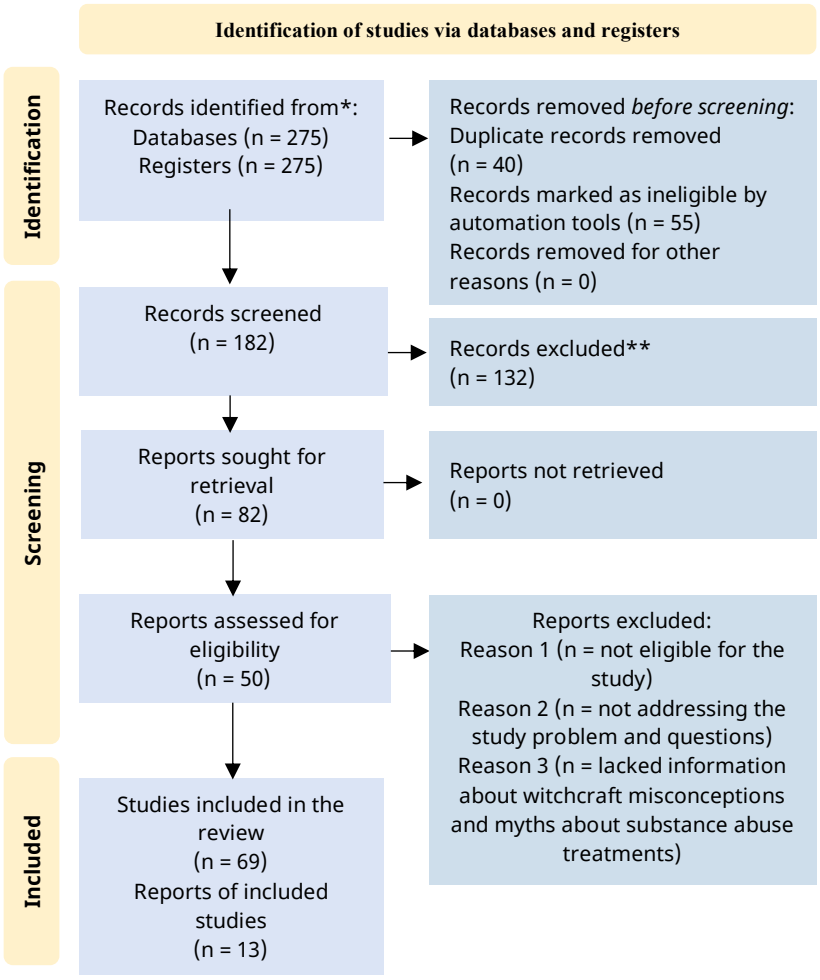

Figure 1: PRISMA 2020 flow diagram detailing the search process for this literature

The complete search procedure carried out by the researcher is shown in Table 2 below. A total of 13 peer-reviewed journal publications that were located using various databases are included in the current study.

4. Findings

The systematic review identified three dominant themes influencing substance abuse treatment in African communities: (1) limited access to professional rehabilitation facilities, (2) myths and misconceptions about substance abuse and witchcraft, and (3) the interplay between traditional, religious, and professional treatment practices.

4.1. Lack of Access to Professional Drug Rehabilitation Facilities in South Africa

Access to professional treatment facilities remains highly uneven across South Africa, particularly in rural areas where schools, healthcare, and rehabilitation centres are scarce. Families often travel long distances to seek treatment, leading to demotivation and discontinuation (Browne et al., 2016). Despite government recognition of this challenge (South Africa, Government Gazette, 2023), barriers persist, including lengthy waiting lists (Corredor-Waldron & Currie, 2022), inadequate facilities, delayed funding, and staff shortages (Nyashanu & Visser, 2022). Historical inequities, such as the apartheid-era prioritisation of white rehabilitation services, continue to shape disparities in access. Resource shortages are especially acute in provinces such as the Eastern Cape (Moshood, 2024). In addition, cultural interpretations of substance use as witchcraft often divert families toward traditional healers instead of professional care.

4.2. Myths and Misconceptions about Substance Abuse Treatment

Cultural and religious beliefs strongly influence perceptions of substance abuse. In many African communities, myths are passed down across generations and remain difficult to challenge. In South Africa, the Cape Town Government Gazette (2023) highlighted misconceptions such as the belief that overcoming addiction depends solely on willpower. Broader stereotypes and stigma, reinforced by popular culture (Pienaar & Dilkes-Frayne, 2017), further hinder treatment uptake.

Abiodun (2023) notes that in Nigeria, witchcraft beliefs form part of a deep cultural heritage, where misfortune and deviant behaviour are often explained through supernatural causes. While these beliefs represent cultural identity, they frequently delay professional intervention. The introduction of Western education and colonial influence reshaped such interpretations, but misconceptions continue to persist (Okonkwo, 2022).

4.3. Traditional, Religious, and Professional Institutions in Healing

Substance abuse treatment in African families often involves a combination of modern, religious, and traditional approaches (Mafa, Makhubele & Rabotata, 2022). Cultural values shape treatment preferences, with many families believing witchcraft plays a role in addiction (Peacey et al., 2024). Government policies increasingly recognise the importance of cultural diversity in treatment programmes (Fisher et al., 2023). However, acceptance of professional treatment is uneven, as individuals with strong religious and traditional beliefs often select or reject services based on cultural compatibility (Weinandy & Grubbs, 2021). Research by Grim and Grim (2019) and Mabvurira (2016) further confirms that spiritual and cultural practices are perceived as essential to recovery in many African contexts.

5. Discussion

The findings of this review demonstrate that myths, misconceptions, and cultural narratives around witchcraft strongly shape families' responses to substance dependency in African communities. In rural South Africa and other contexts, witchcraft is still regarded as a causal explanation for misfortune and substance abuse, complicating families' treatment decisions. These findings highlight the enduring influence of traditional cosmologies on health-seeking behaviour.

Owusu (2024) emphasises that many African communities interpret witchcraft as the ability to cause harm through supernatural means, creating confusion and fear that complicates treatment. Bauer (2017) similarly points out that witchcraft generates mistrust and stigma, further isolating individuals with substance use disorders. Social constructionism helps explain how such beliefs are reinforced: everyday interactions, community narratives, and cultural traditions shape collective understandings of substance abuse (Burr, 2015). Over time, these interpretations become entrenched as social "truths," making it difficult for families to accept substance dependency as a medical condition.

Ecological theory also provides insight into how multiple layers of influence—from family and peers to policy and cultural systems—intersect to shape treatment choices. At the macrosystem level, cultural beliefs about witchcraft dominate, while at the microsystem and mesosystem levels, families and religious communities reinforce these narratives. This interplay explains why professional interventions are often rejected or delayed.

Finally, the review identifies a limitation: the predominance of South African studies in the sample may limit generalisability to other African contexts. Future research should expand to include more diverse African settings to capture the full spectrum of beliefs and practices surrounding witchcraft and substance abuse.

6. Conclusion and Recommendations

This study examined the daily challenges faced by Black African families in supporting relatives struggling with substance dependency. These challenges are exacerbated by dominant myths and misconceptions about witchcraft, which are often linked to substance use. Such beliefs create delays and confusion in treatment decision-making, leading families to prioritise traditional or religious practices over professional interventions.

The review highlighted three key findings: (1) myths and misconceptions about witchcraft remain widespread and hinder access to treatment, (2) cultural and religious beliefs strongly influence decision-making, often creating conflict between professional and traditional healing approaches, and (3) evolving definitions of witchcraft, shaped by contemporary influences and globalisation, continue to alter perceptions of substance abuse.

Overall, the study concludes that misconceptions surrounding witchcraft and substance dependency impede effective treatment and recovery. However, cultural and spiritual beliefs should not be dismissed; rather, they should be acknowledged and integrated into holistic care approaches. By respecting cultural frameworks while promoting evidence-based interventions, more effective support systems can be developed for families and communities.

Policy

- The South African Constitution (Chapter 7, Vol. 1) emphasises freedom of religion and cultural practice. This principle could be strengthened by recognising the role of traditional and religious healers in addressing substance abuse, ensuring they are respected and not condemned.

- The Department of Social Development should develop policies that allow social workers to support individuals who prefer a combination of traditional, religious, and professional treatment pathways.

Education

- African universities should introduce modules within social work programmes that train students in integrated approaches, incorporating traditional, religious, and professional perspectives on substance dependency.

Practice

- Professional social workers in drug treatment facilities should actively collaborate with traditional and religious leaders to provide culturally sensitive care for families struggling with substance dependency.
- The Department of Social Development should increase funding for the establishment and expansion of professional drug treatment facilities, particularly in underserved rural areas.

7. Implications for Future Research

Future research should extend beyond the predominance of South African literature by examining witchcraft-related misconceptions in other African contexts, thereby enabling comparative insights across countries and regions. There is also a need for empirical studies that evaluate integrated treatment models combining professional, traditional, and religious approaches to determine their effectiveness in addressing substance dependency. Longitudinal research would be particularly valuable in tracing how evolving cultural interpretations of witchcraft, shaped by modernisation and globalisation, influence treatment-seeking behaviours over time. In addition, participatory approaches that engage families, traditional healers, and social workers could generate deeper insights into community-driven, culturally grounded solutions that bridge the gap between belief systems and evidence-based rehabilitation.

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References

Abiodun, A. I. (2023). Exploring perceptions and misconceptions of witchcraft and wizardry: The shifting meanings and beliefs in Nigeria. *Mediterranean Journal of Social Sciences, 14*(6), 1–9. https://doi.org/10.36941/mjss-2023-0038

Amineh, R. J., & Asl, H. D. (2015). Review of constructivism and social constructivism. *Journal of Social Sciences, Literature and Languages, 1*(1), 9–16.

Anwar, M., Afzal, A., & Javed, M. (2023). Role of rehabilitation centers to control drug abuse: A study of Gujranwala Division. *Journal of ISOSS, 9*(1), 111–130.

Audet, C. M., Ngobeni, S., Graves, E., & Wagner, R. G. (2017). Mixed methods inquiry into traditional healers' treatment of mental, neurological and substance abuse disorders in rural South Africa. *PLOS ONE, 12*(12), e0188433. https://doi.org/10.1371/journal.pone.0188433

Bauer, B. L. (2017). Cultural foundations for fear of witchcraft in Africa. *Journal of Adventist Mission Studies, 13*(1), 1–12. https://doi.org/10.32597/jams/vol13/iss1/2/

Bila, N. J., & Carbonatto, C. L. (2022). Culture and help-seeking behaviour in the rural communities of Limpopo, South Africa: Unearthing beliefs of mental health care users and caregivers. *Mental Health, Religion & Culture, 25*(6), 543–562. https://doi.org/10.1080/13674676.2022.2097210

Browne, T., Priester, M. A., Clone, S., Iachini, A., DeHart, D., & Hock, R. (2016). Barriers and facilitators to substance use treatment in the rural South: A qualitative study. *The Journal of Rural Health, 32*(1), 92–101. https://doi.org/10.1111/jrh.12129

Burr, V. (2015). *Social constructionism* (3rd ed.). Routledge. https://doi.org/10.4324/9781315715421

Conn, B. M., & Marks, A. K. (2017). An ecological approach to understanding adolescent prescription drug misuse. *Journal of Adolescent Research, 32*(2), 183–204. https://doi.org/10.1177/0743558415589369

Corredor-Waldron, A., & Currie, J. (2022). Tackling the substance use disorder crisis: The role of access to treatment facilities. *Journal of Health Economics, 82*, 102579. https://doi.org/10.1016/j.jhealeco.2021.102579

Crawford, M. (2020). Ecological systems theory: Exploring the development of the theoretical framework as conceived by Bronfenbrenner. *Journal of Public Health Issues and Practices, 4*(2), 170. https://doi.org/10.33790/jphip1100170

Fisher, S., Myers, B., Parry, C., Weich, L., Morojele, N., & Bhana, A. (2023). *Implementation guidelines substance abuse policy*. Department of Social Development, Prevention and Rehabilitation of Substance Abuse Directorate.

Forsyth, M. (2016). The regulation of witchcraft and sorcery practices and beliefs. *Annual Review of Law and Social Science, 12*, 331–351. https://doi.org/10.1146/annurev-lawsocsci-110615-084600

Galbin, A. (2014). An introduction to social constructionism. *Social Research Reports, 26*, 82–92.

Grim, B. J., & Grim, M. E. (2019). Belief, behavior, and belonging: How faith is indispensable in preventing and recovering from substance abuse. *Journal of Religion and Health, 58*(5), 1713–1750. https://doi.org/10.1007/s10943-019-00876-w

Hampton, J. (2018). *Exploring the connection between socioeconomic insecurity and witchcraft beliefs in Khayelitsha* (Master's thesis). University of Cape Town.

Kajiru, I., & Nyimbi, I. (2020). The impact of myths, superstition and harmful cultural beliefs against albinism in Tanzania: A human rights perspective. *Potchefstroom Electronic Law Journal, 23*, 1–27. https://doi.org/10.17159/1727-3781/2020/v23i0a8793

Leistner, E. (2014). Witchcraft and African development. *African Security Review, 23*(1), 53–77. https://doi.org/10.1080/10246029.2013.875048

Lumwe, S. (2017). The cosmology of witchcraft in the African context: Implications for mission and theology. *Journal of Adventist Mission Studies, 13*(1), 124–138. https://doi.org/10.32597/jams/vol13/iss1/10/

Mabvurira, B. (2016). *Influence of African traditional religion and spirituality in understanding chronic illnesses and its implications for social work practice: A case of Chiweshe communal lands in Zimbabwe* (Doctoral dissertation). University of Limpopo.

Mafa, P., Makhubele, J., & Rabotata, E. (2022). "Remember, we are not White": Community calls for an integrated approach in the treatment of substance use disorders. *International Journal of Research in Business and Social Science, 11*(9), 300–305. https://doi.org/10.20525/ijrbs.v11i9.2143

Maseko, L., Myezwa, H., Benjamin-Damons, N., Franzsen, D., & Adams, F. (2024). Service guidelines, models, and protocols for integrating rehabilitation services in primary healthcare in Brazil, Russia, India, China, and South Africa: A scoping review. *Disability and Rehabilitation, 46*(22), 5144–5157. https://doi.org/10.1080/09638288.2023.2290210

Matambela, K. C. (2024). Factors influencing family decision-making on mental health care systems in the Vhembe District, South Africa: Exploring witchcraft beliefs and conflicting care practices. *African Journal of Development Studies, 14*(2), 29–52. https://doi.org/10.31920/2634-3649/2024/v14n2a2

Mathibela, F., & Skhosana, R. (2019). Challenges faced by parents raising adolescents abusing substances: Parents' voices. *Social Work/Maatskaplike Werk, 55*(1), 1–18. https://doi.org/10.15270/51-697

Moshood, S. (2024). Bridging the divide: Addressing socio-economic inequality in post-apartheid South Africa within the framework of Millennium Development Goals (2000-2015). *Journal of International Studies*, 20(1), 201-231. https://doi.org/10.32890/jis2024.20

Nair, L., & Adetayo, O. A. (2019). Cultural competence and ethnic diversity in healthcare. *Plastic and Reconstructive Surgery Global Open, 7*(5), e2219. https://doi.org/10.1097/GOX.0000000000002219

Ndidi, G. J., & Jones, O. U. (2015). Socio-missiological significance of witchcraft belief and practice in Africa. *African Research Review, 9*(3), 99–112. https://doi.org/10.4314/afrrev.v9i3.9

Nickerson, C. (2024, June 12). *Social construction of reality*. Simply Psychology. Retrieved from https://www.simplypsychology.org/social-constructionism.html

Nyashanu, T., & Visser, M. (2022). Treatment barriers among young adults living with a substance use disorder in Tshwane, South Africa. *Substance Abuse Treatment, Prevention, and Policy, 17*(1), 75. https://doi.org/10.1186/s13011-022-00501-2

Owusu, E. S. (2024). Self-defence against metaphysical witch attacks: A legal conundrum in Anglophone Africa. *Criminal Law Forum, 35*, 153–195. https://doi.org/10.1007/s10609-024-09479-x

Peacey, S., Wu, B., Grollemund, R., & Mace, R. (2024). The cultural evolution of witchcraft beliefs. *Evolution and Human Behavior, 45*(5), 106610. https://doi.org/10.1016/j.evolhumbehav.2024.106610

Phillips, M. J. (2023). Towards a social constructionist, criticalist, Foucauldian-informed qualitative research approach: Opportunities and challenges. *SN Social Sciences, 3*(8), 133. https://doi.org/10.1007/s43545-023-00774-9

Pickard, H. (2017). Responsibility without blame for addiction. *Neuroethics, 10*(1), 169–180. https://doi.org/10.1007/s12152-016-9295-2

Pienaar, K., & Dilkes-Frayne, E. (2017). Telling different stories, making new realities: The ontological politics of 'addiction' biographies. *International Journal of Drug Policy, 44*, 145–154. https://doi.org/10.1016/j.drugpo.2017.05.011

Selçuk, A. A. (2019). A guide for systematic reviews: PRISMA. *Turkish Archives of Otorhinolaryngology, 57*(1), 57–58. https://doi.org/10.5152/tao.2019.4058

Shamseer, L., Moher, D., Clarke, M., Ghersi, D., Liberati, A., Petticrew, M., Shekelle, P., Stewart, L. A., & the PRISMA-P Group. (2015). Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015: Elaboration and explanation. *BMJ, 350*, g7647. https://doi.org/10.1136/bmj.g7647

Sorsdahl, K., Stein, D. J., Grimsrud, A., Seedat, S., Flisher, A. J., Williams, D. R., & Myer, L. (2009). Traditional healers in the treatment of common mental disorders in South Africa. *The Journal of Nervous and Mental Disease, 197*(6), 434–441. https://doi.org/10.1097/NMD.0b013e3181a61dbc

South Africa. Department of Social Development. (2023). *Prevention of and treatment for substance use disorders policy*. Government Gazette.

South Africa. Department of Social Work. (2023). *Myths and facts about substance use disorder*. Cape Town Government Gazette.

Weinandy, J. T., & Grubbs, J. B. (2021). Religious and spiritual beliefs and attitudes towards addiction and addiction treatment: A scoping review. *Addictive Behaviors Reports, 14*, 100393. https://doi.org/10.1016/j.abrep.2021.100393

Zimba, Z. F., & Nomngcoyiya, T. (2022). Roles and challenges of traditional healers in helping communities to stay healthy during the Covid-19 pandemic: Implications for the community education model in the social work practice. *Indilinga African Journal of Indigenous Knowledge Systems, 21*(2), 1–18.

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Ms Rammutla is a lecturer in the Department of Social Work at the University of South Africa and a dedicated PhD candidate at the University of KwaZulu-Natal. Her role involves providing guidance to students in their experimental learning. Ms. Rammutla has extensive experience and knowledge in the field of substance abuse, trauma, and attachment. She is an enthusiastic community developer who has made remarkable contributions to various engaged scholarship projects. Ms. Rammutla has made significant contributions to the curriculum development for different higher learning institutions.

Appendeix

Table 2: An overview of the journal articles that were used in the study

Author(s)/ year and country of publication	Scholarly document	Methods	Theoretical framework
Browne, Priester, Clone, Iachini, DeHart & Hock (2016); Australia	Journal article	Qualitative thematic analysis, quantitative	N/A
Mohasoa & Mokoena (2019); South Africa	Journal article	Qualitative, in-depth interviews	N/A
Nyashanu and Visser (2022);	Journal article	Qualitative, in-depth interviews, data analysis, questionnaire	N/A
Moshood (2024); South Africa	Journal article	Data Analysis	N/A
Priester, Browne, Iachini, Clone, DeHart & Seay (2015); Columbia	Journal article	Content analysis	N/A
WHO (2013–2020); United Kingdom	Government booklet	Research	N/A
Pienaar and Dilkes-Frayne (2017); Australia	Journal article	qualitative research,	N/A
Abiodun (2023); Nigeria	Journal article	Content analysis	N/A
Mafa, Makhubele & Rabotata (2022); South Africa	Journal article	Qualitative, in-depth interviews	The ecosystem theory
Peacey, Wu, Grollemund & Mace (2024); United Kingdom	Journal article	Data analysis, statistic	N/A
Weinandy & Grubbs (2021); USA	Journal article	Data analysis, quantitative	N/A
Grim & Grim (2019); USA	Journal article	Data analysis	N/A
Mabvurira (2016); South Africa	Dissertation	Qualitative, in-depth interviews	N/A
Government Gazette (2023); South Africa	Official government publication	Data analysis, research	N/A
Cape Town government gazette (2023); South Africa	Official government publication	Research, statistics	N/A
Fisher, Myers, Parry, Weich, Morojele & Bhana (2023); South Africa	Official government publication	Research, statistics, content analysis	N/A
Abiodun (2023); Nigeria	Journal article	Content analysis	N/A
Okonkwo (2022); Nigeria	Journal article	Content analysis	Demonological, labeling and scapegoat theories