



The Reasons for the proliferation of drug use in the Pinetown area

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INTRODUCTION

Pinetown is a town that is part of the eThekweni Metropolitan Municipality, just inland from Durban in KwaZulu-Natal, South Africa. Pinetown is also central to several main township, namely Clermont, Nazareth, KwaDabeka, Marianhill, Dassenhoek and KwaNyuswa. It is also surrounded by other Durban wealthier suburbs like Westville, Kloof, Hillcrest and Ashley. The town provides different services from banks, supermarkets, nightclubs, bottle stores, liquor stores and gambling facilities like Supabets and Hollywood bets. Pinetown has now become a haven of criminals culminated by drugs and high rate of unemployment. The scourge of drug abuse is ravaging communities and contributing to the crime epidemic that left Pinetown sitting at the edge of an abyss.

Literature Review

Drug and alcohol abuse in South Africa are alarming and a cause or contributor to many social, health and economic problems afflicting the population. Substance dependency statistics show that drug consumption (cannabis, cocaine, and tik) in South Africa is twice the global average and second to none in Africa (UN World Drug Report, 2014). The average age of drug dependency in South Africa is 12 years and decreasing. South Africa is among the top 10 narcotics and alcohol abusers in the world. For every 100 people, 15 have a drug problem and for every 100 Rands in circulation, 25 Rands are linked to the substance abuse problem (Christian Addiction Support, 2016). Figure 1(a) and (b) report drug use in South Africa (ibid). The main drugs being abused are cannabis, methamphetamine, heroin and cocaine. Jointly, the three drugs accounted for over 86% of all cases treated for drug abuse in 2012. Among persons treated for addiction, 38% were treated for cannabis dependency, followed by methamphetamines at 23%, heroin at 19% and cocaine at almost 6%. The main drugs of choice are cannabis (3.6%), cocaine (1.2%) and phentermine stimulants at 1.02% (Figure 1b). A similar trend was noted in a study of five trauma units in Cape Town, Durban and Port Elizabeth. It was found that 14% of the patients tested positive for white pipe (combination of cannabis and metaxalone), 33% for cannabis; and 15% for metaxalone

The available information at European level suggests that illicit drug use among very young people is confined to a small minority who experiment with drugs at a very early age. Regular use among the very young is rarer still — as is partly reflected in the European data on people attending drug treatment. Among those who start using substances at a very young age, evidence suggests that early experimentation with psychoactive substances, including alcohol and tobacco, is associated with an increased risk of developing drug problems later in life. Regular drug use among the under-15s is most often found among a highly problematic group of the population, in whom drug use is combined with other concurrent or preceding psychological and social disorders and might often be a marker of social problems or of an underlying neurobehavioral pathway (Clark et al., 2005).

Substance abuse is a global challenge with detrimental effects on health, wealth and security of nations (UNODC, 2010). In South Africa drug abuse has been associated with crime, interpersonal violence, risky sexual behaviour (with accompanied increased risk of HIV acquisition and STI incidences), negative health of users and negative psychological impact to their families. Tobacco and alcohol are generally the most commonly used drugs amongst South African youth. These 2 drugs are also the most experimented with amongst youth. Because they are both legal, many consider them acceptable and 'mild'. This despite considerable health and social impact associated with them. Although polysubstance abuse is common in South Africa, cannabis is the most commonly used illicit substance amongst youth (Peltzer 2003). A study by Reddy et al in 2010 reported that 12% of South African learners had ever used at least one illegal drug such as heroin, mandrax and cocaine. This figure is the highest in the region. Given the medical and social harm caused by these drugs, it is important to understand the extent of their use amongst sub populations and explore the effective ways to combat them.

Problem Statement

Understanding reasons for the proliferation of drug use amongst young people in the Pinetown area.

Goals

This study aims to explore the underlying causes of the youth drug abusers and their relationship with their families and to identify problems and needs that young drug abusers are facing. The main emphasis is to identify the core causes of drug abuse and to empower the family role for prevention of drug abuse in the community.

South Africa has a serious drug usage problem, reported in literature as being twice that of the world norm (CDA presentation to parliament of South Africa-06 September 2011). Statistics reported by the United Nations World Drug Report of 2014 indicates that 7.06% of South Africa's population abuses narcotics of some kind, and one in every 14 people are regular users. Substance abuse imposes social, health and economic costs on individuals, families, society and economy at large. At the individual level, substance abuse has been linked to depression, violent behaviour and various forms of crime, including many accidental and premeditated injuries. Society loses the productivity and energies of people affected by substance abuse. At the macro level, prevention and treatment costs associated with drug abuse are phenomenal. In South Africa, evidence on the extent, impact of substance abuse as well as its prevention is fragmented and more often not located within a comprehensive theoretical framework that could make it easier to formulate strategies and programmes for combating the drug abuse challenge. Although much research has been done on the subject, little attempt has been done to put all this evidence in a coherent narrative that will put to the fore the extent, and impact of the problem and inform future interventions and the designing of programmes.

The objective of this report is to identify the main cause of drug abuse, putting focus into whoonga as the main drug that is being abused in the Pinetown area. **Whoonga** (also known as **nyaope** or **wunga**) is a street drug that has allegedly come into widespread use in South Africa since 2010, mostly in the impoverished townships of Durban, although it is claimed to be appearing in other places in South Africa as well. The substance is often described as a concoction of various ingredients, and these may vary, but the principal active ingredient of the drug is heroin, often smoked with cannabis. The drug is sometimes said to contain antiretroviral drugs particularly efavirenz of the type prescribed to treat HIV, but analysis of samples shows no such content, and police have remarked that dealers are known to add "all sorts of stuff" to a drug to bulk it out.

✓ Methodology

The study methodology entailed a review of books, face to face interview, focus group interviews and websites. A random selection was done to choose 14 addicts who live in the streets of Pinetown for questioning. The volunteers were between the age of 15 to 28 respectively, amongst the addicts were six females and 8 males, among the participants were a 16 year old pregnant girl. Nine of the participants are from a nearby township called Clermont, two are from a semi-rural township called Molweni, two are from a township called Marianhill and finally the remaining one from KwaNyuswa another township. The main question posed to them was the reason why they left their homes to live in the streets and the reason why they take drugs. The response was similar, ten of them mentioned family problems, including unfair treatment with relatives whom they stay with after their parents are deceased or when parents get divorced. However, 5 mentioned their desire to do an experiment with substances like alcohol and cigarettes then eventually start experimenting strong drugs like whoonga. These five addicts came from good homes with both parents to look after them but the desire to use drugs forced them to stay in the streets. Asking if they can go back home to their families and be accepted by their families, all the five addicts responded positively since they left voluntarily without being chased away. They even mention that their families often come to convince them to come home and lead a better life. Asking why they refused to go back home and stay with family they all mentioned that at home their family will not give them money to buy drugs, that is why street life is better as they can join gangs and start robbing people to get money and feed their desire. However, the nine participants also reveal that their family did not care about their well-being, even buying school uniforms or support them to go to school, after experiencing that kind of treatment at home, they resorted to street life.

All the male addicts mentioned that they are not afraid to rob or to kill if the victim resist with his or her belongings. All the participant mentioned that they become very brave when they are under the influence rather than when they are sober. They normally commit crime when they are under the influence of whoonga as they become braver and more fearless. The female participant mentioned that they are not able to rob people, therefore, they rely with the men to rob and buy the substance in return for sex. Anyone who bring the drugs will be rewarded with sex on that day, they also divulge that they do not have a permanent lover, a boyfriend is temporary for moment when he brings food or drugs. The relationship is strictly sexual and no affection between them. Asking if they use protection, all the participant mentioned they do not use condoms and does not even know where to get them. However, all the participant was aware that the major cause of HIV and AIDS is unprotected sex. They mention they are not afraid of HIV and AIDS because everyone is eventually going to die but we die in different ways. Asking if they know their HIV status, twelve of the addicts said it is not necessary to know and they will never go for testing, the remaining two including the pregnant girl divulge testing HIV positive when they got tested after falling sick. The two revealed they are not taking any medication after they mixed the pills with

marijuana and smoke them. Asking if they will go and collect the pills again to drink, the addicts mentioned they will go and collect the pills but smoke them afterwards.

Eight of the participants describes food as luxury, they sometimes go for 2 or more days without food, although they afford to buy food, but the main priority is WHOONGA drug than food. They also reveal that when they are under the influence the drug will make them very hungry, so they prefer shoplifting to get something to eat food rather than using their hard cash on food. It was also revealed that all the money which they get is only used to buy drugs, they prefer to wear filthy rags than buy something to wear. The addicts also mention they are not afraid of being arrested as they always got caught and released, they also mentioned that Westville prison is also another home as they have friends there and it is good to be there. Nine addicts regret using drugs and describe street life as terrible and harsh. However, the five-participants revealed that street life is better than home, they are happy in the streets as they can make money so easily by robbing people their cell phones and money. Asking them where they normally rob people, they mentioned a notorious foot bridge which connects a suburban area called Ashley and Pinetown, the bridge goes over the M13 highway. Many people use that bridge to go to work as Ashley is both a residential and industrial area. They normally rob people at knife point, their intention is to take money and other valuables but not to injure or kill, they can only stab if the victim tries to resist or intimidate them.

Asking how they take the terrible drug, all the participants revealed that they smoke or inject the drug directly into their blood stream using a syringe. They first burn the drug and turn into solvent then inject themselves, they claim that the injection form is more effective as they feel the impact of the drug more than they do when smoke. They exchange one syringe and not concerned about the risk of transmitting infections into their blood stream. Asking them if they are health practitioners who visit them for health education, all the participants were quite adamant that they never come across anyone from the health department trying or willing to talk to them about health-related issues. Asking how they survive the cold weather in streets, three of the fourteen participants revealed that when they are under the influence, they do not feel any coldness as we sleep until the next morning without working up at certain intervals during the night. The rest said they do have blankets which they hide in certain positions and only use them at night, they mentioned that we sleep in different areas, so people have a tendency of stealing others blankets and go to their position where you will not find them, even if you find the position you cannot take it because they will gang attack you. All the four females revealed that they do not have powers over blankets as the male will take them using force. However, the only way to survive the cold is to share a blanket with a man in exchange to sex.

The male participant revealed they sometimes fight for females as they are fewer than them, sometimes the fight will end through an agreement that we give each other turns that night to have sex with a same woman. Four males can have unprotected sex with one female per night without any fight as long they agree on giving each other turns. Another participant revealed that the drug will make him to develop a wild sexual libido and normally struggle during the day as women will also be looking for money in the streets. He mentioned that the only way to quench his desire is through masturbation. The participant also revealed he sometimes force himself on a woman (Rape) as sometimes the women will ask for money or drug first before allowing him to do anything. The other male participant also agreed, saying we always rape especially at night, especially when a woman complains of tiredness or ask for service money. Another male participant also mentioned that these women are our responsibilities, we always look after them in all their needs, even if we rape them, they do not report to the police.

Theory tells us that substance abuse has multiple consequences. Although in South Africa we know much about the negative effects of alcohol and tobacco on individuals, community and society at large, there is still heroin, cocaine, inhalants, nicotine, opioids, and many other drugs. At a theoretical level, drugs affect the individual, community, and society at large. All its negative effects straddle all sectors of the economy, including the health sector. This section reviews literature on the consequences of substance abuse to the individual, household/community and society at large. On the onset it must be borne in mind that this distinction is only made to frame our analysis, the lines dividing individual, community or societal effects of substance abuse are quite blurred.

At the onset, it is critical to point out that literature is clear that the consequences of substance abuse differ between women and men, which implies any treatment or intervention programme must factor in gender differences. For example, in a presentation (i.e. based on a survey conducted between June 2010 and March 2011) made to the South African parliament by Dr Ray Eberlein of the Central Drug Authority the following consequences of drug use and abuse on women/girls were noted:

- (i) Loneliness and rejection were key causes of women drug abuse.
- (ii) (ii) Women were more likely to abuse over the counter medication.
- (iii) (iii) Women drug users were 46% more likely to be victims of physical abuse including rape and incest.
- (iv) (iv) Addiction among women occurred more rapidly than men

Other studies have shown that substance abuse is associated with risky sexual behaviour. Pluddemann et al., (2010) found that school going youth who used methamphetamine were characterised by delinquent behaviour and engaged in sexual practices more frequently than those who had not used this substance. In a very recent study, Magidson, et al (2016) tests the association between drug use and sexual activity, violence for both males and females in periurban areas. In a sample of 822, 16-18-year olds, and using logistic regression models, Magidson, et al (2016) found that drug use (and alcohol) are strongly associated with violence and sexual activity for both males and females. As drugs tend to encourage impulsive behaviour and impair one's judgement, some studies have demonstrated that those on drugs are more likely to engage in risky sexual behaviour such as having sex without condoms or having multiple partners leading them to contract HIV and STI. In a survey of both sexual partners taking drugs and those not, Kalichman et al (2006) found that the psychopharmacological effects of some drugs boosted the sexual activity of drug users, thereby predisposing them to risky sexual behaviour (Morejele, 2006). For example, studies have shown the link between methamphetamine use and increased libido and impulsivity, giving rise to risky sexual behaviour and increased susceptibility to contracting HIV and other sexually transmitted infections (Carrico et al., 2012); This is also confirmed in Reddy (2010), where 14% of school going learners reported having drugs before engaging in sex. Many girls have become pregnant as the psychopharmacological effects of drugs compromise their judgements.

Other social effects of substance abuse to a youth include poor educational achievements, unemployment, crime, welfare dependence, poverty, social exclusion, marginalisation, and violent behaviour (Bouchery, 2011). Besides these maladies reinforcing each other, they in turn perpetuate substance abuse.

Consequences to Household/Family/School

There is consensus among all studies reviewed that within a household/family environment, substance abuse has severe negative effects, with violence being the most significant problem. According to Zulu, et al (2004) and Jewkes, et al, (2010), substance use is largely implicated in interpersonal violence (including gender-based violence and sexual assault), school violence, and often lead to a non-conducive teaching or learning environment. At home violence is meted mostly against women partners, wives, siblings or parents, while at school peers and teachers are the prime victims. Drug use often leads to family dysfunctionalities and disintegration, financial losses and distress, increased burdens associated with medical and other treatment services for drug users not able to support themselves. Substance abuse is also associated with poor academic performance and aspirations and prolonged stay at school. Sutherland and Shepherd (2001) have shown that drug use is associated with academic difficulties, absenteeism and dropping out of school. For example, cannabis use, which is a drug of choice among South Africa youth has been shown that it generally interferes with learning, short-term memory and psychomotor skills. Melisa et al (2014) reported that methamphetamine (“tik”) had “adverse effects on mental, physical, and economic well-being, and limited future opportunities through school drop-out and incarceration” of drug users in the Western Cape Province. The same study implicated tik use to household conflict, with negative consequences on children, “including neglect and poor birth outcomes”. At a community level, respondents linked tik use to increased rates of crime, violence and corruption, which undercut community cohesion.

Consequences to Society Substance abuse certainly means the energies, creativity and talents of the youths are not harnessed. Substance abuse is linked to unemployment, crime, physical inactivity and even premature deaths. To the society this means forgone productivity and economic development. In other words, substance abuse has a direct or indirect bearing on the economy. The National Drug Master Plan (2012-2016) estimates the costs of illicit drugs to the South African economy at 6.4% of GDP or R136 billion per year. The same document estimates that 17.2 million South Africans bore the emotional and financial burden of illegal drugs. However, these figures are simple a fraction of the actual costs to society. Other major costs such as drug related violence, injuries, deaths, disease, law enforcement and lost productivity remain largely unquantified. Melisa et al (2014) noted that at the community level, tik use was associated with “increased rates of crime, violence and corruption, which undercut community cohesion”. Although these statistics do not directly speak to the youth; they point to a serious national burden.

Missing connections in Literature Other than the above, literature in South Africa is silent on the harm substance abuse has on others (friends, and colleagues) (Ramsoomar, 2015). Further research is required to establish the effects of substance abuse by young people on the quality of family life, pressures on family finances, family stress levels, family or friend disruptions, emotional and psychological impacts on families, divorces, theft from family and friends, etcetera.

Other private sector initiatives include the Addiction Harm Reduction Compliancy, which is a value that commits individuals and companies to a set of Principles, Compliancy Solutions and Processes, which reduce the harm that addiction causes to society. The NPA Anti-Drug Campaign The prosecutors working in the Soweto Court noticed a pattern in their criminal cases, which linked children offenders to a history of drug or substance abuse. Daily, these prosecutors noticed that many of the young people filtering through the criminal justice system shared this history and were in trouble as a direct result of it. This sparked the National Prosecuting Authority to create an Anti-Drug Campaign. This campaign is a social responsibility drive run by the prosecutors. They embarked on a carefully structured campaign, which addressed substance abuse and revealed how children were being led into a life of crime due to addiction.

Bosasa, a private sector organization partnered with the NPA, giving the programme access to Youth Development Centres created in partnership with the Gauteng Department of Social Development. They are a safe place for children between the ages of 14 and 17 who conflict with the law. The children at the Mogale Youth Centre, along with social workers, use drama as a vehicle to promote change within drug-stricken communities. The campaign was introduced to a wide range of schools where the children performed this drama production for their peers. It quickly became evident that telling others about their circumstances – for example, criminal charges and living in a detention centre – had a strong impact on many who saw the campaign. These children had all been involved in crimes and drug abuse themselves, which meant they were able to give compelling testimonies as to why 'crime does not pay'.

CONCLUSION

Pinetown is on the brink of collapse due to the scourge of drugs that has hampered its success and development. The local municipality is losing millions through vandalization and theft, mostly cable wires and structures made of copper, aluminium, steel, iron and zinc. Many people are now scared to do their shopping in Pinetown due to the high rate of crime, the police failed to control the crime rate although they endeavour to bring all the culprits to book but enough must be done to get rid of crime completely.

RECOMMENDATIONS

There is need for campaigns which communicate the importance of family role to the upbringing of children, the family is the most important structure to educate a child about the dangers and risks of drugs. The church also has a big role to play by teaching the children good morals from Sunday school right through the teenage stage. The teenage stage is the most critical as young adults try to experiment more at this stage. The family must monitor all their children movements and habits, encouraging them to pray and go to church. Most writers and intellectual overlook the importance of prayer and God when they are writing academic materials, they tend focus more on cognitive reasoning as the ultimate solution for problems. God is the ultimate solution for everything, these kids must be encouraged to love God and understand his purpose for us so that they will also acquire his character. The family role is the key for a child behaviour, many drug addicts come from disjointed families, even if the family is rich but if unity and love does not exist then the child is likely to go astray. Researchers normally undermine the impact of divine intervention as a permanent solution to the scourge of drug abuse. There is serious need for societies to build more churches and bible colleges where young teenagers are encouraged to attend free of charge and get more information about good behaviour and spiritual knowledge rather than academic knowledge. Academic knowledge is also important, but they can acquire that in schools and universities. This strategy will have a positive impact in reducing the scourge of drug abuse in our communities. The family must play the most important role then followed by the church, the church and the family must work together in sharing ideas on how to build the life of their children.

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