

UNIVERSITY OF THE WESTERN CAPE

Faculty of Community and Health Sciences
In fulfilment of the degree Masters in Social Work

Experiences of coloured heroin users in Metro South area of Cape Town: A social work perspective.

Student Name: Dominique Caswell

Student Number: 2763215

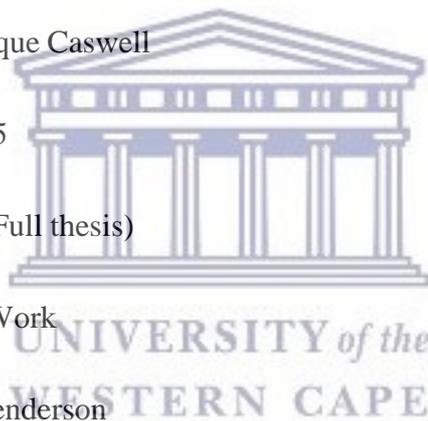
Degree: MSW (Full thesis)

Department: Social Work

Supervisor: Dr N Henderson

Co-supervisor: Dr M Florence

Date: 27 July 2018



University of the Western Cape



UNIVERSITY of the
WESTERN CAPE
WESTERN CAPE

Private Bag XI7, Bellville 7535,
South Africa

Telephone: ++27-21- 959
2255/959 2762

Fax: ++27-21- 959 1268/2266

PLAGIARISM DECLARATION

Name: D Caswell

Student number: 2763215

- I hereby declare that I know what plagiarism entails, namely to use another's work and to present it as my own without attributing the sources in the correct way. (Refer to University Calendar part 1 for definition):
- I know that plagiarism is a punishable offence because it constitutes theft.
- I understand the plagiarism policy of the Faculty of Community and Health Science of the University of the Western Cape.
- I know what the consequences will be if I plagiarize in the study conducted on the topic of "*Experiences of coloured heroin users in Metro South area of Cape Town: A social work perspective*".
- I declare therefore that all work presented by me for the course of the study, will be my own, and were I have made use of another's work, I will acknowledge the source in the correct way.



Date:

11 January 2018

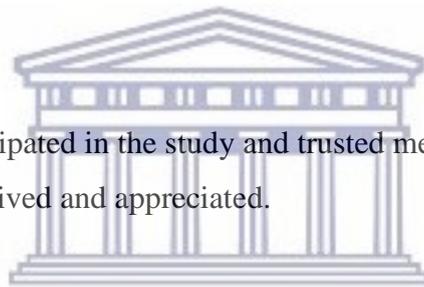
ACKNOWLEDGEMENTS

To my son Adam Caswell, thank you for being my inspiration since you were born. You are an amazing child and continue to surprise me every day, you make me better.

To my mother, Glendaline Caswell, thank you for always being there unconditionally. You will always be my number one lady.

To my siblings, my sisters Melissa, Logan, Jamie, and my brother Luigi, thank you for all your support and belief in me.

Thank you to those who participated in the study and trusted me with sensitive information. Your participation is well received and appreciated.



To Dr Henderson, my supervisor and friend, thank you for never taking it easy on me even through difficult times. You are truly an amazing motivator and an exceptional mentor.

Table of contents

| Content | Page number |
|--|-------------|
| Plagiarism Declaration | ii |
| Acknowledgment | iii |
| Table of contents | iv |
| Abstract | vii |
| <u>Chapter 1</u> | |
| 1.1 Introduction | 1 |
| 1.2 Statement of the problem | 2 |
| 1.3 Literature review | 5 |
| 1.3.1 Social factors relating to substance abuse | 5 |
| 1.3.2 Heroin: A historical context | 7 |
| 1.3.3 Heroin in South Africa | 8 |
| 1.4 Theoretical framework | 9 |
| 1.4.1 Research question | 10 |
| 1.4.2 Research goal | 10 |
| 1.4.3 Research objectives | 10 |
| 1.5 Methodology | 10 |
| 1.5.1 Research approach | 10 |
| 1.5.2 Research design | 11 |
| 1.5.3 Population | 11 |
| 1.5.4 Sampling | 12 |
| 1.5.5 Data collection | 12 |
| 1.5.6 Data analysis | 13 |
| 1.5.7 Trustworthiness | 13 |
| 1.5.8 Ethics statement | 15 |
| 1.5.9 Risk factors | 15 |
| 1.5.10 Informed consent | 16 |
| 1.5.11 Anonymity and confidentiality | 16 |
| <u>CHAPTER 2</u> | 17 |
| 2.1 Literature review | 17 |
| 2.2 Opium: A historical context | 18 |
| 2.3 How heroin affects the body and brain | 20 |
| 2.4 Learnt behaviour, positivism and medical model of substance abuse | 21 |
| 2.4 Social constructionism | 24 |
| 2.5.1 Social constructionism and substance abuse | 25 |
| 2.6 Symbolic interactionism | 27 |
| 2.6.1 Symbolic interactionism and substance abuse | 30 |
| 2.7 Social constructionism and heroin: influence of social divisions and culture | 35 |
| 2.8 Heroin abuse in the coloured community | 39 |
| 2.9 Symbolic interactionism: the self | 42 |
| 2.10 South African policy on substance abuse | 42 |
| 2.10.1 The key components of the National Drug Master Plan are as follows | 44 |
| 2.11 Heroin internationally | 46 |
| 2.12 Increase of heroin in South Africa | 48 |



| | |
|---|-----|
| CHAPTER 3 | 53 |
| 3.1 Methodology | 53 |
| 3.2 Research approach | 56 |
| 3.3 Research design | 56 |
| 3.3 Population | 57 |
| 3.3.1 Triangulation | 58 |
| 3.3.2 Sampling | 58 |
| 3.3.3 The benefits of sample snowball sampling in the context of the research | 59 |
| 3.3.4 Pilot study | 59 |
| 3.4 Procedure | 64 |
| 3.5 Data collection | 65 |
| 3.5.1 Establishing rapport | 66 |
| 3.5.2 Open-ended questioning style | 67 |
| 3.5.2 In-depth interviews | 68 |
| 3.5.3 Advantages of in-depth interviews | 68 |
| 3.5.4 Procedure of the semi-structured interviews | 69 |
| 3.5.5 Key informants | 70 |
| 3.5.6 Recording process | 71 |
| 3.7 Data analysis | 72 |
| 3.7.1 Trustworthiness | 73 |
| 3.7.2 Credibility | 73 |
| 3.7.3 Generalization and transferability | 74 |
| 3.7.4 Dependability | 74 |
| 3.7.5 Confirmability | 74 |
| 3.8 <i>Self-reflexivity</i> | 75 |
| 3.9 Ethics statement | 77 |
| 3.10 Risk factors | 77 |
| 3.11 Informed consent | 78 |
| 3.12 Anonymity and confidentiality | 79 |
|  <p>UNIVERSITY of the WESTERN CAPE</p> | |
| CHAPTER 4 | 80 |
| 4.1 Data analysis | 80 |
| 4.2 Introduction | 81 |
| 4.3 Themes and subthemes | 81 |
| Table 2 Themes and Subthemes | 81 |
| 4.4 Participants | 83 |
| 4.4.1 Table 3 - history | 83 |
| 4.5 Heroin use among coloured people: how it starts | 86 |
| 4.5.1 Tik versus heroin | 86 |
| 4.5.2 Family influence on heroin use | 91 |
| 4.5.3 Trauma and heroin use | 92 |
| 4.6 Factors influencing heroin use of coloured users in Wynberg | 93 |
| 4.6.2 "They come from everywhere" | 95 |
| 4.6.3 Funding the habit | 96 |
| 4.6.4 Tanzanian versus coloured dealers | 99 |
| 4.6.5 Factors that influence heroin users: vendors | 103 |
| 4.6.6 Factors that influence heroin use: SAPS | 106 |
| 4.7 Cultural dynamics related to heroin use in Wynberg | 109 |
| 4.7.1 Family of origin versus surrogate family | 109 |
| 4.7.2 Deconstructing language: how it influences identity of heroin users | 112 |
| 4.7.3 "If they see <i>someone (coloured) doing it ... they want to do it</i> " | 114 |
| CHAPTER 5 | |
| 5.1 Summary | 124 |

| | |
|--|-----|
| 5.2 Tik versus heroin | 121 |
| 5.3 Family influence on heroin use | 121 |
| 5.4 Trauma and heroin use | 122 |
| 5.5 Heroin use in Wynberg: “They come from everywhere ...” | 122 |
| 5.6 Funding the habit | 123 |
| 5.7 Tanzanian versus coloured dealers | 123 |
| 5.8 Factors that influence heroin use: vendors | 124 |
| 5.9 Factors that influence heroin use: SAPS | 124 |
| 5.10 Family of origin versus surrogate family | 125 |
| 5.11 Deconstructing language: how it influences identity of heroin users | 125 |
| 5.12 “If they see someone (coloured) doing it ... they want to do it” | 125 |
| 5.13 Reflexivity | 126 |
| 5.14 Recommendations for practice | 127 |
| 5.15 Recommendations for policy | 128 |
| 5.16 Limitations of the study | 129 |
| 6.4 Conclusions | 130 |
| References | 131 |
| APPENDIX A (PARTICIPANT INTERVIEW SCHEDULE) | 147 |
| APPENDIX B (KEY INFORMANTS INTERVIEW SCHEDULE) | 149 |
| APPENDIX C (CONSENT FORM) | 150 |
| APPENDIX D (INFORMATION SHEET) | 151 |
| APPENDIX E (TRANSCRIPT) | 153 |



Abstract

Heroin usage is on the increase in the Western Cape province of South Africa owing to globalization and to increased access to the drug in this province. The goal of this study is to explore the experiences of coloured heroin users in the Metro South area of Cape Town, which stretches from Simons Town and Muizenberg to Retreat, Lavender Hill, Grassy Park, Parkwood and Wynberg. These individuals have been found to congregate in the Wynberg CBD. The overarching theoretical framework for the purpose of this research is social constructionism and symbolic interactionism, using a qualitative means of inquiry. Snowball sampling was used to recruit prospective participants and data was collected by means of in-depth interviews, with a semi structures interviewing schedule. The questions informed the subsequent themes and categories that arise from the data collection process.

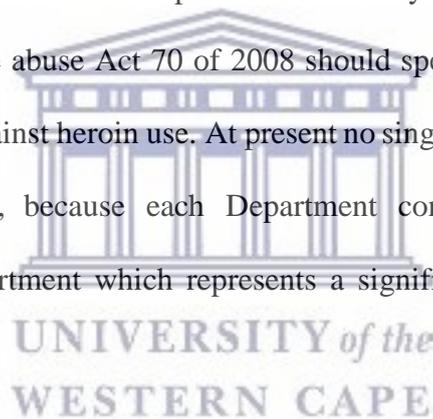
Snowball sampling was employed in this case, a non-probability sample, in which participants were recruited via key informants. The sample distribution included 13 participants, 10 of which were heroin users (5 female, 5 male) and the remaining 3 were key informants which contributed to triangulation of the data.

In terms of the findings, participants spoke of mostly being involved in intimate relationships, which according to participants had dual benefits. For female participants intimate relationships offered a form of protection on the often dangerous streets of Wynberg and for certain males, intimate relationships offered an opportunity to fund their habit, by trading their female partners to perform sexual favors for money to acquire heroin. While the study found females were mainly involved in trading sexual favors for money, heterosexual males were also implicated in having sexual relations with homosexual men for money. Furthermore, the study found that heroin users in Wynberg represented a surrogate family, where, because of their lifestyle, they were disconnected from their own family. This family surrogate was found to be supportive, caring to a large extent, shared a living space, protective of each other and shared a common

language and understanding.

In addition, most participants were ostracized from the larger community, a status which was socially constructed by the broader society because of their use of heroin and physical appearance. Many participants in the study found that they received very little support from SAPS (South African Police Services) in the area, the majority even associating the officials with corruption and cooperating with drug dealers in the area.

The principle recommendation of this qualitative study highlight that programmes should be aimed at identifying vulnerable groups where substance abuse, like heroin seems to be normalized and part of the cultural makeup of a community. In terms of policy, current legislation governing substance abuse Act 70 of 2008 should specifically identify the roles of each department in the fight against heroin use. At present no single department takes the lead in matters related to heroin use, because each Department considers treatment to be the responsibility of another Department which represents a significant gap in the provision of services to heroin users.



Key words: Heroin, drug abuse, coloured, social worker, social constructionism, symbolic interactionism

CHAPTER 1

1.1 Introduction

The abuse of psychoactive substances has become more prevalent in the Western Cape province of South Africa during the last decade, with heroin and methamphetamine use being identified as major concerns in communities according to Parry and Meyers (2011). These substances are identified as psychotropic or psychoactive substances, which mean that the drugs have mind-altering and psychedelic properties (Doweiko, 2009). The stimulant drug methamphetamine, commonly referred to as *tik*, has become the most documented in research to date. However, the use of depressant opioid-based drug heroin, has also unobtrusively (some might say) been on the increase in the Western Cape, even taking precedence over *tik* as the drug of choice, especially in the traditionally coloured suburbs of the Metro South area of Cape Town, such as Wynberg, Grassy Park, Lavender Hill, Retreat and Ottery.

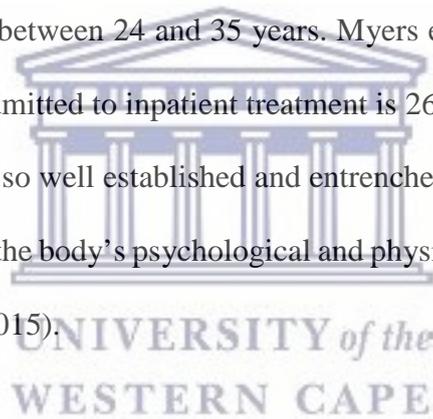
The recent increase in the use of the heroin is a thought-provoking anomaly, because from an historic and statistical standpoint, heroin has been associated with intravenous use by white South Africans, and research corroborates this view. Myers (2007) found that in Cape Town, 80 per cent of the documented heroin users who approached treatment centres were white, with coloured and black people only representing six and two per cent respectively. The rationale for this research was to explore the social, familial and biological factors which have exacerbated the problem in the traditionally coloured areas of Cape Town.

1.2 Statement of the Problem

The Western Cape Province has the highest rate of substance abuse compared to the other provinces in South Africa. This has been the case for some years and places tremendous strain on the healthcare system and justice system (Myers, Louw & Pascha, 2010). Substantial funds have been made available by the provincial Department of Social Development and the Department of Health to develop programmes to combat the ever-expanding problem of tik and heroin abuse in the communities across the Western Cape. Two examples are the “Ke Moja” programme of 2010, which focused on awareness, and the more recent evidence-based programmes, like the Matrix Programme highlighting strengths and improving mental health. The prevalence of psychoactive substances and availability of government-funded treatment centres seemingly cannot compensate for the ubiquity of psychoactive drugs, including heroin. The statistics for substance abuse prevalence are unfortunately not representative of the actual observed numbers of people approaching the offices of the Department of Social Development for assistance. Flisher (2005) conducted a quantitative study on prevalence of substances in rehabilitation centres. The results suggest that heroin is less frequently consumed in the Western Cape than marijuana and tik. A similar, more recent study was conducted by Myers et al., (2010) which found that in South Africa, a significantly lower proportion of users approach treatment centres for help with heroin abuse (2%) compared to other substances such as alcohol and marijuana. However, anecdotal accounts from the South African Police Services (SAPS) in Wynberg suggest that, on any given day, there are approximately 60 to 70 heroin users congregating in the Wynberg area, who directly contribute to larceny and to the increase of vagrancy and the overall higher crime rate.

The daily practice of professionals is often the environment in which research problems arise (Mouton, 2003). In the case of the current study, the researcher is a social worker by profession

and experience, as well as an observer of the realities within communities in the field of substance abuse. Marshall and Rossman (1999), cited in Terreblanche Durheim, Painter (2006) state that professional practice is considered a good source of fostering analysis and critical thinking around possible research questions. The researcher has been working for the provincial Department of Social Development for five years in the field of substance abuse and addiction, currently based at the Wynberg regional office. Social work interventions, including individual and group sessions with substance dependents, have shown that heroin intake has become more prevalent. An interesting dynamic is that most clients who abuse heroin and approach the office for assistance have been addicted to the substance for lengthy periods, in some instances more than five years. Many have already attended inpatient and outpatient programmes. Their ages vary between 24 and 35 years. Myers et al., (2010) suggests that the mean age for those who are admitted to inpatient treatment is 26. The challenge in these cases is that the addiction is already so well established and entrenched that it is even more difficult to combat, as a direct result of the body's psychological and physiological response and craving for the substance (Janmardi, 2015).



The researcher's interest in studying heroin abuse was augmented by interaction in group facilitation at the Department of Social Development, with both tik and heroin users. An interesting anomaly observed was the tendency for heroin users to downplay the use of tik as a potentially addictive substance. Users allude to the fact that tik is an "easy drug" to combat; "nothing" in comparison to the use of heroin, its effects and the availability of the substance. It is notable that those who make such comments are often prior users of tik who have switched to heroin for greater impact and effect. Switching addictions is by no means an uncommon occurrence according to Doweiko (2009). The tik users in the group facilitation sessions largely concurred that heroin was in fact more potent, as well as being a "bergie drug" (loosely

translates as “a drug for vagrants”), and that the likely scenario for a person who abused heroin would eventually and inevitably be life on the streets. Although these comments are anecdotal, it was hard to overlook because it remained a constant with different groups and require further investigation.

Heroin has established itself as one of the most difficult substances to combat. This is a phenomenon which occurs in many countries around the world, for instance the Netherlands, Norway, Italy, Nigeria, Iran and the United States of America (USA). The drug has now become prevalent in South Africa, especially in the Western Cape, with both oral and intravenous use particularly among the coloured youth. While research attempts have mainly focused on tik, very little social work research has been conducted on heroin abuse in the coloured community in the Western Cape. Consequently, the current research is all the more pertinent, as the drug and its effects become more prevalent, crossing paths with social work services in the Metro South area of Cape Town.



1.3 Literature review

In keeping with what Henning (2005) describes as a chronological literature review, this literature review first describes what heroin (an opiate) is as a synthetic substance. The review aims to explain how it impacts on the biological, neurological and internal processes of the heroin user. This research focuses on the historical origins of the substance, while delving into how heroin was and is distributed across the continents, including Africa and South Africa. The review will also make mention of the United Nations National Conventions approaches to combating the trafficking of psychoactive substances and highlights South Africa's efforts in this regard. The research assesses the recent literature in South Africa and in the Western Cape among young male and female abusers of heroin, and examines the treatments available both evidence-based and anecdotal.

1.3.1 Social factors relating to substance abuse

The anthropological need to reduce stress and escape from reality is identified as the reasons for people using psychotropic substances. These needs are articulated as being rooted in our physical and biological makeup (Doweiko, 2006). Sampson, cited in Brook et al., (2011) concurs with this view and highlights that people often use cigarettes, alcohol and/or drugs as a form of relief to achieve homeostasis. This phenomenon can also be observed in other mammals. African elephants, for example, deliberately eat the fermented fruit of the Marula tree, which is understood to produce an intoxicated state and sense of euphoria. Despite the presence of marauders on the plains, these mammals participate in the ritual nevertheless, according to Doweiko (2006). In the same way, humans partake in the use of mind-altering substances, inconsiderate of the consequences. It is these circumstances and actions that are believed to be a gateway to understanding why humans become addicted to narcotic substances.

Neurological explanations have become popular in the field of addiction, with pleasure centres of the brain being identified as being responsible for perpetuating the compulsion to use psychoactive substances. In these terms, heroin as a substance slows down the central nervous system and simultaneously stimulates the reward pathways of the brain (Lian, Zhang, Xie, Yu, 2015). This specifically arouses centres of the brain responsible for communication; reward and dopamine regulation according to (Howells, in Ellis et al., 2012). The substance further decreases the heart rate, slows breathing and constricts the pupils. The actual addiction is believed to stem from heroin's ability to replace the endorphins naturally found in our brain and typically shuts down the body's natural production of morphine, with continued use (Howells, in Ellis et al., 2012). In the same way, excessive use of anabolic steroids eventually shuts down the production of natural testosterone levels. When heroin is ingested, the user experiences a plethora of euphoria and an overwhelming feeling of relaxation reports that continuous use of the drug may lead to physiological and mental addiction. According to (Lian et al., 2015) the drug is also associated with severe withdrawal symptoms which can include spasms, rhinorrhoea, vomiting, and cold shivers. This phenomenon is colloquially known as "cold turkey", referring to the goosebumps on the skin of the user.

Heroin is the preferred opiate drug of choice in the morphine group because it is rapidly absorbed through the body and produces analgesic effects and euphoria (Ghodse, cited in Ellis, Stein, Thomas and Meintjies, 2012). The drug can be consumed in three ways, which means it can be intravenously injected, orally ingested (smoked) or sniffed through the nasal passages. Heroin has many slang names: *chasing the dragon*, *H*, *brown sugar*, *beat* or *unga*. This last-mentioned is the most popular name for the substance on the Cape Flats and in Metro South area. It should be noted that the nomenclature for heroin as a substance differ over time and from place to place.

1.3.2 Heroin: A historical context

Zhang and Chin (2013) explains that opioids as psychoactive substances have antecedents in many countries around the world, but were first cultivated by the Sumerian people of Persia (modern- day Iran), in 4000 BC. Opioids were later found in Egypt, Rome and ancient Greece, being renowned for their medicinal value and endorsed by many, even the well-known physician and philosopher Hippocrates, as a cure for insomnia Zhang and Chin (2013). During the early centuries, opioids found their way to the Middle East, China and India. Interestingly, the substance was used as an alternative to alcohol abuse and was known for enabling the user to become more tranquil and calm, as opposed to the vulgarity that is so often associated with alcohol abuse (Fernandez & Libby, 2015).

According to the World Drug Report (2010), heroin is believed to be one of the most addictive substances in the world; today there is an estimated prevalence of heroin in 20 countries in the Americas, 51 countries in Asia, five in Europe, 17 in Oceania, and 30 African countries. The highest numbers of heroin users in European countries are in Italy, the UK and France (UNDOC, 2008). The main consumer of heroin in Africa is actually reported to be Egypt (Fernandez & Libby, 2015). Afghanistan is the biggest producer and distributor of heroin in the world today, at 85%, because of its vast prevalence of poppy plants, and its popular Afghan heroin (Fernandez & Libby, 2015). Most international studies have focused and extensively elaborated on heroin production, addiction and programmes in Europe and North Africa, but research on heroin use in southern Africa is limited.

1.3.3 Heroin in South Africa

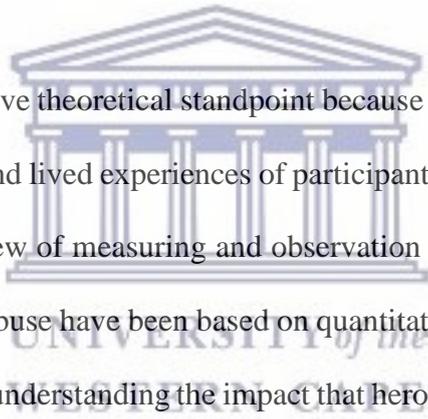
As a country, South Africa has been privy to information regarding the dangers of psychoactive substances since the 1960s; it was around this time that international efforts to combat Psychotropic substances, including heroin, became important. Although South Africa has taken part in international efforts to combat the use of psychoactive substances since the 1970s, the trafficking of heroin and other substances to our shores has become an ever-present occurrence in recent times, some might say uncontrollable. It appears that the country's participation in these initiatives against drugs has been futile.

A number of factors have directly and indirectly contributed to the increased flow of psychoactive substances to the country. The influx of immigrants to the country is one major contributor to the increase of illicit drugs in the country (Lund & Hewana, cited in Ellis et al., 2012). This directly correlates with less stringent border controls, which followed 1994 and the change of government Harker, Kader, Myers, Fakier, Parry, Flisher, Peltzer, Ramlagan and Davids (2000). These regulations allowed foreign nationals to enter the country, some by legal means, but a considerable number gaining illegal access. Flisher (2006) concurs, indicating that the influx of foreign nationals contributed to the increase and availability of psychoactive substances like heroin and tik, which prior to 1994 were almost non-existent in the country. The end of apartheid also saw South American drug dealers using South Africa's new found freedoms as a means to transport narcotic substances and to develop a new target market. The development in telecommunication systems, infrastructure and transport routes (sea and air travel) has made it easier for trafficking of narcotic substances, such as heroin, into the country (Pluddeman et al., 2004; Legget, 2004).

The researcher would have preferred including more empirical studies of social work engagement in heroin interventions, but there is limited research available in this area in the field of social work.

1.4 Theoretical framework

The overarching theoretical framework for this research is social constructionism. Social constructionism in context describes the way people's lives have been shaped by particular existential forces (Boghossian, 2004). The principles of social constructionism have been adopted in this study to assess social issues such as poverty, unemployment and education as well as the availability of psychoactive substances that has perpetuated drug use and maintained the addictive pattern of heroin abuse. The social constructionism movement aims to decriminalise the use of substances, with the view that the custom is directly influenced by external factors of an economic, social and cultural nature, as opposed to the genetic, biological and psychological traits of individuals.



This research uses an interpretive theoretical standpoint because the paradigm aims to promote an understanding of the lives and lived experiences of participants in their natural environment, as opposed to the positivist view of measuring and observation (De Vos, 2005). Most studies in South Africa on substance abuse have been based on quantitative methods of inquiry, which represents a significant gap in understanding the impact that heroin abuse has on the individual. There is a belief within the theoretical framework that no single research or researcher provides all the answers; all theory or observation is in fact imperfect and should be open to revision (Henning, 2005). Therefore this research offers an alternative view of the dynamics of heroin addiction from a social work perspective.

1.4.1 Research question

The research question for this study is:

What are the experiences of coloured heroin users in the Metro South area of *Cape Town* from a social worker's perspective?

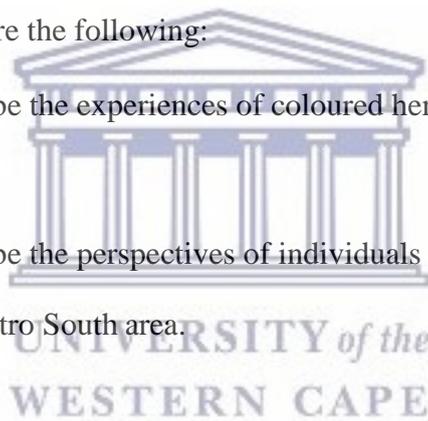
1.4.2 Research goal

The researcher's goal is to explore the experiences of coloured heroin users in the Metro South area, using qualitative research methods, in an attempt to understand how and why the drug has become so prevalent among coloured youth in the Metro South area.

1.4.3 Research objectives

The objectives in this regard are the following:

- To explore and describe the experiences of coloured heroin users in the Metro South area.
- To explore and describe the perspectives of individuals who engage with coloured heroin users in the Metro South area.



1.5 METHODOLOGY

1.5.1 Research approach

Pretorius (1997:37 as cited in Volkwyn, 2008), states that the qualitative paradigm offers to the researcher an opportunity to elicit meaning from participant's experiences and perceptions. The qualitative research method is used in this research to describe and understand phenomena, as opposed to prematurely explaining the behaviour of participants (Babbie & Mouton, 2001). Quantitative studies have been conducted in abundance, but it is the researcher's opinion that one cannot quantify people's experiences with numbers and statistics. The qualitative paradigm is considered to be a more person-centred approach to research, bringing about a humanistic

view of participants' reality. This paradigm is appealing to the researcher because the concepts of person-centred and humanistic approaches are part of the ethos of the social work profession. The congruence of the core principles of qualitative research and social worker values allow for an easier, temporary transition from social worker to qualitative researcher.

1.5.2 Research design

The research design focuses on the explorative and descriptive designs, which aim to gain information, without manipulation of data. De Vos et al. (2005) argue that a descriptive design is also observational in nature and it has a component of understanding group dynamics. This may lead to an understanding of how heroin affects the lives of study participants, and what meaning they in turn add to their lives by using heroin. In working for more than five years with people who have abused heroin and other substances, the researcher has gained an understanding of the dynamics of substance abuse and accompanying behavioural patterns. Therefore the descriptive design is relevant to this study as it speaks to an investigation of phenomena that have not clearly been defined (De Vos et al., 2005). This is especially pertinent because the design gives an account of individual experiences of heroin abuse, which are limited in research.

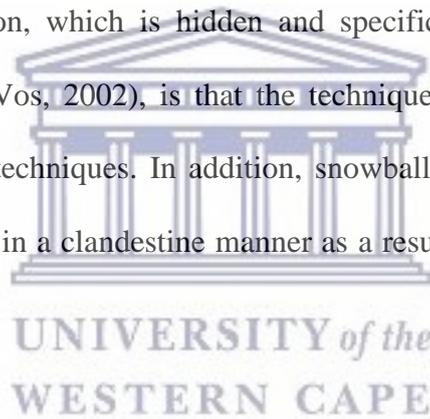
1.5.3 Population

Population refers to set criteria according to which participants are chosen for a specific research endeavour (De Vos et al., 2005). The population for this study is heroin abusers in the Metro South area of Cape Town in the Western Cape province of South Africa. For the purposes of this research, the researcher interviewed coloured persons from various backgrounds and socio-economic circumstances. The researcher interviewed six female and six male participants between the ages of 20 and 35 years, who congregate in the Wynberg area

of Cape Town for the purpose of using heroin. It should be noted that the participants reside in the surrounding areas of Retreat, Grassy Park, Parkwood, Lavender Hill, Cafda and Wynberg. In order to triangulate the data, the researcher made use of three key informants – two vendors and one policeman from Wynberg SAPS – who effectively provided rich information on heroin users in the area.

1.5.4 Sampling

The study employed the non-probability sampling technique of snowball sampling, in which the participants are recruited via key informants. Snowball sampling has many benefits, according to Mouton (2003). One of the more pertinent, especially for this research, is in researching a small population, which is hidden and specific (Cresswell, 2009). Another advantage according to (De Vos, 2002), is that the technique provides a low-cost method compared to other sampling techniques. In addition, snowball sampling is preferable when sampling groups who operate in a clandestine manner as a result of illicit activity, Cresswell (2009).



1.5.5 Data collection

Data was collected by means of in-depth interviews using open-ended questions and an interview schedule. Open-ended questions are beneficial because they allow free-flowing engagement (Babbie & Mouton, 2001). The interview schedule was a guideline for the interviewer and contained questions and themes which were important to the research. Open-ended questions allow for probing and eliciting data because the process makes room for flexibility, enabling the researcher to modify questions as deeper insights come from the obtained information. The method of data collection was therefore in line with the principles of qualitative approach according to Babbie and Mouton (2001). The questions were further structured to suit face-to-face interviews, and focused on exploring the experiences of the

participants. One interview session sufficed for each participant in the study, each lasting one hour. The researcher interviewed participants in both English and Afrikaans. Data was captured by making use of an audio-recorder and was transcribed verbatim. A copy of the interview schedule is included in this thesis as Appendix A.

1.5.6 Data analysis

The first step in the data analysis process was to transcribe the recorded data which was transcribed verbatim. The data was analysed using Tesch's approach as outlined in De Vos (2005). This approach focused on gaining an understanding of several transcripts, coding similar ideas in several of the transcripts and developing themes as they emerged from the transcripts. Categorisation of the data took place next; thereafter it was analysed, meticulously translated and coded accordingly.

The research used a thematic analysis, which (Babbie & Mouton, 2001) refer to as a methodical process in which the researcher immerses himself or herself in the data until significant statements emerge. In this study, the researcher read through and reflected on the data gathered from the verbatim accounts of the participants. Next the researcher summarised and scanned for themes that developed from this process De Vos (2002). The themes that appeared most relevant and substantial were highlighted.

1.5.7 Trustworthiness

Trustworthiness is often thought of as a critical thought process in which the researcher analytically reflects upon the research, questioning what he or she may have missed in the process (Terreblanche et al., 2005). Lincoln and Guba, (1995) in cited De Vos (2005) specify acceptable ways in which trustworthiness can be assessed. The first is credibility, in which the researcher properly identifies and describes the setting, population and theoretical framework

so that the goals of the research are clear. The fact that the researcher is familiar with the specific culture or setting is a good way of ensuring credibility, as many research approaches have been based on the researchers' experience and familiarity within a given field or setting.

The second step is to be mindful of generalisation and transferability, which means that the researcher ensures that the processes and theoretical frameworks are meticulously followed, so that the research could be validly applied in other contexts (Terreblanche et. al, 2005). Herein lays the difficulty in qualitative research, because the sample of research individuals is so small. However, Shenton (2004) proposes that the researcher has the responsibility to ensure that sufficient contextual information is gathered to provide readers with a detailed description so that they can make the link between the given research notions and their own observations or studies.

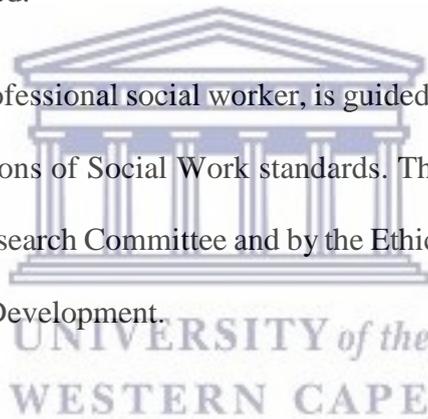


Dependability, the next facet of trustworthiness, accounts for how the researcher deals with changes in the study. The final aspect is confirmability, which questions whether the specific research question could be confirmed by another researcher. This is another contentious issue in the positivist view, with the suggestion that the continuously changing nature of qualitative research approaches leads to problematic accounts of data De Vos (2005). In light of this, the researcher has chosen triangulation as a method of data collection, in an attempt to ensure dependability in obtaining both the views of those who abuse heroin and those who closely observe the heroin users.

1.5.8 Ethics statement

The following ethical considerations were adhered to:

- Total anonymity regarding reporting of the information was continuously articulated to the participants. The researcher also informed the participants that the study would be viewed by the research supervisor at the University of the Western Cape UWC.
- The participants were informed that they were under no obligation to participate and could depart from the session, without any consequences.
- The informed consent of each participant was obtained in writing. The purpose of the study was also explained.
- The researcher, as a professional social worker, is guided by the ethical standards of the South African Professions of Social Work standards. The proposal was also approved by the UWC Senate Research Committee and by the Ethics Committee of the provincial Department of Social Development.



1.5.9 Risk factors

The engagement with participants in this study elicited some traumatic feelings for participants who had unresolved issues of the past. Those who required counselling or further engagement were referred for counselling at the Department of Social Development and to the Hope House Counselling Centre. The researcher had knowledge, from experience of working with substance abuse, of the potential risks involved in engaging with people abusing substances. Therefore the necessary steps were taken to ensure the safety of both the researcher and participants, by choosing a suitable venue for the interviewing process.

1.5.10 Informed consent

The participants were fully informed of the requirements of the study, which were also highlighted in the informed consent correspondence. Transparency in the study included disclosure about all aspects of the study, as well as relevant information about the researcher. Informed consent was in the form of a written agreement between the researcher and each participant. The dissemination of data and the manner in which it was to be handled was discussed to ensure that participants understood, and that there was consensus regarding the information once the study has been completed De Vos (2005). The participants understood that a prerequisite was their consent for the use of a voice recorder for the sole purpose of accuracy during the transcription of data. This was also articulated to participants prior to the commencement of the interviewing process.

1.5.11 Anonymity and confidentiality

The participants were made aware that data they provided would be used for research purposes, but that their identities would be protected and pseudonyms would be used. This was also specified in the informed consent agreement.

CHAPTER 2

2.1 Literature review

The following review of literature describes what heroin is as a substance. The review explains the historical context and provides description of the distribution process in Africa and globally. Earlier treatment methodologies are evaluated, as well as more contemporary views, evidence-based practice models and empirical studies on heroin abuse.

Herein the researcher will make mention of the current international presence of heroin, while referencing the United Nations approaches to combating the trafficking of psychoactive substances, as well as South African efforts in this regard. The reader will gain an understanding of recent trends of heroin use in the historical context of Apartheid, and of how it has influenced the trends among young coloured male and female abusers of heroin in the Western Cape. The issues of heroin abuse are addressed in terms of the theoretical models described in the social constructionism, symbolic interactionism and components of critical theory (anti-oppressive practice).

While appreciating the medical models pertaining to substance abuse and addiction, this research makes use of the said the theoretical modalities to illustrate the impact of ecological influences on the prominence of heroin use in communities across South Africa. This research is distinctive in that it presents a qualitative exploration of the effects of heroin abuse on a selected segment of the coloured population, which has not been thoroughly investigated by previous research.

2.2 Opium: A historical context

Heroin is a form of opium, which is extracted from the poppy plant. The substance heroin was only synthesised relatively recently. In order for the reader to understand the impact of heroin, the researcher feels obliged to discuss the development of the substance from a historical point of view.

The poppy is a plant indigenous to the Middle East, Zhang and Chin (2013). Extracts from within the plant have psychoactive properties, with a history in many countries around the world. Opium has even been cited in biblical scripture, referring to “gall” which is said to have been a concoction of alcohol, laced with opium (from the poppy plant) and specifically used for its analgesic (pain-numbing) purposes (Fernandez & Libby, 2015). The substance (gall) was apparently widely used in the region and most notably ingested by those who were to be executed for various crimes (Fernandez & Libby 2015). Transgressions of various forms during this period were punishable by death and were largely carried out in the form of crucifixion, which, in the eyes of many would constitute a painful death. The book of Matthew in the bible cites the bitter substance offered to Jesus Christ on the crucifix to repress the pain of the ordeal, to which the saviour was said to have refused (Fernandez & Libby, 2015).

Historical accounts suggest that opium found its way throughout the Middle East, Egypt, Rome and ancient Greece, and to China and India. The establishment of European trade routes and improvements in ship-building and conveyance inevitably led to the distribution of opium on a greater scale (UNDOC, 2009). It was at this time that the Portuguese and other European nations saw the potential for profit in exporting silks, spice and eventually opium to Asian countries (Fernandez & Libby 2015). However, it was only when the British made their way into the trade of opium that its true impact and potential for addiction became apparent. What

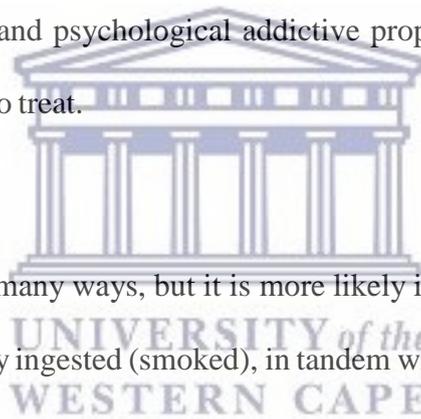
makes this period in history so significant is that it was the first time that the true impact of opium could be observed on a given population.

The transport of opium from Britain to China became a lucrative endeavour for the British, but it had severe social and economic implications for the general population of China (Fernandez & Libby, 2015). Three million Chinese citizens were abusers of opium within the first decade, which ultimately led to a myriad of social ills.

Opium has since been synthesised into many forms, mostly for beneficial medical purposes, but other forms, such as heroin, are highly addictive and dangerous. The substance, heroin was only discovered in the early part of the 20th century. Before then morphine, also an opiate, was very widely abused (UNDOC, 2008). Morphine was named after the Greek god of dreams, Morpheus, Zhang and Chin (2013). In an effort to eliminate the addictiveness of morphine, German pharmacists tinkered with the molecular structure of morphine, by adding a compound known as acetic anhydride (Dos Santos, 2008) which is the chemical catalyst and precursor to the production of heroin (UNDOC, 2008). The substance was initially called diacetylmorphine, which later the Bayer Company branded as “heroin” (Boehm 1968, cited in Butcher, 2005). The name translated in German and Greek language means something similar to “hero” (Fernandez & Libby, 2015). The substance was initially marketed as a less addictive and less toxic alternative to morphine. However, as would be discovered later, heroin proved to be two or three times more potent than morphine, mainly because it had a more direct route to the brain Zhang and Chin (2013). By the late 1920s, heroin was the world’s most widely abused opiate (UNDOC, 2008).

2.3 How heroin affects the body and brain

Heroin is the preferred opiate drug of choice and is therefore considered one of the most addictive drugs in the world. It is suggested to be more addictive and chemically dependent than cocaine and amphetamines (Van Zyl, 2009). If ingested, the substance enters the body by penetrating the blood–brain barrier and travels into the brain, producing analgesic effects and euphoria (Ghodse, cited in Ellis, Stein, Thomas & Meintjies, 2012). The blood– brain barrier is understood to be a layer protecting the brain from potentially bad chemicals (Lian et al., 2015). Since heroin is rapidly absorbed through this barrier, it enters the central nervous system 100 times faster than morphine according to Doweiko (2008). Myers, Louw and Fakier (2007) suggest that its physiological and psychological addictive properties make heroin one of the most complicated substances to treat.



The drug can be consumed in many ways, but it is more likely injected intravenously (pure, or with another substances), orally ingested (smoked), in tandem with another substance or sniffed through the nasal passages. Intravenous use of the drug is sometimes associated with a greater dependence because of the route of admission. However, Weich et al., (2013) refutes this, declaring that smoking and injecting are similar in the addictive potential for the user. Erasmus (2014) reports that in South Africa, heroin is mixed with powdered milk, sugar, baking soda, procaine, and sometimes with detergents, talc, starch, curry powder, Ajax cleaner or strychnine. Thai heroin is said to be concocted with mixtures such as rat poison, teething powder and bicarbonate of soda in both the Western Cape and Kwa-Zulu Natal, the latter being publicized for the presence of Whoonga, which is a mixture of heroin and antiretroviral drugs (The Star, 2006) cited (in Dos Santos, 2008). Weich et al. (2013) claim that heroin can be sold for between

20 to 30 Rands (ZAR) which is still the case today, after having been very expensive in earlier years.

2.4 Learnt behaviour, positivism and medical model of substance abuse

The abuse of heroin has led to many theories on methods and best practices to treat the addiction, in an attempt to explain the abuse and expedite treatment methods. The disease model has taken precedence and become the dominant method of inquiry in recent times. However, the goal of the current research is to show that the use of a substance like heroin cannot be understood solely through the disease model. Issues of drug addiction stretch further than a single diagnosis or brain chemistry, and could more broadly be explained through social constructionism, symbolic interactionism and critical theory.

The medical model, which is chiefly a positivist understanding, is often thought of by scientific experts as being the most apt model for the explanation of substance abuse and addiction. A school of thought, largely based on the early works of Jellenick (1960), proposes that people can be genetically predisposed to using substances through family and lineage (Van Zyl, 2009). Jellenick's hypothesis explains that the abuse of substances is akin to a disease, which is passed down through generations, similar to medical diseases like cancer or diabetes. Substances like heroin would then, in the view of Jellenick (1960), be comparable to these medical conditions indicating that an individual could be hereditarily or genetically predisposed to abusing a psychoactive substance like alcohol, or in this case, heroin through family lineage (Van Zyl, 2009).

The disease model has become popular in the field of addiction, and is considered essential to modern-day understandings of substance abuse and addiction. The focus is on the explanations

of the brain, behaviour and pathology of substance abuse. In this articulation, the brain particularly the limbic system, which is identified as the reward centre of the brain – is said to be responsible for perpetuating the compulsion to induce pleasure by releasing “feel good” hormones like dopamine and other neurotransmitters. In this explanation, when a substance like heroin is ingested into the body, it stimulates the reward pathways of the brain, releasing excessive amounts of dopamine, thereby transmitting pleasurable feelings on the part of the user (Lian, Zhang et al., 2015). This specifically arouses the ventral tegmental and nucleus accumbens, which respectively, are centres of the brain responsible for communication, dopamine regulation and pleasure in the limbic system. According to (Howells, in Ellis et al., 2012), any pleasurable activity which releases a significant amount of pleasure and is prompted to be repeated, triggers the individual to use the substance continually to induce the same feeling of euphoria.

Addiction to heroin is believed to stem from the substance’s ability to replace the endorphins naturally found in our brain, typically shutting down the body’s natural production of morphine, with continued use (Howells, in Ellis et al., 2012). When heroin is ingested the user experiences an upsurge of euphoria and an overwhelming feeling of relaxation. In the same way, excessive use of anabolic steroids eventually stops the production of natural testosterone levels. The theory suggests that whatever activity induces pleasure, the brain will remember to repeat. Drug abuse of any kind is therefore said to induce more pleasure than food or sex (Howells, in Ellis et al., 2012). It is suggested that pleasure received from a substance like heroin is what causes an individual to want to repeat the behaviour, which will ultimately lead to physiological and mental addiction (Howells, in Ellis et al., 2012)

The disease model explanations are extremely complex, well researched and well documented, especially in evidence-based practice and are popular in addiction studies today. The

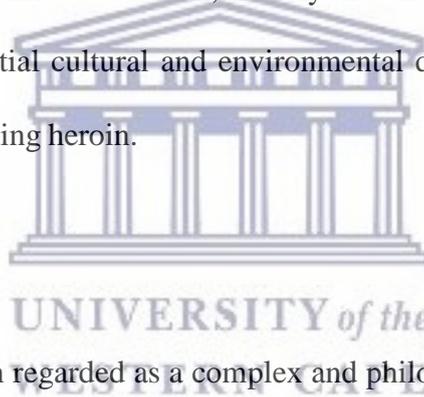
hypothesis does well to explain how one becomes trapped in the cycle of addiction on an individual and biological level, especially if one is baffled by the notion of human beings dedicating their life to the pursuit of something that is ultimately causing their demise. The neurobiological notion is well placed in explaining how the brain chemistry is altered by the constant abuse of psychoactive substances and how the impact of constant use of the substance impacts on the receptors in the brain that eventually leads to the user needing more of the substances to achieve the desired effect (Howells, in Ellis et al., 2012); this process is also referred to as neuro adaptation.

Fisher (2015) offers the view that substance abuse is actually behaviour assimilated through observation and learning. Children, for example, will conform to modelled behaviour from their immediate environment. As a result, Fisher (2015) argues that children might be likely to assimilate what they have learnt from their parents. For instance, if the father or mother drinks alcohol and the child observes this, the child is likely repeat the behaviour. This could then be construed as a genetic predisposition to substance abuse. However, had that specific child been removed from the care of the parents at a young age and never been exposed to the use of substances, the child would probably not have become a user of substances.

Albert Bandura (1977), as cited in Allen (2006), adopted the concept of learning to explain behaviour within social circumstances. He posited that a person's behaviour and the external environment had a reciprocal relationship with, and directly influenced, each other. Bandura's approach contends that people learn through exposure to and experiences of modelling and imitation of those in their immediate social circle. This approach determines that the combination of observation and learning is key to people's choices to use substances. Sociologists may relate to this learnt behaviour notion, but the sociological perspective attributes the use of substances to the changes in societal norms and hedonism that exists in

contemporary society. In this explanation, children fail to receive clear guidance from parents; their need for instant gratification makes them seek out recreational chemicals (Allen, 2006).

The next segment of the literature review examines the theoretical framework used in this research. The focus is on concepts of social constructionism, while using components of symbolic interactionism to explain how heroin use has become socially constructed, thereby presenting an alternative view to those of the disease models of heroin abuse. Critical theory is then used to elucidate heroin use from more of a social work perspective. These theories will be explained in chronological order, beginning with social constructionism, followed by symbolic interactionism, and finally referencing components of critical theory. The theories typify what the current study aims to establish, namely that the study of heroin abuse should first consider the very influential cultural and environmental dynamics before attempting to “pathologise” individuals abusing heroin.

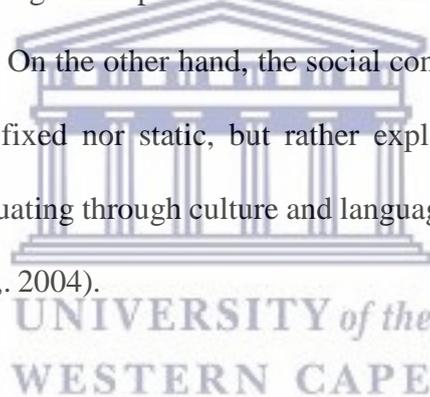


2.4 Social constructionism

Social constructionism is often regarded as a complex and philosophical concept which needs to be carefully considered. The notion often requires one both to evaluate the facts regarding a problem which is socially constructed, as well as understand the perceptions and beliefs of the issue (Boghossian, 1994). Whether regarding the social construction of poverty, politics or drug abuse (the focus of this research), the hypothesis aims to explicate how a particular perception or a belief has come to be, as a direct result of the environmental (social) factors. Further expressions of environmental influences are focused around the epistemology of these beliefs and how they are derived through these social forces, through which culture and the social functioning within societies are created (Boghossian, 1994). Social constructionism endorses the belief that individuals in societies impose the structure of their lives and thereby

create their own reality (Swarts, De la Ray and Duncan, 2003). A social constructionist opposes the view that scientific evidence can explain social phenomena, and thereby also questions the reliability of the scientific process because of its obliviousness of culture and interaction. Critical theory also challenges positivism in the way that social constructionism does, in that scientific experiments cannot explain culture and social phenomena (Patel, 2005). The critical theory paradigm is very much associated with feminism, while also challenging the ideologies of capitalism in relation to poverty, race, class and sexual preference.

Social constructionists are quick to point out that most scientific research endeavours have their own values and prejudices. Internal processes, in turn, sway and influence the manner in which they would want the research to go. The positivist view identifies an all-or-nothing approach, based on fact and observation. On the other hand, the social constructionist perspective views social phenomena as neither fixed nor static, but rather explains social phenomena as an separate entity, relatively fluctuating through culture and language and the social interaction of a specific society (Swarts et al., 2004).



2.5.1 Social constructionism and substance abuse

From a social constructionist view, the disease model portrays substance users as victims of an incurable disease and therefore unable to escape the position. Wilbanks, cited in (Swarts et al., 2004) suggests that this perceived victim status places the individual in a socialised state of “learnt hopelessness”, believing that their efforts at recovery would be an exercise in futility, because of the perceived finality of the disease (as it is named in the positivist view). The belief in self-determination and the autonomy of the individual in the recovery process (Wilbanks, cited in Swarts et al, 2004) is therefore seemingly discounted. Perceptions, which have an important place in the field of both social work and within social constructionist paradigm, theories which suggest that substance abuse and addiction is a social phenomenon which has

various dynamics, affecting not only the person but the broader constituency. From this point of view, the disease model completely ignores the impact that the community has on the influence of drug addiction, as it relates to culture and societal norms.

Without an understanding of the history, culture (learnt behaviour) and social forces exacerbating the presence of these psychoactive substances like heroin in communities, the disease model explanations seem somewhat redundant. Within the social constructionist paradigm, cause-and-effect understandings and the viewing of addiction as a metabolic disease or psychological pathology (Bennett, 2004) are often questioned; they fail to explain how the impact of poverty, unemployment, culture – and, significantly, the availability of psychoactive substances – actually predispose and perpetuate the addiction process. In addition, many of these scientific explanations inherit their conclusions from laboratory experiments which are conducted on non-human subjects like rats and dogs to prove their hypotheses of brain chemistry. A prime example is the familiar approach to understanding addiction from the field of behaviour (which is essentially a positivist approach) introduced by Ivan Pavlov in classical conditioning, and Skinner in operant conditioning. These 19th century notions of learning and behaviour offered explanations of animal and human behaviour, and how people respond to stimuli, related to principles of pleasure and reward (Weinberg, 2010). These theoretical standpoints ignore the human aspect, by being too occupied with the individual “addict”.

The current research conforms to what is known as a “middle-ground social constructionist” view, in appreciating the neurological understanding of substance abuse, but also strongly advocating that structural and societal forces are equally (if not more) responsible for many

Individuals losing control of their lives through addiction. While middle-ground social constructionist approaches accept that biological influences could influence behaviour to a certain extent, radical social constructionist supporters completely negate the impact that hard science could have on the explanation of substance abuse. However, the etiological diversity of culture and symbolic interaction between individuals has a greater and longer lasting impact on heroin abuse in communities. Substance abuse, and in this case heroin abuse, cannot be understood in a context independent from socio-cultural factors, because that would represent a serious overreliance on what Anderson (1998) describes as micro-level depictions of the substance abuse process. This thinking often leads to an ignorance of the socio-cultural factors and other nuances that are so often associated with substance abuse.

2.6 Symbolic interactionism

This research's theoretical framework uses the symbolic interactionism paradigm in an attempt to explain that heroin addiction in South Africa is influenced by more than just structural elements, genetics or neuro-adaptability. Rather, the perspective sees heroin use as being largely influenced by and propagated through micro-level interaction, social learning, identity and cultural dynamics.

Symbolic interactionism is a branch of sociology related to social psychology (Carter & Fuller, 2015) and is largely connected with the interpretivist view. Mead was the chief exponent of the theory in the early 1900s, but much like the work of Faraday in electro magnetism was formulated by Maxwell. Mead's work in symbolic interactionism, since it was mainly ceremonial in its articulations, the theory was properly communicated by his contemporaries, Blumer, cited in (Carter and Fuller, 2015), (1969), Khun (1964) and Stryker (1980), who built on its theoretical foundations (the former had been the most influential in this regard). Certain factions of the scientific community have adopted it to explain positivist research as well, most

notably Stryker (1980) and Khun (1964).

Symbolic interactionism is a theoretical framework which, in essence, describes the manner in which society and culture are created through recurrent micro-level interactions between its members. Social institutions are said to exist mainly because of the manner in which people interact in a specific community. In other words, these interactions between people are what give purpose to research endeavours, and not vice versa. By and large, the symbolic interactionist approach is a bottom-up approach, which challenges the early functionalist perspective that posited the existence of a top-down approach in which individuals were constrained and almost defined by social structural influences (Carter & Fuller, 2015). Departing from this notion, symbolic interactionism proposes that human beings are not defined by social structure, but rather that they themselves are autonomous and fundamental in creating their own realities (which is similar to the ideas of social constructionism).

According to symbolic interactionism, the only way to understand human behaviour, in any form, is to engage with individuals on a personal level and gain a subjective view, as opposed to understanding people through a separate entity. However, the perspective requires an understanding that social behaviour is ever-changing and unpredictable, and that each social encounter has its own unique set of dynamics. The notion therefore negates the process of absolute thinking and promotes an empowerment perceptiveness, in that a situation or circumstance is never considered hopeless, and has the potential for change. As in the case of substance abuse or other phenomena, symbolic interactionism has the view that they themselves (substance abusers) have the internal processes to work on the recovery process.

The process of symbolic interactionism is congruent with the interpretivist view in qualitative research, as the aim is to understand the manner in which people communicate and how their

interactions and subjective experiences help them make sense of their world (Carter & Fuller 2015). Although the symbolic interactionism paradigm has been criticised for being too focused on micro level interaction and perhaps unscientific, it has been very influential over the years in explaining matters relating to gender issues, collective and cultural behaviour, the self and identity, even architecture. Although the theory originated in the USA, Manning and Maines (2003) confirm that the theory has been used in many countries such as Australia, England, Ireland, Canada as well as China. Symbolic interactionists believe that human behaviour is a spontaneous occurrence and that any study of human behaviour should take place within the social setting of that proposed study. A form of enquiry that eliminates the social setting, according to symbolic interactionists, displaces the spontaneity of behaviour and compromises the validity of the research. Any study conducted in a laboratory setting thereby constitutes a good example of depriving the process of “spontaneous” behaviour.

Blumer (1969, cited in Carter and Fuller, 2015) contends that an individual’s interpretation, thinking and action are created through the joint interaction with others within a specific culture which contributes to the forming of the self. Symbolic interactionism speaks to the view on the individual’s decision to interact with the substance abuse culture, through exposure or socialisation within the confines of the group (Butcher et al., 2005). Critical theory and anti-oppressive theorists, like symbolic interactionists, tend to agree that individual identities are moulded within social settings and communities.

According to Blumer (1969), in research, the methodology in understanding human behaviour has to come from a perspective where the researcher understands the participant from within, in what is also known as “insider” knowledge. If interpreted, this speaks to the manner in which a researcher or observer takes an almost empathic stance to understand a familiar community setting (Blumer, 1969, cited in Carter & Fuller, 2015). Therefore speaking of the benefits of

the research, this would mean sharing ethnicity with the participants. A good example of such a study which validates this view is the study conducted by Kusow (1999, cited in Manning & Maines, 2003) on Somalia immigrants, where the researcher documented his ability to gain access and insider knowledge of Somali traditions and culture based on his Somali descent, whereas others from different ethnic backgrounds may have experienced various challenges.

2.6.1 Symbolic interactionism and substance abuse

Manning and Maines (2003) meticulously explain that symbolic interactionism and social interactions are responsible for establishment of the identity of an individual. In relation to the current study, identity represents an important transition in the life and existence of the heroin user, because according to the symbolic interactionist perspective, the self and identity now mainly feature around the “drug user” role (Butcher et al., 2005). This is the role in which the substance user has now assimilated new behaviour, which includes knowledge about which paraphernalia to use in the ingestion of the substance, as well as acquiring funds for the substance. These acquired behaviours are primarily present in the drug culture. The individual now becomes apathetic about most things, including friends (apart from those in the drug culture). Their sense of belonging to a family structure is now supplanted by those in the drug culture, who form a surrogate family (Tremble, 1994, cited in Butcher, 2005). It is this interface between the individual and the substance abuse culture that perpetuates the use of the substance and keeps it constantly supplied.

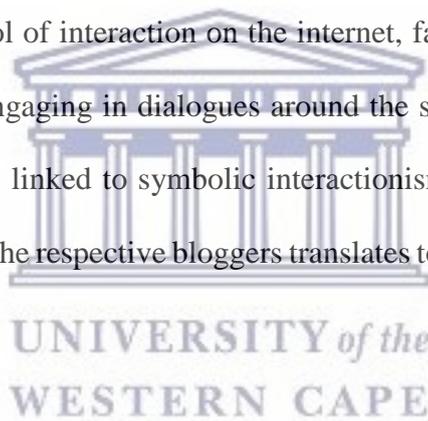
The perspective of symbolic interactionism has been used in the study of marijuana and alcohol. Becker (1953, cited in Carter & Fuller, 2015) suggests that “feeling high” is in fact a socially-constructed phenomenon rather than a process motivated internally. Therefore, in

order for one to feel the effects of a substance like marijuana, recognition of the actual symptoms is required, which in Becker's view is largely constructed by the individual's interaction with and socialisation by other users of marijuana in a specific clique.

Alternative views may contradict this one, declaring that it is the social interaction which keeps the process of marijuana constant in the individual's life. The view that the internal process could be likened to a placebo-based stimulus could also be questioned, in that it ignores the potential for intoxication at the molecular level of the actual substance of abuse. For example, if one consumes alcohol in a social setting or unaccompanied, the consumer would more than likely not have to "recognize the presence" of alcohol upon consumption of the beverage in order to feel intoxicated. The intoxicant within the substance would be enough to render the individual inebriated. However, the omnipresence of the substance in a specific environment creates the opportunity for interaction with the substance of abuse, thereby making interaction with the substance undoubtedly more frequent. Since substances of abuse have been present for many years in the coloured community under study, this fact – as suggested by research (Legget, 2001) – provokes thought and adds validity to the symbolic interactionism perspective, especially in light of the understanding that substance abuse, as noted by Dinitto and Mcneese (2005), has a strong cultural component.

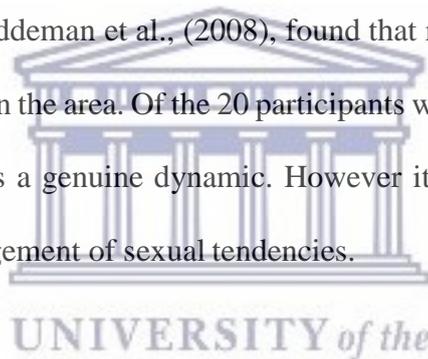
Hussey (2013) refers to West Berlin in the 1980s, when the area harbored most drug users because it offered the best heroin, parties and young people. The culture of heroin was therefore well established and etched in the social construction of people's lives and gave them meaning, and identity. This process of involvement with heroin has less to do with social structure, but according to symbolic interactionism, is a result of identity being formed through interaction and association to the heroin drug world (Goffman, 1953, cited in Anderson, 1998). This is where the individual becomes a social actor in the establishment of a new identity, which is

formed in the heroin-using group. This new identity is formed by stigma and the authorities, as well as by the abandonment of association with non-deviant friends. It is also borne of the relinquishment of family values, where the heroin-users' roles take precedence. A good example of the identity and cultural dynamic occurs on internet blogs, where one can find any number of subscribers engaging on topics related to heroin use. Some even say that the substance improves their behaviour and makes them better people. It must be remembered that these blog conversations are centred on one of the most addictive substances known to man. While blogs are not representative of what can be considered scientific research, they do provide information on how to use the substance, and are a well-established source of knowledge on how successfully to enjoy the substance, especially for the novice user. The use of heroin has become a symbol of interaction on the internet, facilitated by what seems to be an international community engaging in dialogues around the substance, as if it were a "fine wine" (Hussey, 2013). This is linked to symbolic interactionism because it is the manner in which this joint interaction by the respective bloggers translates to the forming of the self within in the context of heroin use.



An empirical qualitative study conducted by Mcurdy (2005) gives credence to the symbolic, ritualised use of heroin in his representation of the challenges with heroin in Dar es Salaam, Tanzania. These challenges are similar to those expressed by Hussy (2013) and Anderson (1998) in their research. The Tanzanian study was based on qualitative methods using a semi-structured interviewing schedule and a sample of 81 participants. The study reported on dynamics related to social interaction and the subculture of heroin distributors and heroin users, congregating in specific areas locally known as "magetos". These magetos present with social issues related to the illegal use of heroin, sharing needles for heroin use and also irresponsible sexual activity.

Pluddeman et al. (2008) conducted a quantitative study in Cape Town's central business district on heroin users, with particular attention paid to HIV/AIDS. Thirty per cent of all the participants reported engaging in reckless sexual activity with multiple sexual partners who led to greater risk for HIV/AIDS and other infections. The current research study found a similar instance and situation, as many participants admitted that sexual acts occur often in substance-abuse relationships. Pluddemann et al., (2008) point out that heroin has a significant impact on libido and actually lowers the libido with long-term use, compared to other substances like tik, which, because of its stimulant nature, increases the desire for sexual acts. This points to biological traits and impacts on the body and brain, which is true especially in light of the way heroin interactions with the dopamine and morphine receptors in the brain. The current research, similar to that of Pluddeman et al., (2008), found that reckless sexual acts were very prevalent among heroin users in the area. Of the 20 participants who were interviewed, all could identify sexual recklessness as a genuine dynamic. However it is unclear how much sexual libido has to do with the engagement of sexual tendencies.



Mcurdy et al., (2005) found that young people commonly leave their residential abode to occupy these magetos because of the opportunities magetos provide to use heroin, to find people of similar thinking and to escape the stigma attached to heroin use. For those who are unfamiliar with the practice of using heroin, these magetos harbour a heroin-using community where one can be schooled into expertise. It might be expected that the magetos are a chaotic celebration of heroin abuse and degradation. However, Mcurdy et al., (2005) describe an established system of interaction, rules and organisation among heroin users. This system perpetuates the use of heroin and forms what symbolic interactionists highlight as the “new identity”.

The system in the magetos involves “Doktas” who facilitate the injection of heroin. They are not medical doctors, but are local heroin experts, usually long-term intravenous users of heroin, who safely inject the substance for beginners and for those who struggle to find injection entry sites. Rented rooms are utilised to provide a haven for safe use of the substance, free from disruption from authorities. The process of entry involves the requisite cash payment from the user. Heroin can, however, also be used as a currency of exchange.

The social construction of gender and concepts of critical theory (relating to feminism) are also at work in these magetos, specifically in relation to power, inequality and social justice. While male users of heroin are often associated with theft and committing other crimes to attend to their drug habit, female users of heroin are associated with trading sexual favours for drugs. The dynamic is, at least for some, that a female user of heroin would attach herself to a male companion for heroin and protection, as the magetos can become dangerous. However, the male should be able to provide heroin if he wants her to stay with him; if not, she would then attach herself to another suitor. Often however, the expectation is that sexual favours accompany the provision of heroin. When females are reluctant, sexual acts occur without their consent, mainly while these females are in a drug-induced state. This act renders them unable to identify the perpetrator. The challenge of social injustice (Patel, 2005) arises when women, who are users of heroin, approach the authorities to report these cases, and are discriminated against on the basis of their history of heroin use.

The Observations highlighted above have given credibility to the notion that culture can perpetuate and maintain a widespread heroin usage. A well-established culture of substance abuse has antecedents in communities across the Cape Flats of Metro South in Cape Town, where the identities of many people are now synonymous with the abuse of heroin.

2.7 Social constructionism and heroin: influence of social divisions and culture

Culture and norms are defined by the values, customs and traditions that are historically developed and socialised within a given community (Castro - Guitierres, 2001). Many studies exist explaining the impact that cultural norms and values have in entrenching drug abuse or alcohol abuse in people's lives (Castro - Guitierres, 2001). These studies show how the "small town" norms and traditions, coupled with social forces, influence the use of a substance and also perpetuate the substance-using identity referred to in the previous paragraphs. Studies, like those posited by (Becker, cited in Bennet, 2004) argue that substance abuse is directly correlated to learnt behaviour and group interaction. In Becker's explanations, the rituals that accompany the use of substances are often normalized by an acceptable culture.

While many would oppose the idea that a homogeneous group could be somehow predisposed to abusing a substance based on genetics or inheritance, social constructionists would refute this notion as having a negative disposition and would classify it as labeling. However it is not unusual for a particular "ethnic group" to be participating in the use of specific substances, not because of the genetic makeup, but as the result of a phenomenon which originates from cultural and societal norms, as cited in Dinitto and Mcneese, 2005. In Europe for example, the rates of alcoholism are particularly high among Irish and French individuals as opposed to Jewish and Italian individuals, directly because of the cultural and social norm dynamics (Dinitto & Mcneese 2005). In rural Mexico, the same dynamic applies because of the social norms which promote the use of alcohol. In the USA, studies have found that Puerto Ricans are more prevalent users of heroin than any other cultural group (Dinitto and Mcneese 2005).

A study conducted by Cicero, Matthew, Ellis, Surrat and Kurts (2014) in the USA mentions the racial demographic as well. It also postulates a shift in the demographic profile of heroin users, which other quantitative studies such as those presented by Parry et al., (2004) have alluded to. The study by Cicero et al., (2014) was effectively based on both quantitative (questionnaires) and qualitative methods (semi-structured interviews). This was deemed a retrospective analysis of the past 50 years of heroin addiction in the USA. The aim of the study was to examine anecdotal accounts pertaining to the idea that the abuse of heroin had shifted from being mainly consumed in low-income urban areas, effectively by minority groups such as Africa and Hispanics to becoming more commonly used in affluent suburbs and rural areas mainly populated by white Americans. The data was collected from an on-going study of semi-structured interview questions and self-administered surveys, gathered in treatment centres across the USA.

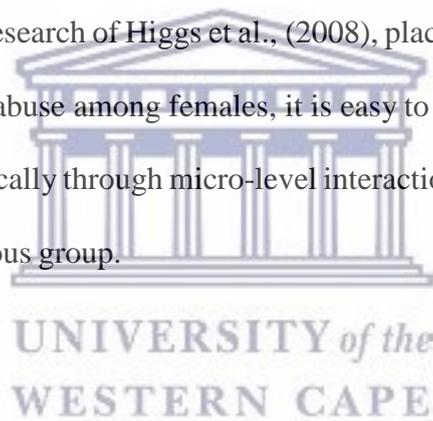
The retrospective study aimed to compare the dynamics of past heroin users, going back to the 1960s, with present heroin users. Eighty-five per cent of those who entered treatment centres agreed to participate in the survey. Results indicated that, of respondents who began using in the 1960s, 82% were males with a mean age of 16.5 years of age, in comparison to the later sample where the mean age was 22.9 years. Both male and female users of heroin had been introduced to opioids, including heroin, through their use of prescription drugs, which, according to Cicero et al., (2014), were abundantly used in the USA as an easily available, safer way to use depressant drugs. In terms of ethnicity, heroin and other opioids were found to be more frequently used by minority groups (African Americans, Hispanics) in the past. However, post-1980, the use of heroin and other opioids showed greater increase among white Americans in the last decade. In fact, nearly 90% of those who began using heroin in the years since the 1990s were white males and females, predominantly in their early 20s, who lived outside large cities.

The reasons for the increase are suggested as being that prescription medication was more frequently used in white populations, and people who had not been exposed to the drug experimented. The second reason is that other prescription drugs were very expensive and heroin had become a cheaper alternative. Heroin, according to the qualitative data collected, had become the preferred opioid.

Another study suggesting that the abuse of heroin could in some way be linked to culture is that of Higgs, Owada, Hellard, Power and Maher (2008), which highlighted that heroin abuse was particularly rife among the females from the Vietnamese population in Melbourne, Australia. The study explored the initiation of participants into the use of heroin, as well as family relationships and participants' relationships with intimate partners. Previous studies on the latter topic had found that in drug contexts, females financed their drug abuse habit primarily through the association with their male counterparts. Maher (2007) highlights that women often occupy marginalised status in the well-established social hierarchy of substance abuse within the drug circles, and that often race and ethnicity play a major role in the marginalisation, making them a vulnerable group. In the study conducted in Australian 24 participants (between the ages of 18 and 33 years) from the Vietnamese community were interviewed using semi-structured questionnaires ((Higgs et al., 2008). The participants were interviewed in cafés or in the street.

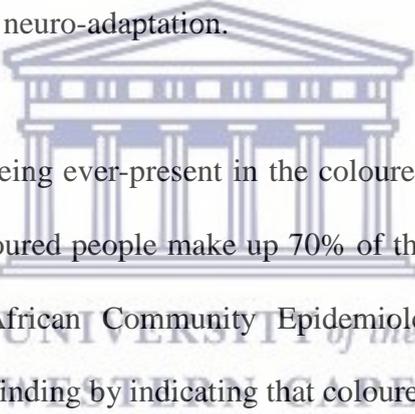
The findings were particularly interesting, especially from a social constructionist and symbolic interactionist perspective. Many of the participants grew up in single-headed households, with extended families and in adoptive homes. According to Higgs et al. (2008), the extended families and adoptive homes did offer emotional support, but also exposed some women in the sample to the use of heroin.

The study found that women were more stigmatised than men because of the gendered expectations in the Vietnamese community. A similar example of gendered expectation was noted in South Africa in a study conducted by Sorsdahl, Stein and Myers (2012). However, according to Higgs et al., (2008), the stigma toward Vietnamese women is more pronounced, leading to participants being unable to disclose their use of heroin to their families. A large number of participants in the Higgs et al., (2008) study indicated that their first use of heroin was through a relationship with a suitor who had been using heroin Higgs et al., (2008), The study points to the issue of female heroin users only being able to attach themselves to older heroin users from the Vietnamese community because of familiarity and common interest, which recalls the issues discussed in this chapter regarding the ideals of symbolic interactionism. Although the research of Higgs et al., (2008), places greater emphasis on gender and the role it plays in heroin abuse among females, it is easy to identify how the person's self and identity are formed specifically through micro-level interaction, social learning and cultural dynamics within an homogenous group.



2.8 Heroin abuse in the coloured community

The use of heroin and other psychoactive substances has developed into a state of normalcy, symbolic of the status quo on the Cape Flats, among people from the coloured community. It is unclear whether the same kind of interactions and cultural dynamics are at play in those areas on the Cape Flats, overflowing with the use of heroin, especially in relation to females who, by and large are a vulnerable group in the context of substance abuse. The dynamic has led to a situation in which the use of the substance has become paramount to the existence and identities of many afflicted with the compulsion to use the substance. This undoubtedly leads one to question the legitimacy of such a set of complex social phenomena being quantitatively researched in South Africa, and being rationalised solely by explanations around rewiring of brain chemistry or processes of neuro-adaptation.



Evidence of substance abuse being ever-present in the coloured community can be found in Harker's (2000) study that coloured people make up 70% of the substance abuse population. Statistics from The South African Community Epidemiology Network on Drug Use SECENDU (2016) affirm this finding by indicating that coloured people represent 70% of the heroin-using population. These statistics were indicative of those who entered treatment centres across the Western Cape.

This section of the literature review begins by examining the racialised term “coloured” people and then tracing its origins. Subsequently, the literature will focus on the social and contextual issues which gave rise to the prevalence of heroin in these communities.

The term “coloured” according to Petrus and Isaacs-Martin (2012) is the name given to a group of mixed-raced individuals and is a social construct, with the ethnic heritage made up of Dutch, Eastern and indigenous people like the Khoi San of South Africa. The etymology of the word

“coloured” developed in the apartheid era, when racial segregation and minority rule were prevalent in South Africa. This was instituted in 1950, under the auspices of the then Prime Minister of South Africa of D.F Malan, who held office as Prime Minister of South Africa, between 1948 and 1954. The Population Registration Act was enacted in a bid to register the different racial groups into different categories (Petrus & Isaacs-Martin 2012). There was no main category for mixed race individuals, as they were neither black nor white. The resolution then was to categorise the marginalised group as coloureds, replacing the sub-groups, of Griquas, Malay, Chinese, Cape coloured and Indian.

The Group Areas Act of the 1970s reinforced the categories of racial categorisation, with the pass law reaffirming that the different racial groups now had to occupy different residential areas (Thomas, 2001). The best known case in Cape Town was the forced removal of thousands of coloured people from District Six. The displacement of coloured people to a new area – what was and still is known as the Cape Flats (*die Kaapse Vlakte*), consisting of Lavender Hill, Hanover Park, Bontehuwel, Mitchell’s Plain, Athlone, Retreat, Grassy Park, Manenberg, Lansdowne, Parkwood, Heideveld and Belhar – has impacted on the development of social ills such as drug abuse.

Thomas (2001) highlights that the inhabitants of these newly established areas struggled to adjust, because the area forced people from all walks of life together. Gangs started forming in the areas as the years progressed. This situation was caused by the direct result of poor policing and control of criminal activity of the Cape Flats areas, according to Petrus and Isaacs-Martin (2012). With the rise of gang activity, the increase of substances like marijuana, mandrax and alcohol was almost axiomatic, as a culture of substance abuse started to develop in areas on the

Cape Flats (Goga, 2014). Mandrax is basically a sedative; it was marketed as such in the USA and Britain and at its peak was the main substance of abuse on the Cape Flats.

The correct term for mandrax is actually Quaaludes, which translates to “quite is it quiet interlude” for its ability to cause a pause in action if ingested. Goga (2014) makes the claim that the sedative drug mandrax was in fact distributed to the coloured population by the apartheid government in an attempt to quell the uprisings of ANC sympathisers. Similar claims were made by Ruggiero (2014), who suggested that the Italian government used similar tactics by distributing heroin in an attempt to “control” voters and activists from opposition parties in the 1980s. Goga (2014) goes further to discuss the idea that gangs in Cape Town particularly, were given immunity in the 1980s to conduct their illegal businesses in return for their cooperation in threatening or even killing those individuals who were actively and visibly opposed to the apartheid government. The use of heroin has now exploded in areas on the Cape Flats because of social forces similar to those of the apartheid era that allowed substances to flourish (Koga, 2014). Areas like the Metro South are prime places for organised crime and drug peddling to thrive. The culture of substance abuse within coloured communities across the Cape Flats has remained a constant and unfortunately has not receded with the fall of the apartheid regime.

2.9 Symbolic interactionism: the self

It is within the context of the group that the self is formed, through the process of discourse and interaction (Anderson, 1999). Social identity is a process by which people try to enhance the sense of self by being part of a specific group (Baron & Byrne, 2003). This cultural dynamic is present when coloured persons are introduced to psychoactive substances within their immediate social circle, as is evident in the literature and in the findings. This dynamic continues to exist as individual's progress through substance abuse and addiction and is very evident in the heroin community in Wynberg.

2.10 South African policy on substance abuse

South Africa policy has always been involved in combating substance abuse and reducing the availability of narcotic substances in the past as well as in the new democracy. The earliest of such policies (the Abuse of Dependence-Producing Substances and Rehabilitation Centres Act of 1971), was amended in 1973 to include a stipulation highlighting penalties for dealing in and possession of narcotic substances. The clause specified that an offender could spend a period of five years, but not exceed 15 years in prison (Abuse of Dependence-Producing Substances and Rehabilitation Centres Act, 1971). Around that time, South Africa became part of the joint efforts of the United Nations to impose drug trafficking laws for cocaine and heroin, which had become a world threat (Roman, Redding & Simon, cited in Ellis et al., 2012).

The 1988 national plan to prevent and combat alcohol and drug abuse was a proposed plan developed by the National Board on Rehabilitation Matters (NABOR). Making up this board were professionals from the private and public services working in drug and alcohol rehabilitation centres. In 1992, the recently replaced prevention of and treatment of substance abuse legislation was commissioned by the newly formed Drug Advisory Board (DAB). The

board focused mainly on circumstances surrounding alcohol and substance abuse in the country and was responsible for developing the Prevention of Treatment of Drug Abuse Act of 1992. The Central Drug Authority (CDA) became the chief advisory board, after it had replaced the DAB. The CDA is informed by the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008 (which replaced the Prevention of Treatment of Drug Abuse Act of 1992), and was developed in an attempt to combat substance abuse, by making provision for intervention models to cover all levels of substance abuse problems, from early intervention to reintegration programmes. The Act also places emphasis on registration of treatment centres, to ensure that humane and evidence-based programmes are congruent with the Constitution of South Africa.

The CDA were also responsible for the establishment of the initial and subsequent National Drug Master Plan, which in summary is a document specifying a five-year plan aimed at reducing the bio-psychosocial and economic impact of substance-abuse-related illnesses on the South African population (Lund & Hewana, cited in Ellis, Stein, Thomas & Meintjies 2012). The document ratifies the ability of all people in South Africa to deal with problems related to substance abuse through recreational programmes and diversion programmes that prevent vulnerable populations from becoming substance abusers or dependents. The National Drug Master Plan also promotes the respect for the right to life and respects the dignity of citizens (Lund & Hewana, cited in Ellis et al., 2012), in congruence with social work ethics and principles.

2.10.1 The key components of the National Drug Master Plan are as follows:

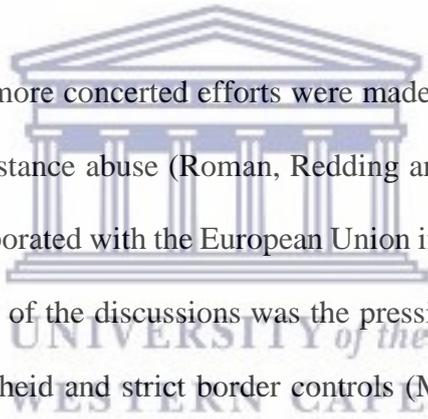
- Reduced availability of dependence forming substances including alcohol
- Development and implementation of multidisciplinary and multi-modal protocol and practices for integrated diagnosis and treatment of substance dependants and co-occurring disorders for funding such diagnosis and treatment
- Harmonising and enforcement of laws and policies to facilitate effective governance of supply chain with regard to alcohol and other drugs
- Creation of job opportunities in the field of substance abuse (Drug Master Plan 2013–2017).

The document not only promotes the dignity of all substance abusers, but it is also all-inclusive, and is devoid of prejudice and discrimination – as opposed to the way substance abuse treatment was historically placed during apartheid and beyond, where only certain South Africans had access to treatment. The document does well in its inclusion of evidence-based practice and recognising the need for treatment from a multidisciplinary perspective.

However, criticisms of the master plan have arisen since its inception, one of which highlights the lack of efficacy in translating theory into practice. Dos Santos (2008) argues that the stipulations or principles adopted by the CDA and the drug master plan are quite literally a “plan to make plans” and contradictory to what was actually developed to define and implement policy. Dos Santos (2008) points out that the drug master plan is not funded by government and claims that the CDA (the supposed authority to enforce the master plan), actually lacks the power and funding to implement the plan. The plan also does not specify substances of concern other than alcohol. Methamphetamine (tik) and heroin, which has proved to be a significant problem in South Africa in the last decade, are not mentioned. Legget (2004,

Dos Santos, 2008) is in agreement that the drug master plan lacks the authority to influence law enforcement and has no influence over treatment centres.

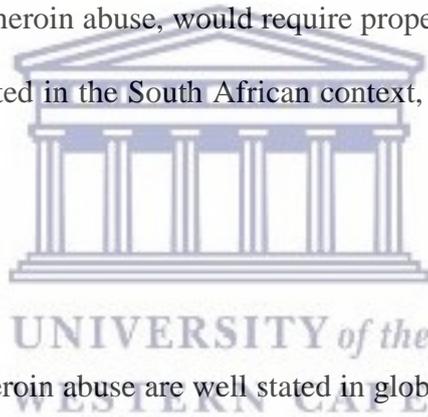
Other criticisms are that there seems to be no definitive position on the manner in which to deal with the availability of narcotic substances, in relation to criminalising or decriminalising substances of abuse (Pienaar, cited in Ellis et al., 2012). Decriminalizing, means that substances of abuse will remain in the country as long as the demand for them remains, Therefore, regulating the drugs will not diminish the consumption, nor will the regulation quell the illegal drug trade (Pienaar, cited in Ellis et al., 2012). The point is augmented by the fact that criminal syndicates use the drug trade as a lucrative endeavour worth millions.



Toward the end of apartheid, more concerted efforts were made on the part of government to address policies related to substance abuse (Roman, Redding and Simon, cited in Ellis et al., 2012). South Africa also collaborated with the European Union in efforts to establish protocols to tackle drug trafficking. Part of the discussions was the pressing issues pertaining to South Africa's isolation during apartheid and strict border controls (Myers, Louw & Fakier 2007). The period also brought about the establishment of a committee comprised of mental health and substance abuse commissions, which worked on what is described by population (Lund & Hewana, cited in Ellis, Stein, Thomas & Meintjies 2012) as an approach toward intersectoral collaboration between health and social welfare agencies. This realised the existence of a multidisciplinary approach toward combating psychoactive substances.

While the notion of collaboration between different sectors seemed a positive way forward, the reality is that different sectors had their own ideas of what substance abuse treatment should be. Lund and Hewana, cited in Ellis, Stein, Thomas and Meintjies (2012) describe this as "Silo" thinking, which led to the isolation of services on the part of different departments.

This is still a current concern, evidenced by the lack of networking among departments in the treatment of substance abuse, despite departmental collaboration being promoted in the National Drug Master Plan (2013–2017). There also seems to be confusion around dual diagnosis, especially as it relates to treatment and which of two ailments (the substance abuse disorder or the psychiatric condition) to treat first. The World Health Organisation has developed guideline policies for maintenance programmes which explain that countries should implement the programme based on their financial viability. The guidelines are vague, especially as related to South Africa’s structural, political and financial issues which pose a significant challenge in the country (Temmingh & Myers, 2012). Similar to most evidence-based programmes, the Maintenance Substitution Programme, which offers opioid based medication as a substitute for heroin abuse, would require proper analysis and enquiry around how the policy could be adopted in the South African context, with a perceptive view of the financial implications.

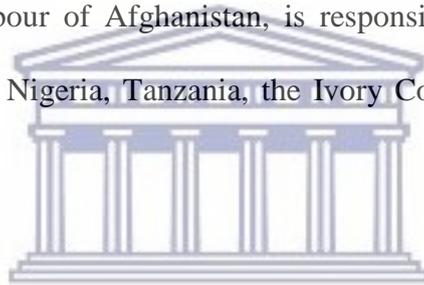


2.11 Heroin internationally

The health consequences of heroin abuse are well stated in global statistics. In early 2000, the estimates were at 69,152 deaths as a direct result of overdose related to heroin abuse (Dos Santos, 2008). In Austria alone, overdose of heroin caused the deaths of 737 people, aged between 15 and 44 years (Garrick, Sheedy, Fortis, Harper, 2003). Today, there is an estimated prevalence of heroin in 20 countries in the Americas, 51 countries in Asia, five countries in Europe, 17 countries in Oceania and 30 African countries according to the World Drug Report (2010). Asia and Europe represent 70% of the world’s population and also three-quarters of the world’s heroin abuse, with 16 million opiate abusers (UNDOC, 2010). Italy, Norway, the UK and France are also said to have a high prevalence of heroin users (UNDOC, 2008). However Russia is highlighted as the main consumer worldwide with close to two

million consumers of heroin , with Iran following suit in the rates per capita according to the World Drug Report (2010).Although heroin abuse is increasing in southern Africa, the main consumer of heroin in Africa is said to be Egypt (UNDOC, 2010).

In the Middle East, Afghanistan is the biggest provider of heroin in the world today because of its vast number poppy plants, (Fernandez & Libby, 2015). Countries like Egypt and India, Myanmar, Russia and the Ukraine are also said to cultivate heroin, albeit in smaller quantities. Afghan heroin, from Afghanistan, is however the much sought-after and preferred heroin because of its higher than normal morphine content (UNDOC, 2008).Afghan heroin is not trafficked directly from Afghanistan to Africa according to the World Drug Report (2010), but Pakistan, which is the neighbour of Afghanistan, is responsible for the trafficking of the substance to Kenya, Senegal, Nigeria, Tanzania, the Ivory Coast and more recently, South Africa.



Many nationalities throughout the world have been implicated in the trafficking of the substance which was typically difficult to compute in earlier years. However, as trends developed, UNDOC (2008) found that Albanians, British, Dutch, and German nationals have been highlighted as key traffickers throughout Europe. The same report highlighted Pakistani and Nigerian nationals as key suppliers from the Middle East, through East Africa, Thailand and on to South Africa (UNDOC, 2008).

2.12 Increase of heroin in South Africa

Heroin is said to have reached South Africa in the 1980s (Lund & Hewana, cited in Ellis et al., 2012) but it gained more prominence in South Africa post-1994 (Parry, Pluddemann, Myers & Dewing cited in Dos Santos, 2008). The 1994 election of the new democratic government brought about a shift in the governance of South Africa, a change in regime and policies and a newly established constitution categorized by freedom and equality population (Lund & Hewana, cited in Ellis et al., 2012). The country was now in a transitional period from the bonds of oppression to self-governance. South Africa was well structured in terms of the development in telecommunication systems, infrastructure and sea and air transport routes, which were the most advanced in Africa according to Pelzer, Ramlagan, Johnson and Phaswana-Mafuya (2012). Many academics believe that the very positive developments made at the time were marred by the opportunity that the new South Africa provided for criminal activity. Harker et al., (2000) note that the country's advanced telecommunication systems and infrastructure directly led to the incursion of psychoactive substances to South Africa, with many including South American drug cartels finding a new destination and new target markets in South Africa to sell and transport narcotic substances. Legget (2004) concurs that the more advanced communication made it easier for drug trafficking into the country to take place because of the new found freedoms.

Less stringent border control had a significant impact on the increase of heroin to South Africa (Pluddeman et al., 2004). This led to the influx of immigrants, which is highlighted as one of the major contributors to the increase of illicit substances in South Africa population (Lund & Hewana, cited in Ellis et al., 2012). Foreign nationals entered the country, some by legal means, but a considerable number gained illegal access and entry. Flisher (2006) claims that the lack of government control in this regard caused the ubiquity of heroin and other substances.

The correlation of poor government monitoring of substances and porous borders is clear throughout the world, especially in countries like Pakistan, Iran and Uzbekistan, which share borders with Afghanistan (UNDOC, 2009). Trafficking of illicit goods like substances of abuse has been on the increase, creating more availability to youth. Whereas in the past most trafficking was controlled by Gadhafi (Shaw & Mangan 2014), studies have found that changes of governments have always been a problem. Another example may be found in the former Saddam Hussien-led Iraq. Since the change of government, the area has seen an increase in psychoactive substances and addiction problems (Beck, 2014), as is the case in the post - Mubarak regime in Egypt.

Pakistan is considered geologically vulnerable to traffickers, because of its poor governance and border control. It is suggested that opioids are trafficked through the region more than any other country surrounding Afghanistan (UNDOC, 2009) In Asia, for example, the development of air travel in central Asia directly contributed to the increase of heroin in the region as well, not dissimilar to South Africa. Another example related to South Africa is the dissolution of the Soviet Union. The move away from Communism led to the sudden increase of opioid consumption and crime syndicates (UNDOC, 2009). Even eastern European countries such as Romania, the Czech Republic, Bulgaria and Slovakia experienced an escalation in the use of narcotic substances like heroin after political change, as was the case in Estonia, Latvia and Lithuania after they gained independence from the Soviet Union and opened up their borders, according to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2014). This is similar to the fall of the apartheid regime, leading to an increase of illicit substances into the country, replicating the difficulties that followed.

Many academics agree that advanced telecommunications and porous borders contributed to the increase of substances in South Africa, which seems to be a worldwide phenomenon. The UNDOC (2009) offers an alternative insight, with which (Weich, Nowbath, Fleger, Mohemedy, Ramjee, Hitzeroth & Kramer, 2013) appear to concur. The much-documented war on terror earlier in the millennium is suggested to have made a fundamental contribution to the production of Afghan heroin, worldwide. Afghanistan now produces 85% of the heroin in the world (World Drug Report, 2010) and is known as a “narco-state”, meaning that narcotic production and distribution are part of the political and economic structure of the country and a way of life and survival for its inhabitants (Goga, 2014).

The World Drug Report (2010) states that the sale of heroin was apparently at one of its highest points in terms of production and distribution because of terrorist activity in the region. In early 2000 the Taliban, an extremist group from the Middle East, were using the sale of heroin to fund their arms and ammunition to fight against the West. The UNDOC (2009) claims that Taliban profits from the sale of opium were estimated at over 20 million US dollars per annum. Some believe that the group are not directly involved in selling the substance, because it contradicts their religious beliefs, but are said to be gaining from heavy taxation on the sale of heroin (Koga, 2014), which has a ripple effect since South Africa has now become one of the destinations for the heroin.

It is ironic that, with all the positive structural and economic developments in the country, South Africa has become one of the leading drug capitals in the world post-1994 according (Harker et al., 2000). Apartheid was certainly a dark period in South African history.

However, the availability of psychoactive substances like heroin and tik prior to 1994 was almost non-existent (Ramalagan & Pelzer 2012). The regime cannot be credited with any achievements, as South Africa was very isolated because of its apartheid policy in any event. Alcohol was produced locally and substances like mandrax and marijuana were imported by the apartheid government, according to Van Heerdan, Grimstad, Seedat, Myer, Williams and Stein (2009).

South Africa could not have been completely oblivious of the dangers of substances, since the country has been acquainted with the impact of narcotic substances from its involvement in international treaties against the use of psychotropic substances since the 1970s. The first treaty was passed in 1961, which South Africa was barred from attending, because of its apartheid policies (Lund & Hewana, cited in Ellis et al., 2012). However, there were representatives of the ANC present at this specific convention. South Africa was subsequently invited to the UN Convention on Psychotropic Substances, established as a follow-up to the 1961 Convention on Psychoactive Drugs. The convention highlighted the dangers of substances such as amphetamines, barbiturates, benzodiazepines and psychedelics, which all possessed the potentially dangerous mind-altering properties (Lund & Hewana, cited in Ellis et al., 2012). South Africa was represented in the UN Convention against Illicit Traffic in Narcotic and Psychotropic Substances of 1988 which set out provisions against money laundering and other drug-related offences.

The logical explanation is that the impact of substances was evident across Europe and America in the 1970s and 1980s, offering significant examples for South Africa to follow. The impact of heroin in particular was well reported in the Vietnam war of the 1970s, where American troops became addicted to opioids (Gossop, 2000). What was the most concerning, however, were the atrocities that followed, with many American soldiers being implicated in the rape and

murder of innocent local people (Gossop, 2000). In spite of the conventions and international exposure to the impact of psychoactive substances, the trafficking of heroin and other substances to South African shores has become a continuing occurrence in recent times, as if South Africa's involvement in those international conventions was an exercise in futility.

In South Africa, substances like cocaine and heroin were considered more expensive drugs, but the latter has significantly dropped in price since the beginning of the millennium, according to Peltzer et al., (2006). Heroin was sold at around 130 to 250 rand (ZAR) a quarter (which is how heroin is measured) in earlier years –possibly the main reason for its prevalence among more affluent people. At the time, the substance was mostly sold in clubs and at parties (Peltzer et al., 2006). Currently (2016) the substance is sold on street corners at 20 to 30 rand a quarter and largely sold in traditionally coloured areas in the Western Cape. The price reductions led to the consumer market becoming more expanded and widespread among coloured people in South Africa. Erasmus (2014) claims that heroin is sold at very low prices to ensure that the demand for the substance increases, so that the distributors could push up the prices dramatically once the demand has increased. It is yet to be established whether the drop in the price of heroin could be the only reason for the increase of the substance in poorer areas; an established culture of substance abuse may also have contributed to the increase.

CHAPTER 3

3.1 METHODOLOGY

In this chapter, the methodological approach utilised in this research is discussed, commencing with a definition of the concept and its purpose in research. Next, each of the methods used in the research are explained, in the context of how they were practically employed throughout and subsequent to the data collection process.

The concept of methodology refers to the manner in which research data is obtained, organised and later analysed through a careful processing of the information (Terreblanche, Durrheim & Painter, 2006). The topic or research question will inform the type of methodology employed by the researchers, which is also dependent on the research goals and objectives (Henning, 2004). Selecting the most suitable research methodology is an integral part of the research, because the collective methods should substantiate one another, so that the research goals could, not only suit the research question, but also authenticate the data collected (Holloway, 2005).

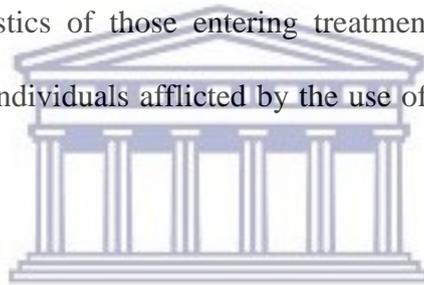
This study is based on the core principles of qualitative research, focusing on the impact of heroin abuse on coloured individuals living informally in the Wynberg area of Cape Town, from a social constructionist and symbolic interactionism perspective. This chapter identifies the epistemology of the study and the theoretical foundations which were used to explore and describe this relatively unexplored topic.

3.2 Research approach

The qualitative paradigm was used as the main method of inquiry for this study. Qualitative research represents a method of study which allows researchers to elicit meaning from a participant's experiences and perceptions (Pretorius 1997:37, cited in Volkwyn, 2008). The

purpose of this research approach was to use the qualitative research methods to describe and understand the social and cultural phenomena of heroin abuse among coloured youth from the Metro South area, congregating in Wynberg.

Quantitative studies have been conducted in abundance on the topic of substance abuse in general, but it seems that the psychoactive stimulant, tik, has typically dominated both quantitative and qualitative research, as well as media coverage. Very few qualitative studies have been conducted on the impact of heroin abuse in the coloured community, which indicates a significant gap in research, in view of the observed current prevalence of heroin abuse among coloured youth. The quantitative studies and more positivist approaches to heroin abuse mainly pertain to numbers and statistics of those entering treatment centres. Very few research endeavours have focused on individuals afflicted by the use of heroin in the context of their own environment.



One of the key components of qualitative research is understanding and conducting research within the social and cultural context of participants (Holloway, 2005). The current research emphasises the narratives and in-depth realities of participants in their own context. It does not make any assumptions and works with first-hand accounts of the livelihoods of participants (De Vos et al., 2005).

The qualitative means of enquiry was employed particularly because of its person-centred approach to research, the view that speaks to bringing about a humanistic view of participants' lives, environment and beliefs (Tereblanche et al., 2006). In this study, the aims are to explore language, discourse and the culture as well as other social issues surrounding heroin abusers in the Wynberg area, with the shared belief that people's realities are spontaneously created through interaction with others in their immediate environment. The respective experiences of participants are therefore viewed as subjective (Burns & Grove, 2003). The understanding here is that human emotions such as pain, anger, sadness, fear or happiness cannot be quantified.

This research effectively adds to the limited qualitative research studies on heroin abuse in communities of the racially categorised coloured persons' demographic, and is consistent with the principles of holism and the understanding that human phenomena are a collection of ideas and opinions being processed. New insights and unique experiences are formulated on a daily basis. The whole is therefore considered to be greater than the sum of its parts in qualitative research (Holloway, 2005). This research also challenges the dominant positivist research on the topic of substance abuse, which focuses on statistics and numbers. This research also challenges the view that the abuse of heroin could only be observed from a neuro-biological standpoint, by arguing that broader contextual dynamics in the lives of the participants cause and exacerbate the abuse of heroin within communities. These socio-cultural aspects will be explained and unpacked later in this thesis when discussing the social constructionist and symbolic interactionist views.

The qualitative paradigm was considered suitable for this study because professionally, the researcher is a clinical social worker specialising in the field of substance abuse and addiction.

The concepts of person-centred, holistic and humanistic approaches are part of the dominant therapeutic methods and a large part of the ethos of the profession.

The following section addresses the research design of this qualitative research.

3.3 Research design

The overarching research design focuses on the explorative and descriptive designs, which aim to gain information on heroin abusers in the Wynberg area, without manipulating the existing information (Henning, 2004). The **explorative design** speaks to an investigation of phenomena to illicit new insights and information, as well as increase the knowledge on a given area of interest (Henning, 2004).

This research gives an account of individual lived experiences of heroin abusers residing in the Wynberg business district. This research therefore explores a relatively unexplored area within qualitative research, thereby adding to the body of knowledge on the topic (De Vos et al., 2005).

The **descriptive design** is observational in nature and it has a component which promotes the understanding of the group, therefore providing a comprehensive understanding of the circumstances of the given population and its dynamics (Terreblanche, Durheim & Painter, 2006). Descriptive research mainly refers to research which has its core focus on portraying the characteristics and attributes of individuals, situations or groups (Creswell, 2009). In the present research the descriptive design proved beneficial in describing the variables in the behaviour of participants in the social context of Wynberg, promoting a “real world” feel to the qualitative research study, rather than testing or predicting the relationship between variables within a confined or designated setting (Cresswell, 2009). In this way, the researcher gained a better understanding of the dynamics among the abusers of heroin in the area, as well

as understanding individual accounts within that specific group. The descriptive research design also evoked understanding of the manner in which heroin affects the lives of the participants and what meaning heroin has in their existence.

The researcher has experience in this field of study, being employed as a substance abuse coordinator for over five years, working with individuals from various cultural backgrounds abusing heroin and other substances, thereby gaining invaluable understanding and insight into the dynamics of heroin abuse and accompanying behavioural patterns. It is as a result of the experience gained by the researcher in practice, that the descriptive design, in terms of observation, has become relevant in this particular study.

3.3 Population

Population refers to a set criterion or set of criteria according to which participants are chosen for a specific research endeavour (De Vos et al., 2005). The population in this qualitative research study was mostly abusers of heroin, mainly from the Metro South area in Cape Town. The participants were from the coloured racial demographic, specifically from the Metro South areas of Steenberg, Grassy Park, Lavender Hill, Plumstead, Mitchells Plain, Heathfield, Lansdowne, Retreat and Wynberg. The study participants had moved from the aforementioned areas to settle informally in the Wynberg central business area, largely owing to heroin abuse and other exigent circumstances (which will be discussed). Participants were from various backgrounds and socio-economic circumstances and between the ages of 20 to 35 years. The researcher interviewed six female participants and six male participants from the surrounding areas of Retreat, Grassy Park, Parkwood, Lavender Hill, Steenberg and Wynberg as a suburb.

3.3.1 Triangulation

Triangulation can be defined as an attempt to describe or explain the complexities of individuals within the social context (Cohen, Minion & Morrison, 2000). The aim of triangulation is to nullify the idea that the research or data collected would be biased, thereby adding another dimension to the research, in order further to augment the accuracy of data collected (Cresswell, 2009). This researcher interviewed three key informants in order to triangulate the data collected from the 12 participants. These informants were one police officer from Wynberg SAPS, and two local business owners in the Wynberg business area. The researcher chose the specific participants because of their day-to-day interaction with the abusers of heroin in the area. These participants were well placed to offer insight into the widespread heroin use, as well as provide insight into the demographic of heroin users in the area. Local SAPS officials explained the role of SAPS in relation to the use of heroin and the numbers of abusers of heroin in the area. The local business owners were a strong presence in the community, many having conducted their business in the area for many years and interacting with abusers of heroin on a daily basis. The interaction between the population of heroin abusers, police and local business owners proved to be an important and interesting dynamic.

3.3.2 Sampling

A sample in the context of research refers to a subdivision of the population carefully selected to participate in a research study (Mouton, 2003). The sample in this study, as explained in the previous sections, was made up of heroin abusers from the coloured demographic, both males and females between the ages of 20 and 35 years. Participants were chosen as they suited the criteria for inclusion. In an attempt to locate the suitable sample for inclusion, the research utilised the snowball sampling technique.

Snowball is a sampling referred to as a non-probability sample. It is non-probability because it indicates a subset of the population who effectively represent the population and who give an

indication of the social dynamics in a given community (Cresswell, 2009). The technique is also known as referral or chain sampling. The key feature of this sampling is that initial informants nominate, through their social networks or acquaintances, those whom they feel might fit the criteria of the research (Henning, 2004). The method refers to a process where the number of participant's increases as the sample grows, and as the sample grows, more information and data is collected until saturation is reached. The recruited member may be used to explain the research to their acquaintance and recommend this person to the researcher (De Vos, 2002).

3.3.3 The benefits of sample snowball sampling in the context of the research

Snowball sampling as a method has many benefits according to Mouton (2003). It provides a low-cost method of gaining information, compared to other sampling techniques (De Vos, 2002). One of the more pertinent benefits, especially for this research undertaking, was that it offered a way of researching a hidden and rather clandestine community of heroin abusers, who effectively blended into the everyday hustle and bustle of the Wynberg central business district.

3.3.4 Pilot study

The first interview was used as a pilot study. The first participant (Raymond) was a referral from a social worker in the Wynberg area. The participant suited the criteria for participation in the research and an initial interview was conducted at a clinic in the Wynberg area. The participant met with the researcher at a given time on a given date, so that the interview could be conducted, completed and later reassessed for possible changes to be made if necessary. The initial interview went well, but certain questions proved less pertinent, and were in some cases

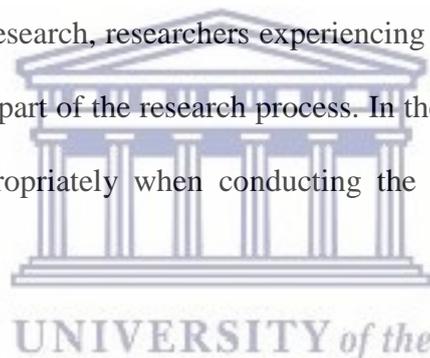
redundant, which meant that the interview schedule needed to be slightly altered. Raymond was, however, eager to repeat the interview with the new structure and agreed to participate with a rescheduled time and date. Subsequent to the second interview, which went well, Raymond presented the researcher with the name of another participant, which was a requirement according to the sampling method.

With the altered questionnaire, the researcher was scheduled to meet with the second participant, Rafiq, at the Wynberg clinic, but certain challenges arose in locating and meeting with Rafiq, after he did not honour the scheduled meeting arrangement. The researcher then met with Raymond, expressing concerns regarding participants fulfilling their commitment. Raymond then suggested that in order to meet with prospective participants, the researcher would need to accompany him to the streets of Wynberg business district, to meet with and then discuss the research with prospective participants. Raymond highlighted that abusers of heroin did not trust people easily, let alone strangers. Raymond added that many heroin users had been duped by undercover police feigning to be researchers, under the pretext of opening some form of communication regarding the heroin dealers.

Raymond also explained that giving dates and times to meet would not be feasible because the specific population were focused on obtaining funds to feed their habit, and were likely forget the interview. According to Raymond, the commitment to funding their habit is central to heroin users; therefore the best way to conduct the research would be to complete the interview after meeting the person with the referrer. Raymond's account proved to be accurate. For the most part, participants were unwilling to meet with the researcher at the clinic because of the stigma attached to going to the clinic; abusers of heroin were apparently harshly ridiculed or judged by their peers when they entered the clinic. In addition, many felt more comfortable

meeting on the street where they were working (selling goods) and in some cases hustling for money, for fear that a fellow heroin user might exploit the fact if they vacated their spot.

Finding meeting places became a genuine challenge because the researcher initially planned to meet with participants in a secure and central space at the clinic, but had to change the venue and met with participants where they felt most comfortable. This meant that meeting places ranged from interviews in the car, to public spaces such as the local library. The varied meeting places were of particular concern in terms of the safety, for both the researcher and the participants. Qualitative research studies are often conducted in venues which allow for research to be conducted in the safest, most conducive locales. However, Goldstein et al (2014) points out that in qualitative research, researchers experiencing obstacles and entering known dangerous areas are, at times, part of the research process. In the current study, the researcher improvised and planned appropriately when conducting the interviews, ensuring that the location was safe.



(Goldstein et al 2014) also advises the researcher in such a context to be patient and subtle. Being familiar with working with substance abusers helped in some way, but caution was a requirement in this case because of the change of settings. As a point, the researcher ensured that the interview took place within eyeshot of the general public, but in a quiet space, and the most relaxed environment possible with the least amount of distraction. This was particularly emphasised when the researcher interviewed female participants. For most of the interviews the researcher's car acted as a secure, albeit less comfortable place to engage – but it was sheltered, with minimal interruptions and relatively quiet. With the benefit of hindsight, the proposition went well and without incident. One of the main reasons for this is that the researcher remained focused and alert, and the participants mirrored that.

The **exclusion criteria** (characteristics which excluded possible participants from the study) were:

- Poly-substances abusers.
- Heroin users who were not permanently living in Wynberg.
- Heroin users who were under or over the stipulated age bracket.

The following table represents the participants (heroin users) and includes demographic information of each participant who participated in this study.

3.3.5 Table 1 Participants Demographics

| Name | Age(Years) | Religion | Area of origin | Manner of using |
|--|-------------------|-----------------|-----------------------|------------------------|
| Alicia (female) (sampled through Rafiq) | 26 | Christian | Steenberg | Smoking |
| Remi (Male) Sampled through Bevan | 31 | Christian | Grassy Park | Smoking |
| Raymond (Male) (sampled through social worker) | 33 | Christian | Mitchells Plain | Smoking |
| Rafiq (Male) (Sampled through Raymond) | 28 | Muslim | Lotus River/Ottery | Injecting |

| | | | | |
|---|----|-----------|---------------|-----------|
| Ayesha (Female) (Sampled through Randy) | 30 | Muslim | Lavender Hill | Smoking |
| Gadiga (Female) (Sampled through Lucian) | 25 | Muslim | Steenberg | Smoking |
| Lucian (Male) (Sampled through Bevan) | 27 | Christian | Heathfield | Injecting |
| Ivor (Identifies as female) (Sampled through Gadja) | 35 | Christian | Ottery | Injecting |
| Bevan (male) (Sampled through Remi) | 30 | Christian | Grassy Park | Smoking |
| Kelly (Female) (Sampled through Raymond) | 27 | Christian | Plumstead | Smoking |
| Devin (Male) (sampled through Rafiq) | 26 | Christian | Lansdowne | Smoking |
| Tamzyn (Female) (Sampled through Raymond) | 25 | Christian | Plumstead | Smoking |

3.4 Procedure

The researcher obtained permission to conduct the study from both the Faculty of Community and Health Sciences and Senate Higher Degrees Committees of UWC. This also included the ethical clearance. Since the research focused on the snowball sampling method, the researcher had to meet with participants in Wynberg, and obtained permission from the clinic and the police station in the area in order to do this. However, as previously noted, many participants were reluctant to leave their locations, even if only for an hour. The researcher requested time off from work to conduct the specific interviews. The researcher's supervisor, then approved the dates, and the data collection process could commence.



3.5 Data collection

The data collection process in qualitative research according to Mouton (2003) refers to the gathering of information within the social context of the participants being observed or studied. This is done with minimal disruption to their daily existence (Terreblanche et al., 2006). Burns and Groves (2005) describe the data collection process as the gathering of information using different methods to elicit data, such as interviews, observation, focused groups and discussions. As a prerequisite, the data collection phase begins with the researcher having a good understanding of what, where and from whom data is to be collected. Within qualitative research, the data collection process significantly takes place within the real world setting of the observed participants, to gain an in-depth understanding of how their lives are constructed (Terreblanche et al., 2006).

In previous studies of heroin abuse, data collection methods focused on heroin users entering treatment centres, among other more structural concerns. By contrast, this qualitative research aims to understand the experiences, social situations and phenomena in the context of the participants' present setting (Wynberg). Interviews, according to Babbie and Mouton (2001), represent a structured (or unstructured) correspondence between the researcher and participants. The interviewing schedule is often used in situations where what is being researched is substantial, in-depth and often personal, which is what the topic of substance abuse from a social constructionist perspective often entails (Terreblanche et al., 2006). The interview schedule in this research was used as a guideline, which contained standard questions and themes, but also facilitated further exploring and reflection.

The following steps were followed prior to each interview:

- Each participant met with the researcher in the immediate area of Wynberg.
- Rapport was established with participants.

- The participant was met with at a time and location of their choosing.
- The process and purpose of the research was explained in-depth.
- The informed consent and confidentiality procedure was also explained.
- The researcher also explained the audio-recording process.

3.5.1 Establishing rapport

The researcher was informed by the first participant that abusers of heroin in the Wynberg area were suspicious of outsiders. For this reason, establishing rapport was important for the subsequent interview process. The researcher, according to De Vos (2002), in the rapport-building phase of the data collection and interviewing process, should strive towards establishing not only a connection but also create a cordial environment.

The researcher utilised a solution-focused therapy called “Problem-Free Talk” where the researcher initially engages the participant in small talk. This technique helped to diminish any initial anxieties and effectively established communication, as well as an element of rapport with the participant. In engaging with participants, the researcher often looked for something specific to the participant to speak about. For example, the researcher noticed that one participant was wearing sport clothing, and engaged in conversation around that. This provided to be a non-threatening approach which, according to Terreblanche et al. (2006), begins to establish trust and helps put participants at ease.

3.5.2 Open-ended questioning style

An open-ended questioning style was preferred in the context of this research. The questioning style offered many benefits because of the flexibility and free flow in the engagement (Babbie & Mouton, 2001). The following techniques were used during the interviewing process, which are endorsed by Henning (2004):

- The researcher actively listened to participants, with minimal interruptions.
- Owing to his experience working in the field of substance abuse, the researcher was cognizant of portraying a calm, open and relaxed demeanour.
- The researcher asked open-ended questions while following up with reflections.
- The researcher explored and reflected upon thoughts and feelings as opposed to probing, which could be wrongly construed.
- The researcher also allowed participants to be silent and not anxiously moving to the next question, thereby allowing participants the space to gather their thoughts.
- The researcher remained focused and engaged during the interview despite the hustle and bustle in the area. The participants seemed to mirror this focus and were less distracted by external occurrences.

Exploring and reflecting on participants' input was an integral part of the data collection process, because it enabled the researcher to modify questions as deeper insights developed from participants' information. Exploring, in this case, was similar to probing, but it felt less intrusive than actual probing. Many of the participants had experienced being questioned and harried by law enforcement and SAPS officials, mostly in cross-examination-style interviews. The current interview schedule and data collection process had to be different and empathic, for the sake of building rapport with the participants, as well as for the benefit and authenticity of the research. The researcher's experience in the field of substance abuse and skills in therapy

aided in this regard, meaning that the process was less of an inquiry than an exploratory process. Seidmann (Terreblanche, 2006) concurs, suggesting that probing can be invasive and can often make participants feel as though they are being interrogated.

3.5.2 .1. In-depth interviews

De Vos, Strydom, Fouche and Delport (2009) describe in-depth interviews, in qualitative research, as a conversation or engagement which is formalised and varies from structured to unstructured. In-depth interviewing is aimed at exploring a situation and testing the boundaries of the perspective being explored. In the context of this research, the researcher made use of semi-structured in-depth interviews, which as mentioned, were a contrast to the dominant methods conducted in the past on the topic of heroin abuse.

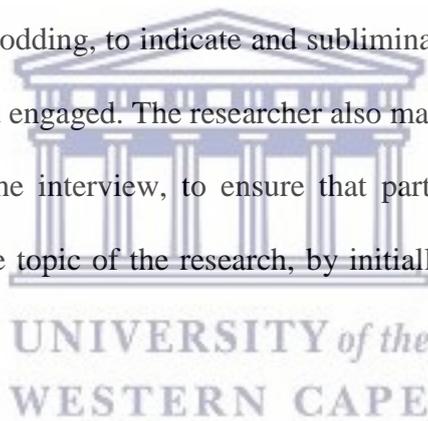


3.5.3 Advantages of in-depth interviews

There are certain advantages to conducting in-depth interviews as opposed to the rigidity of structured and survey-type questionnaires (Mouton, 2003). The method allowed the researcher to explore experience, feelings and perspective with the added flexibility of being able to reflect upon the responses of participants and gain a deeper understanding, a process which ultimately would not have been possible with a positivist style of questionnaires and surveys (Terreblanche et al., 2005). The face-to-face nature of the interview and questioning process also offered the researcher a chance better to understand and further explore the topic with the participant and gain different ideas.

3.5.4 Procedure of the semi-structured interviews

One interview sufficed for each of the participants and key informants. The interviews were conducted for between 45 minutes and one hour. Each interview depended on the respective participant's rhetorical style of engagement and articulation of events. For this reason the researcher allowed participants the freedom to express themselves with minimal interruption, which relaxed participants and seemed to elicit greater insights. Babbie and Mouton (2001) contend that allowing participants the freedom to express themselves in a natural way is one of the key features of the qualitative research paradigm, as it allows a deeper and more accurate understanding of human phenomena, through language and narratives. Throughout the interview, the researcher used techniques recommended by Creswell (2009), such as affirmations, reflections and nodding, to indicate and subliminally inform the participant that the researcher was present and engaged. The researcher also managed to play an active role in facilitating the direction of the interview, to ensure that participants fully understood the questions being posed and the topic of the research, by initially explaining the purpose and rationale of the research.



3.5.5 Key informants

The researcher made use of key informants in this qualitative study. These were one police official from the Wynberg SAPS and two local business owners. Key informants according to De Vos et al., (2009) are individuals from a particular community who understand the culture and dynamics of the particular setting. The individuals are considered experts and provide valuable insight into the nature of problems of the given community. Gaining the insight of key informants in this research was important in order to triangulate the data, and also to understand the research question from the viewpoint of people who, because of their work and respective businesses, had daily contact with the participants in the research.

It was appropriate to use key informants in this research because their views and opinions would aid in the analysis and interpretation of the data collected. The use of key informants, like the snowball sampling techniques, offers a low cost means of data collection. In addition, it provides a different viewpoint on the research topic, which is beneficial in terms of adding another dimension to the existing data (Terreblanche et al., 2005). Since the sample of this research was fairly small, adding key informants added to the validity of the findings (Henning, 2004). The use of key informants was also necessitated by the fact that they were all in some way directly or indirectly connected to the abuse of heroin in the community. The researcher also used a semi-structured interviewing questionnaire.

3.5.6 Recording process

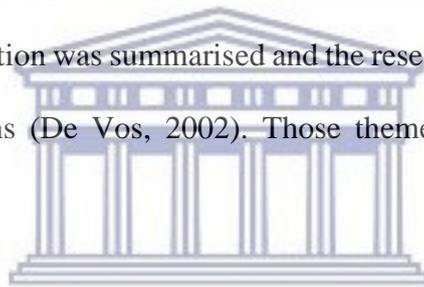
In preparation for the recording and data collection process, the researcher ensured that all the logistics were in order. This included the two recording devices, the interviewing schedule, pen, paper, and a notepad. Bottled water, coffee and biscuits for participants were also made available by the researcher. The researcher used a video (with the lens facing downward) and audio recording as a backup to conduct the recording process. The researcher also ensured that the devices were working, and that the batteries were fully charged. A test run was carried out to ensure that the devices were in fact recording. The interviews were all audio or video recorded (recording only the sound), and participants were made aware of this from the outset. Intermittently, the researcher would stop to ask participants if they needed a break.

The interviews and recording process were initially planned to be conducted at the local clinic in the Wynberg central business area. However, as explained, most of the participants preferred the interviews to take place in the researcher's car or at a place they felt most comfortable. The situation was the same for the key informants, who thought it better to remain at their respective places of work to complete the interviews with the researcher. This made the recording process

difficult in some cases, but the researcher compensated for the surrounding noise by finding a quiet spot within the immediate environment to engage. The method of data collection was in line with the principles of the qualitative approach (Babbie & Mouton, 2001) and was structured to suit face-to-face interviews, with the aim of exploring the experiences of the participants. (See copy of the interview schedules under Appendices A and B).

3.7 Data analysis

The researcher used a thematic analysis, which Babbie and Mouton (2001) refer to as a methodical process in which the researcher immerses himself or herself in the data until significant statements emerge. In this case, the researcher read and reflected on the data on several occasions, methodically gathering information from the verbatim accounts of the participants. Next, the information was summarised and the researcher searched for developing themes from the transcriptions (De Vos, 2002). Those themes that appeared relevant and substantial were highlighted.



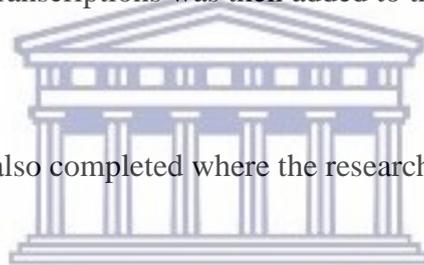
The first step in the data analysis process was to transcribe the recorded data verbatim. The data was analysed using Tesch's eight step approach to data analysis as outlined in De Vos (2005). This approach focused on gaining an understanding of several transcripts, coding similar ideas in the transcripts and developing themes as they emerged from the transcripts. The categorisation of the data took place next and was later analysed and meticulously translated and coded accordingly.

The following are the steps in chronological order as they were followed by the researcher according to Tesch's eight step approach:

- 1.** Following the transcription process, the researcher made notes of ideas that started to emerge from the gathered data.
- 2.** The researcher then used one of the more detailed transcriptions in an attempt to gauge the

information, while writing down notes on possible themes.

3. These emerging themes and key ideas were then formulated into groups in order of importance and relevance to possible themes.
4. Next, the researcher placed the key ideas into codes and placed them in order, in terms of their relevance.
5. The researcher then placed the coded information into categories, with the intent of establishing key themes.
6. These categories were arranged according to relevance to the research topic.
7. The relevant data from the transcriptions was then added to the categories as they related to the specific topic.
8. Re-coding of the data was also completed where the researcher felt it was necessary.



UNIVERSITY of the
WESTERN CAPE

3.7.1 Trustworthiness

Trustworthiness is often thought of as a critical thought process in which the researcher analytically reflects upon the research and questions the researcher may have missed in the process (Terreblanche et al., 2005).

3.7.2 Credibility

Many successful research endeavours in the past have been advantaged by a researcher's familiarity with a setting. Shenton (2004) proposes that the researcher has the responsibility to ensure that sufficient contextual information is gathered to provide readers with a substantial description, so that they can make the link between the given research goals and their own observations or studies. The process of establishing credibility within research also translates

to the researcher's mindfulness of relevance being identified in coding and theming of information and placed systematically, so that important and relevant information is not excluded. The fact that the researcher was familiar with and had experience in the specific culture and setting, with an enhanced understanding of the dynamics and accompanying behaviour of heroin abusers, was an effective way of ensuring credibility.

3.7.3 Generalisation and transferability

To be mindful of generalisation and transferability, the researcher ensured that theoretical frameworks and processes were followed meticulously to prove that the research could conceivably be applied in other contexts (Terreblanche et al., 2005). The difficulty with qualitative research, however, is that the samples of research are so small, as is the case with this particular research.



3.7.4 Dependability

Dependability accounts for how the researcher deals with changes in the study and, similar to credibility, focuses on the extent to which a study can be replicated by a future researcher using a similar research design. In this regard, all the research processes and procedures were documented to promote transparency within each stage of the advancement of the research study, from the objectives to data collection and beyond (Cresswell, 2009).

3.7.5 Confirmability

The concept of confirmability again addresses the specific research question and whether the current findings could be confirmed by another research. Confirmability, however, goes further

to question the researcher's own subjective view or preference. This issue is a contentious one for positivist researchers, who question the ever-changing nature of qualitative research data (De Vos, 2002). In light of this, the researcher is professionally bound to remain impartial and objective, a principle which is applied throughout each stage of the research. In the process of analysing the data, the researcher has chosen to triangulate the data as a method of data collection by interviewing key informants.

3.8 Self-reflexivity

- This section will provide the reader with a brief reflection relating to the researchers experience and thoughts during the research process.

Substance abuse, and particularly the abuse of heroin, has become an intriguing issue. My experiences with substance abusers helped tremendously in being able to communicate and interact with abusers of heroin. I portrayed the body language and demeanour that suggested a relaxed and together state, which was important for the sake of establishing rapport and allow for free-flowing conversation. These processes, many would agree, are difficult. The challenge to me was firstly separating the roles, from therapist to researcher.

I understood the research process well; as this was not been the first time I had conducted a qualitative research study. This time, however, was particularly challenging, emotionally. There were quite a few issues swirling around in my head. I was engaging with individuals, some of whom were my age and born in the same era and were raised in the same area as I was. Many had been educated and are from good homes and were about to go into the festive season living on the streets.

Most participants had children whom they had not seen in months, and years in some cases. This issue affected me the most because I have a child of my own and it would be inconceivable not seeing him or talking to him on any given day. It is also well established that young children

struggle with attachment and other issues with absent parents and my thoughts were also with the children who, more than likely, were missing their parents.

Engaging with people both in practice and on a research level always brings me back to my own personal history with substance abuse – not to elicit any issues with transference, but rather positively to keep me focused on the individual as opposed to the orientation.

Participants mentioned personal aspects of their lives. For some, this was just a regular, matter-of-fact explanation of events and history. But for many who participated in the research, the research represented a journey into the past and a look back into their personal history while they nostalgically remembered old memories. For many, this was a painstaking process because it opened up many wounds of the past, but they bravely talked through the process.

The questionnaire, which was not an intrusive one by any means, represented a chance for some really to reflect upon their lives without interruptions, or judgement. As a researcher, this touches me because I realise how, in many cases small, trivial decisions people made in their lives have made such an impact on their futures. They left their parents and their children behind, and most of what was important to them in the past, to now living a life in which the substance heroin is the centre of their existence.

3.9 Ethics statement

The following ethical considerations were adhered to:

- Total anonymity regarding reporting of the information was continuously articulated to the participants. I informed the participants that the study would be viewed by my supervisor at UWC.
- The participants were informed that they were under no obligation to participate and could depart from the session, without any consequences.
- The informed consent of each participant was completed (see Annexure B). The purpose of the study was also explained to participants.

The researcher, as a professional social worker, is guided by the ethical standards of the South African Professions of Social Work and therefore is governed by those ethical considerations as well.

The proposal was approved by the UWC Senate Research Committee. It was also approved by the Ethics Committee of the Department of Social Development.

3.10 Risk factors

The engagement with participants largely went well. The researcher's experience with abusers of heroin aided in this regard. However, as initially expected, the experience of being interviewed about situations in the past did elicit some traumatic and upsetting memories, which drove certain participants to tears. In these cases, participants were given an opportunity and time to express their feelings and gather themselves. Thereafter the researcher explained the counselling services available; seven participants were referred for counselling at the Department of Social Development. The researcher understood the possible risks of engaging

with people abusing substances and therefore took the necessary steps to ensure the safety of the researcher and participant. This was completed by remaining vigilant, also presenting a calm and relaxed demeanour as well as conducting the research (as venues changed) in an environment which offered both protection for the participant and the researcher.

An example of such a situation was when the researcher was obliged to conduct interviews in his car (because participants were unwilling to leave the space). It then seemed feasible and safe for all concerned that the vehicle be parked in a space visible to the public eye, or in some cases in the parking bays of Wynberg SAPS office, which was in very close proximity. This was particularly pertinent with female participants. Because the researcher is a male, the main priority was to ensure that female participants were as comfortable as possible.

3.11 Informed consent

The participants were fully informed of the requirements of the study. This highlighted transparency of the process and the study, as well as disclosure of all aspects of the study. All relevant information was on the informed consent form (a written agreement between researcher and participant). The dissemination and handling of data after study completion were also discussed and agreed upon (De Vos, 2002).

Some participants were skeptical and needed assurance from the researcher that pseudonyms would be used because of the nature of the content arising from their respective discussions. The researcher also required participants' consent for the use of a voice recorder for accurate transcription of the data. This process was also articulated and explained to potential participants prior to the commencement of the interviewing process.

3.12 Anonymity and confidentiality

Ensuring that participants understood this process was important to the researcher. This was an integral part of the process to protect the participants and the information they provided. The participants were made aware that data they provided would be used but that their identities would be protected by the use of pseudonyms. This was also specified in the informed consent agreement.



Chapter 4

4.1 Data analysis

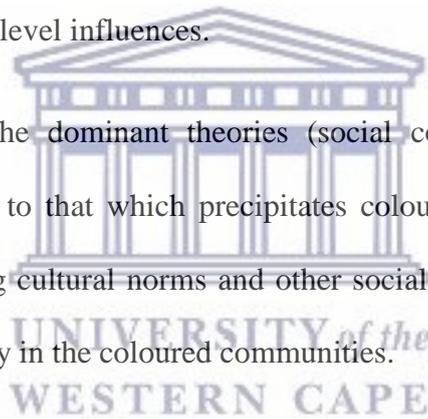
4.2 Introduction

This chapter focuses on the critical findings of the research. In this section, the researcher compares the research findings with the theoretical viewpoints posited in literature.

One theme arising has been heroin use as the result of genetic predisposition and parents abusing substances (socialisation).

Another theme is the result of an identity being forged by and through interaction with the social environment and micro-level influences.

In this process, discussing the dominant theories (social constructionism and symbolic interactionism) as they relate to that which precipitates coloured individuals to the use of heroin, as well as highlighting cultural norms and other social components which allow the substance to thrive, particularly in the coloured communities.



4.3 Themes and subthemes

The following table is a representation of the main themes and subthemes and a brief description of their respective points of view.

Table 2 Themes and Subthemes

| Themes | Subthemes |
|--|---|
| A) <u>Heroin use among coloured people: how it starts</u> | Tik versus heroin Family influence on heroin use Trauma and heroin use |
| B) <u>Factors influencing heroin use of coloured users in Wynberg</u> | Heroin use in Wynberg “They come from everywhere” Heroin use in Wynberg “They come from everywhere” Funding the habit Tanzanian dealers versus coloured dealers Factors that influence heroin use: vendors Factors that influence heroin use: SAPS |

C) Cultural dynamics related to coloured

heroin use in Wynberg

Tanzanian Dealers versus coloured dealers

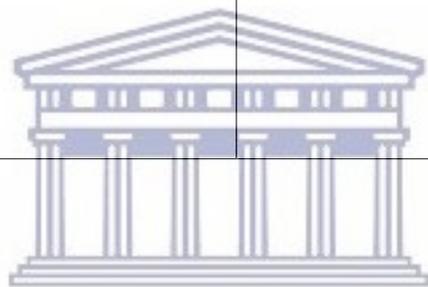
Factors that influence heroin use: vendors

Factors that influence heroin use: SAPS

Family of origin versus surrogate family

**Deconstructing language: how it influences
identity of heroin users**

**“If they seen someone (coloured) doing it ...
they want to do it”**



UNIVERSITY *of the*
WESTERN CAPE

4.4 Participants

In this section, the reader will find brief histories of the following participants who had all consented to be part of the process and have been key to understanding the life of coloured heroin users on the streets of Wynberg. Please refer to Table of history below.

Table 3 - history

| Name | Brief history |
|---|---|
| Alicia (Referred by Rafiq) | The participant grew up in Steenberg. She has children and was a good hockey player when she was younger. The participant is also in a relationship with a male who lives in the Wynberg area, but has recently been arrested for possession of heroin. She is pregnant at present. |
| Randy | The participant has no children, and lives in Wynberg. |
| Raymond (sampled through social worker) | The participant completed grade school as an A student. The participant was the first to be interviewed in the process and provided at least two further referrals to the initial snowball. |
| Rafiq (Sampled through Raymond) | The participant lives in Wynberg and has lived in the area longer than any of the other participants. The participant seems to have a wealth of information in terms of the community in Wynberg. The participant is also injecting heroin and as a result, was hospitalised on one occasion. |
| Ayesha (sampled through Randy) | The participant was born and raised in the Lavender Hill area. She mentions having been involved in prostitution since age 13. She is currently employed as a fruit vendor. |
| Mina (Sampled through Lucian) | The participant currently lives in Wynberg, but is originally from the Steenberg area. The participant has a child who resides with the participant's mother in Steenberg. The participant is also in a relationship with a male partner, who is currently incarcerated for matters related to larceny. |

| | |
|---|---|
| <p>Lucian</p> <p>Sampled Through (Bevan)</p> | <p>The participant lives in Wynberg but is originally from Heathfield. The participant has one child, whom he has not seen in many years. The participant is also in a long-term relationship, with a woman from the Grassy Park area, who does not engage in the use of heroin.</p> |
| <p>Ivan</p> <p>(Sampled through Gadja)</p> | <p>The participant has been living in the Wynberg area intermittently over the past seven years. He is a gay man, originally from the Ottery area. The participant was in a long-term relationship until recently.</p> |
| <p>Tamzyn</p> <p>(sampled through Raymond)</p> | <p>The participant lives in the Wyberg area and has been using heroin for ten years. Tamzyn lives with her boyfriend, while her six year old son lives with her mother.</p> |
| <p>Bevan</p> <p>(Sampled through Randy)</p> | <p>The participant is living on the streets of Wynberg at present, and is originally from the Area. The participant describes himself as a good chef and mentions that he has a good relationship with his mother.</p> |
| <p>Kelly</p> <p>(Sampled through Raymond)</p> | <p>The participant is originally from Plumstead but has been living in Wynberg for the past five years. She is in a relationship with a man from the area, who is also using heroin.</p> |
| <p>Devin</p> <p>(sampled through Rafiq)</p> | <p>The participant is originally from Lansdowne but now lives on the streets of Wynberg. The participant has not seen his ageing mother in five years.</p> |
| <p>Charne</p> <p>Sampled through Ayesha)</p> | <p>The participant is from the Ottery area. She has no children and has been living on the streets of Wynberg for five years, after being engaged to a drug smuggler from the area.</p> |
| <p>Key informant</p> <p>Sergent Pieters</p> | <p>Sergeant Pieters is from the Montegues gift area. He has four children; two are married and the remaining two are still living at home. He has been working for SAPS for 21 years and transferred to the Wynberg SAPS office 10 years ago. Sergeant Pieters understands the dynamics in the area very well, and has agreed to participate in the research, while other police officials seemed reluctant to do so.</p> |

| | |
|--|--|
| <p>Key informant</p> <p>Mrs Dollie</p> | <p>Mrs Dollie is single parent who owns and operates as a fruit vendor. Mrs Dollie has been working in the area for 15 years; her husband left the vending store to her after their divorce. Mrs Dollie has three children: two boys and a girl. Mrs Dollie has a reputation of being kind to the heroin users in the area and she often provides food for them.</p> |
| <p>Key informant</p> <p>Mr Cassiem</p> | <p>Mr Cassiem is 62 years of age, and has worked in the Wynberg area for 20 years operating as a fruit vendor. Mr Cassiem has children who he resides with in Wynberg. He says he has observed and engaged with the heroin users of the area on many occasions.</p> |

The following section highlights the themes and subthemes that were prevalent within the study.

4.5 Heroin use among coloured people: how it starts

4.5.1 Tik versus heroin

Participants mentioned having a significant history of substance abuse prior to using their drug of choice, which in this case is heroin. Often, substances of abuse that prompt youth to experiment with more concentrated substances are referred to as gateway drugs. In the coloured communities, gateway drugs are considered to be easily available and are substances such as cigarettes, marijuana, and to a large extent, alcohol. Fisher's (2015) qualitative study on the life course perspective in relation to early drug use, posited that the substance heroin has an early link to the use of the gateway drug marijuana. This general view is supported by the current study findings, in that gateway drugs were mentioned by most participants, ranging from marijuana to stimulants such as ecstasy, cocaine and acid – as well as depressant drugs such as mandrax and alcohol – starting in their early teens. However, the current study found that early use of marijuana had no direct influence on participants' choice use heroin. Rather, 11 of the 12 participants indicated that tik was their substance of choice, prior to using heroin.

Raymond highlights that he used both stimulant substances before heroin.

Ok, ... I was using; I was using Tik at that time; standard seven, the beginning of standard seven. (Raymond)

Bevan, Lucian, Kelly, Ayesha and Alicia confirmed that they had used tik prior to their use of heroin but also claim to have used psychedelic drugs like ecstasy and other stimulant drugs. The following quote by Bevan is an example:

Um I liked it, and um, my first experience was on tik actually, that was my first drug, tik and dagga [marijuana] and Es. That was my first experience and this was in standard six already.
(Bevan)

Mina was the only participant who had not been abusing tik prior to her initiation or introduction to the use of heroin. She indicates that she experimented with alcohol and no psychoactive substances. Heroin was therefore her first experience.

The first time I used a substance was in high school, but just experimenting, with drinking and stuff. (Mina)

In the literature, Zhang and Chin (2013) makes mention of an instance in China and India where opium (of which heroin is a synthesized form) was once used as an alternative to excessive alcohol use and was publicized for producing contrasting behaviour to that of alcohol. The idea was that opium would render the user more tranquil and calm as opposed to the “vulgar” behaviour often associated with alcohol use. This very dynamic seemed to be the reason most of the participants actively chose to use heroin instead of tik. Participants said that they had transitioned from the use of tik to heroin for reasons similar to those indicated by , Zhang and Chin (2013) in transitioning from alcohol to opium.

In this study, participants confirmed that after they had been introduced to heroin, by whatever means, they found the effect to be “better” than tik. By all accounts, using heroin made them

less aggressive and less paranoid, even pointing to a perceived sense of greater “functionality”. Although 11 of the 12 participants indicated the idea of better functionality, the following participants (Rafiq, Ayesha, Alicia, Bevan & Tamzyn) eloquently describe the effect of the substance.

Heroin, heroin makes a person feel normal, it just feel you can eat normal, you can sleep normal. Tik affect some people different man, but when I came to Wynberg and into the unga, then that took my whole tik feeling away, you know what I mean? Like all the money that I'm scurrelling just go for heroin. I won't think twice to buy me a packet (of tik) you know what I mean difference is that heroin is a downer and tik is an upper, it makes you high. Ja like with Tik you up, you hyper and with heroin it makes you more passive, laid back, lean back. you in your own buzz [laughs]. It was better. (Alicia)

Bevan emphasises the relaxed feeling associated with the use of heroin.

Then the neighbour said, “Hey don't buy tik man, buy unga” and what what. Now I'm mos curious and I didn't mos try this thing they call unga you know what I mean. And then when I tried it, it gives you such a relaxed feeling and there is a certain taste what you get in your mouth man. It like now, I don't get that taste now, but it's just a taste what you get [laughs]. You can't explain it but you will remember it forever. (Bevan)

Heroin users are also, according to Tamzyn, more proficient at acquiring funds for the habit than tik users.

Because I'm not sure why but. Like with the users of tik, they for some reason can't get money as quick as someone that is using heroin, maybe they are not smart or fast enough. I guess it's because when you smoking tik, its obvious. Like when you smoke heroin, you can hide it, you can still clean yourself off. And if you just put on clean clothes you look like a normal person. (Tamzyn)

What became apparent throughout discussion was the fact that most participants mentioned a

rather protracted history of substance use, but none mentioned that heroin was the first substance they had ever tried. For many, heroin was the last substance they used in the line of psychoactive substances. Weich et al. (2013) highlights that heroin is a salient substance, suggesting that, once a person is addicted to the opioid substance, they very seldom deviate from the narcotic because of its potential for abuse and the manner in which it interacts with the brain and body. Participants' experiences give credence to the (Weich, et al., 2013) contention, in stating that once they became accustomed to using heroin, the less inclined they were to use other substances like tik or mandrax. Ayesha explains this rather well.

Thirteen years I'm using drugs. Heroin I'm using, ok I don't smoke tik and rocks no more, you see. Since I can feel what it is to smoke heroin I quit the tik and so. (Ayesha)

An interesting finding related to the way in which the different genders were introduced to the use of heroin. The males who participated in the study stated that their first experience with heroin was with a friend or in the social context of group. Some of the male participants even mentioned that they had used heroin for the first time with a cousin or brother. Ayesha, Alicia, Tamzyn and Mina all revealed that they had a significantly long history of psychoactive substance use spanning a number of years. Their initiation to the use of psychoactive substances came as a result of their association with a peer group or family. However their introduction to the use of heroin came as a direct result of the relationship with a boyfriend or spouse who had a history of heroin use.

So the boyfriend I was with, he was on heroin, so I didn't know that time so I just thinking what was that, and he will always give me a lyntjie [a line of heroin]. Then I don't feel right, you know that back pain, but after that I just pull one or two lines, then I'm right again. But that was with my boyfriend. (Ayesha)

These findings correlate with a study conducted by Higgs, Owada, Hellard, Power and Maher (2008) which found that women in Australia, particularly from the Vietnamese community,

were also initiated into the use of heroin by a boyfriend or spouse.

4.5.2 Family influence on heroin use

No, no no ... my mother and father never even heard of heroin [laughs]. My father I can say had a drink now and then, but when I say now and then I mean now and then. But my mother never, you know she was in the church. (Devin)

Devin highlights in the extract above, that use of substances were not even considered by his parents, as was the case for many of the participants who said that their parents had not used any substances. Participants Alicia, Raymond, Ivor, Alicia, Rafiq, Lucian and Mina stated that their parents never used substances. Participants said to have observed and adopted substance-abusing tendencies owing to outside influences, like friends, and not from their parents.

Ok, now some of my uncles used to drink Dominique, but I won't say they were like alckies [alcoholics] and that, but they used to take a drink, but drugs like tik and unga, is not, that is not in my family, I'm sieka (probably) the only one that is now using this. (Lucian)

My cousin was the one who smoked and she just soma asked me if I want and I said ja, I wanna experience it for the first time. And from there I smoked, I was fifteen. Ja fifteen I started smoking ja, tik. (Alicia)

The literature proposes that people can in fact be genetically predisposed to using substances through parentage and family lineage (Van Zyl, 2009). This hypothesis explains that the use of substances is akin to a disease, which is passed down through generations, similar to medical diseases like cancer or diabetes. Substances like heroin would then, in this view, be comparable to these medical conditions. While this theory has become popular in the field of addiction, as well as in mental health because the two are so closely related. However, most of the participants' parents in the current study had not used heroin or any of the psychoactive substances. Participants' responses seem to be more in line with the social constructionism and

symbolic interactionist views which highlight both the environment and micro-level interaction as precipitating factors to the initial use of substances.

Fisher (2015) agrees that substance use, in general, is behaviour assimilated through observation and learning from the environment. Fisher (2015) notes that children, for example, conform to modelled behaviour from their immediate environment and from their first point of learning (their parents). The view is echoed by Bandura (cited in Allen, 2006), explaining that children's exposure to experiences in their immediate social circle influences the early initiation of substance use. Therefore, if a child's father or mother drinks alcohol or takes heroin and the child observes this, the child is likely to repeat the negative behaviour. This notion is corroborated by Allen (2006), who suggests that in homes where children fail to receive clear guidance from parents, the need for instant gratification makes them seek out recreational chemicals, like heroin, to provide a form of comfort.

While previous studies have found this dynamic to be true, the findings of the current study showed little if any substance use by the parents of participants. On the contrary, the majority of participants in this study (Ivor, Remi, Bevan, Charne, Devin, Tamzyn, Raymond & Mina) highlighted their experiences of a stable upbringing. Although it is possible that many substance abusers would not feel comfortable discussing such sensitive issues, with trust being a barrier, those who participated did not appear to have any hesitation in discussing their parents; the following is representative of this.

I came from a good home and that we weren't really struggling, so my parents took good care of us. I mean I got what I needed, you know what I mean. It's me man. (Ivor)

4.5.3 Trauma and heroin use

Childhood traumatic experiences have been linked to heroin use according to the literature. Interestingly only one of the 12 the participants identified a difficult childhood. Ayesha spoke of being emotionally and physically abused and was exposed to social rejection, which later became a precipitating factor for her use of substances including heroin.

Ok it was alright and that you know, but the circumstances that was at home and that, that is why I turn out like this. My parents always argue and fight, you see. Lots of problems. And we got hidings and stuff also a lot. But I never had a problem at school. I was very clever also. And that's why today I can still read and write and stuff. (Ayesha)

It is often suggested that heroin users have experienced early childhood challenges specifically related to parental abuse and social rejection; the analgesic nature of the substance provides a means of coping (Weich Et al., 2013). The correlation between trauma and early use of heroin has been identified in studies (Fisher et al., 2016) and is supported by this study's findings, as participants spoke of traumatic circumstances. Hawkins, Catalano and Miller (2007, cited in Dos Santos, 2008) agree that early exposure to trauma has been highlighted as a causal factor to people using substance later in life, to compensate for the stress. Tamzyn, for example, corroborates this by stating that the sudden passing of her father affected her greatly. That was the time that she started experimenting with mind-altering substances.

I had a very good relationship with me father, he was a very good person, he was very humble and so when he passed on it was like a shock for me and I didn't mourn at the time, because it was kinda like he just went away for a little while to the shop, and he was coming back later kind of thing, but he never did. And I kinda believe that if he didn't pass away I don't think I would have been here, at all. ... When he passed away it was tough because my mom was

financially struggling and that time I kinda started experimenting, we started meeting guys and drinking and stuff. (Tamzyn)

Mina also experienced the loss of her father, which also contributed to her use of substances.

No no, once my father died, our household really went down, I mean it was you know early and unexpected. I won't say, because a person can't make excuses, but that did have an impact on my life and why I use maybe unga today. (Mina)

Lucian also experienced trauma at the hands of his stepfather, who, in the absence of his mother, physically abused him.

You see, I stayed by my ma, but before that I was living with my mommy and step-daddy, Tariq, my youngest brother's daddy, now he never used to like me Dominique, you that ou used to hit me when I was small and mostly when my mommy go work like nightshift and that, that's when it started. Like one day he hit me so badly and put me outside so I had to sleep in the dog's kennel. You see when I started smoking this thing, this unga, it make you forget. You know I can't blame that for my use of unga, I mean I can't do that, but I know that it does help you deal with feeling for sure (Lucian).

The findings regarding the impact of trauma in this study are consistent with earlier studies making reference to the correlation between heroin users and trauma (Weich et al., 2013). Some studies have shown an increase in anxiety and depression involving heroin-using individuals (Gerber, 2015), which social constructionists believe stems from environmental factors.

Another aspect was that at least five of the participants were from single-headed or divorced homes. Ivor indicated that his father and mother separated. Lucian's mother and father were also never married. Tamzyn's father died at a relatively young age. Devin's father was also not present in his life, and Mina's father also died when she was very young. The lack of stable

family figures appears to have impacted on these participants and led them to seek a family outside of their family of origin.

4.6 Factors influencing heroin use of coloured users in Wynberg

4.6.1 Heroin use in Wynberg

Twelve participants commented that there are many users of heroin in the Wynberg area. Rafiq, Remi, Ayesha, Tamzyn, Mina, Ivor, Devin, Lucian, Kelly, Raymond, Bevan and Charne agreed that more than a hundred users of heroin were actively working and living in the Wynberg area.

Since no previous studies have been conducted on heroin use in the Wynberg area, the estimates of number of users of heroin occupying the area were largely based on the accounts of the 12 participants who were interviewed. The local SAPS officials estimated a hundred or more heroin users in the area.

That is staying in Wynberg? I think about two hundred and fifty – plus-minus two fifty. That is staying in Wynberg that is using heroin and they come from all over to stay here. There is from Delft, there's from Belhar, there is from Elsie's River, there is from Grassy Park, there is from Lotus River, there is from Manenberg, Hanover Park, Lavender Hill, Heathfield. There is from everywhere. (Rafiq)

Only two participants of those interviewed – Alicia and Bevan – were uncertain of the number and/or made a lower estimate.

There is about seventy, eighty that I now personally smoked with; then there is people also who come from other areas so I can't really put a number on it. (Bevan)

Not every user of heroin who occupied the area from day to day would necessarily reside in the area. According to suggestions, some would arrive in the area in the morning and leave a certain time of the day.

Yor, a lot. I would say to sum it up I would say, you are looking at least, one hundred and fifty. Ja in one area, it's like some are dayshift and some are nightshift, you know it's like [laughs]. (Remi) One of the key informants, Mr Cassiem, corroborated this view, observing that heroin users are much younger than the vagrants who historically occupied the area.

There were always vagrants here in Wynberg, like under the bridge and stuff, but they were you know, old people, or older people, mostly drinkers also, alcoholics. But what you see now is young people like, lighties, that you can see come from decent homes, they all live here. And there is a lot. (Mr Cassiem)

It appears that those who lived in the area were longer-term users of the substances, whereas those who effectively entered and exited the area on a daily basis would be classified as more intermittent users of heroin. This suggests that the longer they used, the more likely they would be to occupy the area on a permanent basis. All participants in this research agreed that Wynberg harboured a community of heroin users, whose livelihoods seemingly depended on making the area their primary place of residence.

The congregation of heroin users in Wynberg is not unlike the situation in Dar es Salaam in Tanzania, where heroin users have congregated in what is colloquially known as the “magetos” – a hub for illegal use of heroin. Sharing of needles for heroin use and also irresponsible sexual activity seems to be prevalent there (McCurdy, 2005). A study conducted by Pluddeman et al. (2008) found a similar circumstance in the Cape Town central business district.

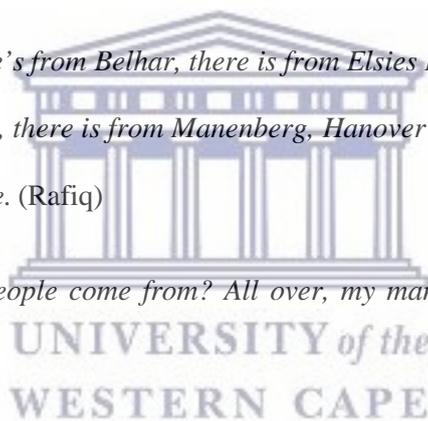
4.6.2 “They come from everywhere”

Initially, the researcher postulated that the users of heroin who populated the Wynberg area, were from the surrounding areas of Grassy Park, Lavender Hill, Plumstead, Steenberg and Ottery which were in relatively close proximity to the suburb of Wynberg. As expected, the participants in this research were mainly from the surrounding area. However, Lucian, Bevan, Devin, Ivor, Mina, Raymond and Ayesha said that the Wynberg area actually attracted heroin users from many areas of Cape Town, beyond what is considered the Metro South region. These, according to participants, were individuals who had left their areas of origin and were now effectively living on the streets of Wynberg for reasons that will be explained subsequently. Rafiq and Raymond commented:

There is from Delft, there's from Belhar, there is from Elsies River, there is from Grassy Park, there is from Lotus River, there is from Manenberg, Hanover Park, Lavender Hill, Heathfield.

There is from everywhere. (Rafiq)

Which areas do these people come from? All over, my man, all over, even Bishops Court, everywhere. (Raymond)

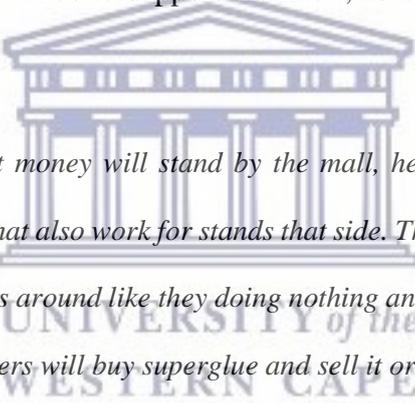


There are a number of reasons for the influx of individuals to the area, some of which are the availability of heroin in traditionally coloured areas, quality of heroin resources and business opportunities. Researchers such as Pluddemann et al., (2008) claim that heroin use is more prominent among white South Africans. However, the number of coloured users approaching the Wynberg area seems to indicate that use of the substance by coloured individuals is equally prominent. The literature shows that heroin was mainly prevalent in minority groups like Africa Americas and Hispanics in the USA and later became available in more affluent suburbs dominated by racially White Americans. The opposite is true for the situation in South Africa, where heroin was more prevalent among white South Africans and later found its way to more coloured- and black-dominated areas. These areas now seem to provide a myriad of resources

to sustain the use of psychoactive substances, including heroin. The habit, because of its availability in both the users' area of origin and in Wynberg, has become socially constructed to the point of normalcy (Swarts et al., 2004)

4.6.3 Funding the habit

Wynberg is populated by businesses, with many franchise enterprises, shops and smaller sole proprietary concerns, like fruit vendors. As a result of the nature of trade and commuting, Wynberg also has many taxi ranks and transport services. Participants in this study all declared that the existence of small businesses, taxi owners and resources in the area provided heroin users with seemingly unlimited funds to support the habit, as a result of the hustle and bustle of the area.



Other heroin users to get money will stand by the mall, help people, and carry parcels or whatever. There is some that also work for stands that side. Then there is some that breaks into houses and cars and walks around like they doing nothing and just looking for who he can rob or what he can score. Others will buy superglue and sell it or by socks and sell it. (Raymond)

The accessibility of a continuous supply of funding opportunities provides an important backdrop to the manner in which heroin is disseminated throughout the Wynberg area. Participants commented that the availability of ways to fund the habit was one of the chief reasons why heroin users were in the area, and why more were continually enticed to approach the Wynberg area. The association with money as a currency exacerbates the situation in Wynberg.

It's like; it's like quick to hustle here. It's like a centre man, like there are shops all over. It's like a CBD, like business. So it's easier to get your money also, like I'm not gonna go broke in Steenberg, so it's much easier here. Ja like money and the dealers. (Alicia)

Where are you gonna get heroin that side and how? This is where everybody comes do their shit. Wynberg is busy. The busier the area the more money you make basically. Why, because the more people you interact with. A lot less chance of you not getting anything here. (Raymond)

Dos Santos (2008) makes mention of crime associated with the use of substances and how it has increased in Cape Town. SAPS officials similarly note how crime has increased in the Wynberg area as the population of users of heroin increases, many who turn to crime to feed their habit. Participants in this study do not deny committing crimes, but claim that they have found alternative and “less illegal” means of acquiring funds.

Like me, I used to go full out stealing for drugs, until when my daughter was born and that. I still used to steal when she was born and that, but I tried to not steal anymore and then rather work on the taxi or where you get paid every day. (Rafiq)

This became an interesting point of discussion. All the participants claimed to be involved in some or other form of informal employment, mainly as a means to acquire funds for heroin. They were walkers themselves, selling commodities like socks, superglue, dishcloths and other items to the general public. Bevan, Remi, Alicia, Ayesha, Mina are self-employed and sell superglue and dishcloths respectively, while Devin, Lucian, Raymond, Rafiq, Tamzyn and Ivor claim to be working with the walkers in the Wynberg area.

It's not all of them that will now steal and take stuff; a lot of them will broke themselves, or work for us like at the staltjies [little stalls], or sell stuff or whatever. There is a few that catch on shit, like pickpocketing and stealing in the shops. But like I said they also work like. (Mrs Dollie)

It suggested by participants that many users of heroin in Wynberg revert to doing menial jobs, seemingly as an alternative to committing crime. Users of heroin being employed by fruit vendors and taxi drivers could be viewed as enabling the behaviour and aiding the acquiring of funds for further use of the illicit substance (heroin). The dynamic between the user of heroin

and vendor is certainly more complex than initially perceived. This will be elaborated on.

Like I work selling dishcloths. Like a lot of the males, most of them steal, but they also broke. I'm the only female basically that brokers, like here we sell superglue, dish towels, walking up and down in the main road selling that, oh and socks, ja. (Alicia)

Most participants agree that sexual encounters between users of heroin occur, but that they are not necessarily driven by need, impulse or libido (Pluddeman, 2008). Instead, participants explain that sex is a form of currency and exchange, economically driven for the ultimate goal of obtaining heroin. Mina explained:

Uhm, most of us sex to get money for unga. Like for example you come they will somma [just] do quickly their business with you, just to get a quarter or two's money. (Mina)

While this could be considered as sex work, Ayesha and Tamzyn are quick to point out that many hide the fact that they engage in sexual activity for money, because there is a certain stigma attached to prostitution.

Some of them are doing prostitution; some of them is doing it undercover. (Ayesha)

McCurdy (2005) states that female users of heroin often attach themselves to and engage in sexual acts with a particular male companion, for the sake of protection and the procurement of heroin. A similar situation occurs in terms of the relationships between coloured males and females in the Wynberg area – with one particular difference. As opposed to the McCurdy study's (2005) findings, male and female users of heroin in the current study formed long-term relationships and stayed together for years, not just for reasons related to protection. Interestingly, there are many benefits for both male and female users, who stay together according to participants – although the coloured couple dynamic represents a greater benefit for males to feed the addiction by being in a relationship, than females. It is suggested that, in some

cases, males attach themselves to females with the intent of making money to feed their heroin habit. Ayesha reported:

Ok there are couples and some of them go steal together. Some couples is like the girls is a prostitute on the road and the guy is like the pimp, her husband is like the pimp. Like we will somma say he is a lei slang [lazy] he is hanging gat [lazing about] and why must she go sell her body while he is sitting and waiting for the money to buy heroin and stuff, you know what I mean? (Ayesha)

4.6. 4 Tanzanian versus coloured dealers

The Tanzanians selling heroin in the Wynberg area are often identified by the slang term “bongos”. The origin of the name is unknown at this point, but is clearly a homogenous term. These Tanzanian dealers are said to be found in abundance on the streets of Wynberg and actively identify potential buyers.

Tanzanians, when you come in, they somma there in the road and they can, evens we can see someone that is now there, standing in Station Road looking, now which one is a dealer here, you can mos see by the lyftaal [body language]. So when they see you coming on the somma call you here, “Come come I have lekker unga” and so then you will know ok there is unga. And they would be plus minus fifteen dealers. (Rafiq)

A relationship has seemingly developed between users of heroin and dealers of the substance, which extends beyond the day-to-day exchange of heroin. It appears that participants shared an understanding and an almost empathic stance with foreign dealers. This was particularly the case for the Tanzanian heroin dealers; participants said they distrusted coloured dealers. This research highlights a circumstance in the Wynberg area where participants (Alicia, Devin, Mina) spoke of the kindness of the Tanzanian dealers and friendships that they have established.

But I get a lot, because me and two of the dealers actually, we like friends. She goes further but me and boyfriend with two of the dealers; we are like close. I don't think we can blame them for you know, selling, they come here also with nothing and are just trying to make a living.

(Alicia)

Charne also suggests an element of trust between the heroin users in Wynberg and the foreign dealers:

Listen, they, the Bongos sell the best shit, there is no question. You not going to be duped into buying Grandpas [headache powder] or stuff, you know, you can always trust them, because like I said ... um they also want customers, man, so they know you will return if they sell good shit. (Charne)

Drug peddlers in communities often divide opinion. There are many users who show collective disdain for peddlers and their escapades. On the other hand, there are drug lords who are often revered for their kindness and generosity. Wallace (2013) cites Pablo Escobar, the Colombian drug lord, as an example of one who divided opinion. Many people in the poorer communities of Columbia revered him because of his kindness and many gifts he bestowed upon them. Closer to home, there are also stories from communities in the Cape Flats indicating that major drug dealers in the communities giving Christmas gifts and money to people in communities, even financing events of religious organisations.

Heroin dealers are also said to show “kindness” by distributing free heroin on Sunday. This is corroborated by Ivor:

Ja, we talk to them, they even give us free heroin on Sunday [laughs]. Yes you get from your dealer, from the supplier. If you buy by them like every day then you get free on Sundays. (Ivor)

There are conditions to the free heroin, according to participants; the substance is mainly free on Sunday mornings for loyal customers. Therefore, if heroin users have not been buying regularly from a specific dealer, they will lose out. In the general business world, a loyalty programme is a universal concept whereby the customer receives certain rewards for being a loyal customer (Brain, 2010). The situation in Wynberg seems to mirror this arrangement. However certain participants use the loyalty situation to their advantage by purchasing the substance from more than one dealer at a time, which means that they are able to use more heroin. Bevan gives an example:

The dealers, the dealers, because you are loyal to them during the week. Um there is about ten dealers or so, but what I used to do is I bought from all. Like I will buy from him, who is not standing so close to the other dealers, so that they don't know that I am buying from him. Then on a Sunday I don't even take money out of my pocket. (Bevan)

Five participants (Mina, Devin and Alicia, Bevan and Ivor) have established good relations with the dealers to the extent that they view the relationship as some form of emotional connection. However Remi and Raymond have a different view, finding that the “relationship” is based on money, obtaining loyalty and using manipulation.

They [laughs], they manipulate you in a strange way you thinking like jy, you getting lekker free heroin, but it's almost like you are telling them hey, cut off the life support. You know [laughs], you like telling them, hey, pull the plug. In a strange way you are. (Raymond)

It could be said that this perceived special relationship represents exploitation and, as social constructionists would argue, a well-formed power dynamic. Certain participants are clearly drawn in by the relationship, in a circumstance where heroin dealers affect and reinforce the

heroin-using behaviour in the Wynberg area (Swarts et al., 2004) by providing free heroin and keeping them trapped in the cycle of heroin use. Dealers clearly have the power in these relationships, because they control the drug trade. When it is deconstructed, heroin users are controlled by the dealers and manipulated by them into thinking that they are friends, when in actuality they are being controlled by the substance provided by the dealers.

I don't know but they also have another way of doing business, they somma give you like other of the blue. If they see you like arosto [in withdrawal] or something, then they give you free. But they are using it to their advantage so that you can come to them and support them and buy by them continuously. (Remi)

A key issue which seemed to dominate discussion was that the participants (all of whom are coloured) showed a genuine distrust of the coloured heroin dealers in their own area and were reluctant to purchase heroin from these dealers. Ayesha and Ivor pointed this out.

No, because you can't trust a coloured dealer because what does he know about heroin? Do you understand? [laughs] (Ayesha)

Yes but see we don't trust coloured dealers, it's just like that. (Ivor)

The main reason for this distrust was that coloured dealers were apparently selling a lower quality of heroin. Participants believed that coloured dealers were diluting the substance (which compromises the quality) to produce more. Therefore the dealers were exploiting users' need for the substance by diluting the product as a means of increasing their profit margin (Swarts et al., 2004). The heroin in Wynberg sold by Tanzanians, on the other hand, was of better quality. Bevan explains:

Like for example the coloured dealers, they, they mix it man, they mix it too much. The only coloured I will buy from is here in Parkwood, ja because the coloured dealers mix the unga with tik and with buttons, or even Grandpas and we don't look for that, because it's gonna make you withdraw gou [fast]. (Bevan)

Mina, Bevan, Remi and Rahad all bought “knockoff” (diluted) heroin from certain coloured dealers in the past, and all made reference to it.

I don't want to buy unga from a coloured person, because the coloured dealers, they don't know anything about Unga. They only hear what addicts say. (Rafiq)

Symbolic interactionists argue that one's association with the environment and social interactions inform their behaviour, further reinforcing their idiosyncrasies. This relationship between coloured heroin users and foreign dealers is another example of how the power dynamic is interactionist.

In Wynberg at the time that the interviews took place, only one coloured dealer was said to sell heroin, but participants were generally uncomfortable in speaking about him. Kelly referred to him as “you know who”, indicating how reluctant participants were to speak about the coloured dealer who had apparently been controlling the drug trade in Wynberg. In the light of key figures such as former Police Minister Jackie Selebi being implicated in befriending well-known drug dealer Glen Agliotti, there appears to be a higher level of influence on the drug trade than just the local drug merchant on the road.

4.6.5 Factors that influence heroin users: vendors

The dynamic between the vendors (including taxi owners) and Heroin users is more complicated than it might appear. On one hand, users of heroin are known for acts of larceny or criminality, as

is the case with substance use in general. However according to participants, not only are vendors aware of heroin users in the area, they actively try to employ heroin users. At least 10 of the 12 participants admitted to having been involved in some form of informal employment for funds.

Uhm, basically I work at the stands (fruit sellers) packing the stands and packing it out, looking after it at night and because the guy that I help at the robot, he leaves basically his whole stand by me, the gazebos, irons to, everything – and if anything should happen, obviously it gets stolen or whatever it would be my fault. Because he doesn't live here, he lives at home. He leaves it here in my care so obviously I sleep here in this place and I use the stands stuff to make me a little place, to cover for the wind and the rain. And in the morning I pack it out before he gets here, help him pack the stand when he gets here and then he gives me something. (Raymond)

Rafiq describes the way that vendors employ heroin users as an act of kindness, “keeping me off the streets”. While this could be construed as a benevolent act on the part of the vendors, as the researcher begins to deconstruct this relationship, a different view emerges of exploitation of vulnerable individuals who are driven by their need to use heroin and who would do almost anything to get the substance. For example:

Ja they [the vendors] pay cheap. They pay the heroin users cheaper [laughs]. Like cheaper, I don't know how much cheaper, but they will pay you a lot cheaper because you an addict. You see like they say, they are “trekking you vol” [manipulating you]. (Alicia)

Some of them even support your usage for the day, and then still give you money. (Remi)

As Alicia suggests, employment for heroin users at the fruit stalls usually means having to work a full day for a fraction of the standard wage. Many participants identify with this and recognise it as exploitation; however it is a resource to obtaining money for heroin, with mutual benefit for vendors and heroin user. The former makes significant savings on wages and the latter receives just enough money to buy heroin. It is interesting to note the resemblance of this interaction to the “dop” system,

in, people receive payment in the form of alcohol and no money for services rendered its basic principles and in reinforcing heroin use. A key difference is that, as opposed to farmworkers who were largely uneducated Sanders et al., (1998), most of the heroin users in Wynberg had been exposed to tertiary education.

Some vendors appear to feel some sort of responsibility towards users of heroin by employing them; Rafiq defends this point of view.

But it's not all of the staltjies that employ addicts and that, but there is one broker that I worked for and he didn't employ me just to employ me, man. He always tried to help me man, come off it [heroin]. So when I work for him, he understand heroin and that, so he know that I have to smoke, but he try to like keep me busy for most of the day, man. That is also how we got my dosage down. So he employed me actually to help me. (Rafiq)

It could be said that the business owners and taxi owners, (who are largely coloured) who employ users of heroin, perceive themselves to be in aid of their fellow man. The concept of Ubuntu may apply here, especially in the context of the African culture, where scholars indicate a greater focus on the collective with African culture, as opposed to the focus on the self and individualism in Western culture.

Experts in the field of substance use would, however, argue that the vendors providing jobs to those afflicted with substance use, actually aid in financing their heroin-using tendencies and are surely enabling and exacerbating the behaviour. This could be considered a form of co-dependent relationship, referring to a relationship that affects a person's ability to have a healthy mutually satisfying relationship (Doweiko, 2009).

Mrs Dollie, a key informant who is a vendor in Wynberg, comments:

I don't know, but we all are coloured people, and you can see here that it's mostly coloured people using this unga. Now I can't speak for all the brokers (vendors) here, but we help them

because we feel sorry for them. At least if they work with us, they are not out there stealing and getting into shit. Like a few weeks ago, one of the boys stole from the taxi drivers and they nearly killed him and this guy ... they call him Sak; he was working with me setting up my stand.

(Mrs Dollie)

The process of involvement between the heroin user and vendor is one that symbolic interactionists who would argue is the basis of their theory, in which the identity of the “heroin user” is being reinforced through the interaction between the vendor and heroin user, because of the understanding that the user works for the vendor and the vendor provides funds and opportunity for the user to use heroin (Goffman, 1953, cited in Anderson, 1998).

4.6.6 Factors that influence heroin use: SAPS

Participants described how dealers easily operate in the Wynberg area; many participants mentioned that the specific streets dealers operate in are in close proximity to the Wynberg police station. It is mentioned in the literature that police corruption is not an uncommon occurrence in South Africa; Majani (2013) highlights the actions of corrupt customs officials. Media reports, anecdotal accounts and the literature suggest corruption at high levels in the South African police. The current research points to lower level officials also being implicated in drug trafficking. Almost all participants, male and female, stressed that police were well aware of the activities taking place. Many participants had witnessed corruption in certain factions of SAPS officials, and mentioned that policemen were taking bribes from dealers and letting them walk free.

The police go there and they drink there and they don't care. Like some of the police is in the payroll there, I seen that with my own eyes. Because I know that he is talking to a dealer who I bought by already, buy for many years and this one policeman, dirty cop, alcoholic. Now he goes there, what is him and this bongo doing together drinking ne, then? (Bevan)

Drug trafficking thrives in countries where law enforcement is weak (Shaw and Mangan, 2014).

Lucian and Ayesha reported:

I don't know they [SAPS] catch the dealer [in] the morning. Like Saturday ne, like Saturday night, Sunday morning he is somma out, walking, selling again. So I don't know, you see I can't say that they (SAPS) are being bribed or something, but something's fishy, man. (Lucian)

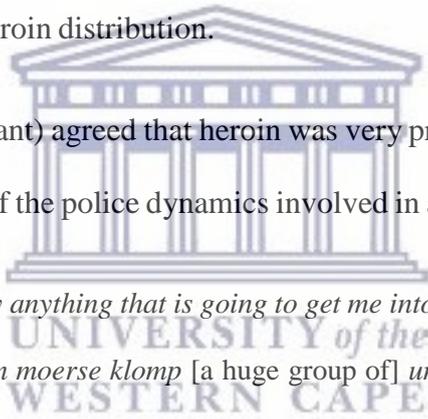
Ok ja they are, but some of them, the police, they are with the Tanzanians what can I say now – they are friends with the Tanzanians, you know what I mean. To make it like this they are on the payroll. The reason why I'm saying that is because they can see that booster [dealer], but they won't catch that one you see? Then they still get out of their van and talk and laugh but they know this man is selling drugs and stuff. You know what I mean, that's what I'm talking about. I'm seeing it with my own eyes, I'm seeing it every day I'm seeing it. (Ayesha)

The participants appear to be suspicious of police intervention as it relates to clamping down on the heroin smugglers in the area. Interestingly, two key informants, who were vendors in the area, shared a similar sentiment.

Let me tell you about their involvement man, you can't tell me that they know nothing, we see them. Did you see the police station; you know mos how far it is from here. Now I sit here every day for ten years already. Now okay, that time there wasn't such a lot of heroin addicts in this area. But I can tell you now, they are here in many numbers, my friend. I actually have a nephew, my brother's lightie is also a unga cop running around here. But the police do fok all, sorry for my language, they only pick up the addicts, to now show the people in the area that they are doing something. The merchants, everybody knows who they are. The foreigners, they work legal here, even sell in broad daylight to our people. The cops drive past them. It only now and then you will see they pick up someone, but then the person is selling again the next day (Mr Cassiem).

In Australia, there has been a significant decrease in the use of heroin since there was greater effort and intervention on the part of the police in early 2001, according to Rouen, Dolan, Day, Topp, Dark and Hall (2001). In that study, since the substance had become less available, the observation was that the intervention seemed to spark a chain reaction in the need for treatment, as more and more users of heroin approached rehabilitation centres for assistance. From the perspective of the researcher as a social worker dealing with substance use and its residual impact, it has become increasingly difficult to work with individuals experiencing substance use challenges, while the substances remain ever-present in communities. Communities and professionals alike ponder the implication of substances being trafficked so easily through a community like Wynberg without detection. According to participants, the Wynberg area police officials are aware of heroin distribution.

Sergeant Pieters (a key informant) agreed that heroin was very prominent in the Wynberg area. He suggested a different side of the police dynamics involved in apprehending drug merchants.



Look I'm not going to say anything that is going to get me into trouble, but I know that there is a lot... daar is sommer 'n moerse klomp [a huge group of] unga dealers in die Wynberg. The only thing is we arrest them if we catch them. Sometimes you know them but you can't find the stuff on them. Sometimes they swallow the stuff and a lot of them died because they do that shit. But me as a policeman I try, I know that they say some of us is ... hoe se 'n mens skelem [how would you say it? Villains]. But that I can't say for me. (Sergeant Pieters)

When asked what made it so difficult for police to arrest drug smugglers, Sergeant Pieters spoke of fear, on the part of police, for their own safety.

Look, you are also a civil servant, social worker – so you understand that things are not always like the public wanna, you know, see things. Like a lot of the times you find cops that is sometimes scared for their own safety, because if you arrest someone and hassle the guys, your

life is in danger. I'm just saying you know. Like the big guys. This is the reality. So you think first about your own self and safety and your family. (Sergeant Pieters)

With these conflicting views, the researcher wonders how different the situation might have been, had what occurred in Australia in terms of the efforts put in place to limit the dissemination of heroin, occurred in parts of Cape Town and South Africa.

4.7 Cultural dynamics related to heroin use in Wynberg

Cultural factors were identified by participants as contributing to their heroin usage. A number of participants had left their families and appeared to have found an alternative “family” in Wynberg with other users, together with the network of people supporting their habit.

4.7.1 Family of origin versus surrogate family

All 12 participants in this study have at some point in their lives, lived with or been part of what could be considered as a nuclear family or family structure of some sort. This suggests that participants had either left their family home by their own accord, or they were forced to leave the home because the immediate family could no longer cope with the stressors and associated behaviour patterns that often accompany the use of heroin.

The first time they found out, they were hundred per cent supporting me to come clean and that, and like afterwards when they found out about it and that. Say like the first two, three time they supported me and told me that they know it's not easy to just stop and that, but like now they pass that stage man because they already help you all the time they gave you how much thousands of rands to send you to rehab and that. (Rafiq)

Many of the study participants had a significant history of substance use apart from heroin, but it seems their association with heroin specifically caused them to be “othered” by their families. For example, when asked how her family reacted when they found out she was using heroin, Ayesha replied:

Ok like my mother said like that she don't want to have nothing to do with me. I'm putting them in the eyes.(embarrassing them) (Ayesha)

The immediate families of many participants had grown accustomed to the fact that their progeny had chosen a life of vagrancy. Some families even made regular visits to the Wynberg area to provide supplies to their heroin-using children on the road.

I mean my mother knows that I am living here and they have accepted that, because they don't want me at home, they can't cope with me at home ... Well, many of us I can say comes from decent homes, you must believe that there are children of bosses living in Wynberg like bergies. I mean they are jookies now, but growing up they had it all ... but you can clearly see when their mense [family] come here to Wynberg to maybe give them food or whatever, the type of people they are. Like nice cars and that. (Ivor)

Some participants claimed not to have had any contact with their families, in which case the heroin users of the Wynberg area become their surrogate family. A surrogate family in this context refers to the way in which the family of origin has been substituted by the group of heroin users in Wynberg. Participants spoke of their experience of a developed family dynamic in the Wynberg area.

And I notice that in Wynberg you become part of a family, and you become part of Wynberg so it's like a big clique. (Remi)

We do man, I think there is support amongst each other whether you realise it or not, people group together because it's dangerous especially for females to be alone. We help each other here; sometimes we protect each other against people from other areas. (Kelly)

This was a very interesting dynamic among participants, offering a pseudo family relationship, which included support and protection, which they would ordinarily get from their families of origin For example:

So if you are troubled, they will come and help you. And if they trouble, you gonna come help them. (Remi)

Eventually you know or you realise that you need the people, and the closest people to you here is the other joonkies and let me tell you, everyone knows everyone. That's how much time we either with or around each other. (Devin)

Friedman, Bowden and Jones (2003) define family, from a general systems perspective, as a small open social system composed of a set of highly interdependent parts affected by external and internal environments. The social system of heroin users and veritable surrogate family basically replaces their family of origin. Heroin users identify and form bonds with people with common interest, where everyone knows each other and apparently support each other in terms of food and resources. Remi suggests that he found something more profound than support.

Ja, it's like in a strange way it's like, for me personally it's kinda like, it's kinda like a love, a strange love, man, but you you feel as if that void is getting filled. (Remi)

The forming of a community which group together for specific goals and common interests are essentially how group schemas are established, according to Baron and Byrne (2003). This gives credence to the symbolic interactionist view that the self is identified and created in this group, because of the homogenous language and the shared common interest and common interaction. It also suggests that the participants begin to relinquish their own family values and

allow the heroin user's role to take precedence in the new surrogate family where each has a specific role to play (Figueroa, 2008).

In this case, participants have begun forming their own set of values and social networks with each other, remaining within this clique and communicating less with their families of origin. The perceived sense of family dynamic perpetuates the continued use of heroin, according to Mbao and Mwansisya (2014) and it seems as though participants are oblivious to the idea that the sense of family and association comes as a result of their common goal of obtaining heroin. This is known in psychology as cognitive dissonance, which refers to a situation involving that the alteration of one's thoughts and attitudes in order to avoid the discomfort and maintaining the status quo (Butcher, 2006).

4.7.2 Deconstructing language: how it influences identity of heroin users

Within the constructs of social constructionism and symbolic interactionism, language is an important aspect of the way people create their own realities through interaction. A unique language is culturally specific to these users of heroin. The perspectives of social constructionism and symbolic interactionism contend that social values are hidden in language (Terreblanche, 2003). Language is therefore not seen as signs or symbols without concepts, but rather as a system in which people create meaning. For example, participants Bevan, Lucian, Devin, Ivor, Remi, Tamzyn and Alicia all referred to themselves and other users of heroin, as junkies (pronounced *joonkie*) and this seems an almost accepted term, which has largely been constructed by the community of coloured heroin users themselves in the Wynberg area.

Yes lots, yor a lot. I don't know it's like full of joonkies, I really can't say, but a lot. It's just that all the dealers are here so everyone is here. I can say that it's way more than a hundred. You can't say exactly but it's way more than a hundred. (Alicia)

The term “junkie”, according to social constructionism, reinforces the stigma and places the “learnt hopelessness” firmly on the identities of heroin users. The term places a victim status on the individual and connects to a socialized state of learnt hopelessness. (Wilbanks, cited in Swarts et al., 2004).

Henning (2004) agrees that in most social constructionist’s contexts, language is a conduit for people to make sense of their lives, in addition to being a representation of an individual’s association with a specific group, social category or culture. An interesting dynamic in this research is the manner in which participants have in many ways abandoned their way of speaking and, through their association with heroin, have adopted the use of language relative to the heroin users in Wynberg.

Neologisms which are unique to the users of heroin from the greater Metro South and Wynberg area are used homogenously. As already noted, *bongos* is the name for Tanzanian heroin dealers. States of withdrawal are referred to as *arosto*, which has been explained to be a rendition of the Tanzanian word for withdrawal which is *alosto*. Bevan described this:

Now a lotta people don’t want to buy the small one because a lot of Wynberg junkies koppel man, you know what I mean, so they can smoke. Like they will go half-half. Ja so they share, half-half. Like if I’m arosto going through withdrawals then we go half-half just to burst my arosto. going through with (Bevan)

Unga is one of the terms which are used to describe heroin and currently, unga seems to be the most prevalently used term.

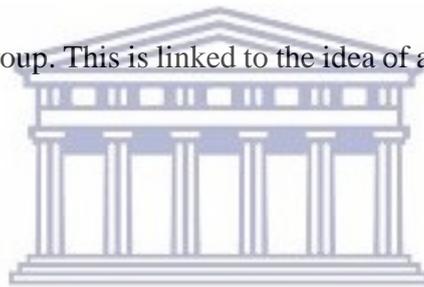
They kinda walk around like with “the whole world owes me” type attitude. So a lot of them start off like taking one line of unga and then they end up liking the taste and start using their own. (Lucian)

Scurrelling, which directly translates to hustling, is another term that is used by coloured heroin

users in the Wynberg area and also reinforces the identity of the heroin user. The scurrelling or hustling behaviour is socialised and adopted through learning from each other in Wynberg, and is less familiar to people who are new to Wynberg which any who initially came to the Wynberg area were less familiar with, as Lucian explained:

You learn on the streets, how to scurrell. I don't know who like invented that word, but but when I heard the word and people now obviously told me that scurrelling is making a way for money and survive on the streets. (Lucian)

Malluci (1989) whose ideas are largely social constructionist explains that language constructs the way in which people live their lives. Through this interaction people learn from each other and assimilate similar language structure; these narratives effectively influence the identity of individuals within the social group. This is linked to the idea of a surrogate family speaking the same language.



4.7.3 “If they see someone (coloured) doing it ... they want to do it”

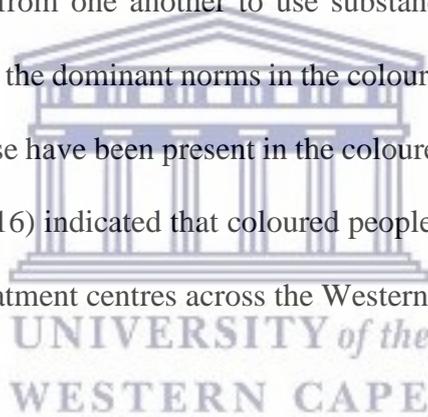
The focus of this research is largely social constructionist, looking at the way in which culture and environmental issues impact on the escalation of heroin and other substances of abuse among coloured people. Obert (2002) agree that many people start using substances of abuse like heroin as a result of their association with their immediate environment (people, place and things). For the majority of coloured participants in this study, the cultural context in which substances of use remain present in coloured communities is one of the major reasons for their choice to use psychoactive substances (as was established earlier in the research). Substance use such as the use of heroin seems to be a cultural norm established in communities, to which young people conform, because it is familiar (and available) to them. The concept of conformity seems to resonate with people from the coloured community. Conformism, according to Meyer, Moore and Viljoen (2011), refers to the process where, in order to avoid the stress of being themselves, people

conform to what others do. According to participants, especially Raymond and Remi, this relates to substance abuse.

That is how it starts; basically you don't want to be left out. And they don't want to feel like an idiot or a baby, so they get involved with. It's a bunch of bullshit, bro, because only stupid people go after what the next person does. (Raymond)

We, coloureds just wanna be cool, we wanna be in. we don't care what we have to do. It's almost like peer pressure man, as long as I am in the cool group sien jy [you see], I don't care I'm just gonna do it. Only afterwards then you check, yor, I'm stupid – why did I even try to do that? (Remi)

Coloured youth appear to learn from one another to use substances and there seems to be an element of pressure to conform to the dominant norms in the coloured communities. According to Legget (2001), substances of abuse have been present in the coloured community for many years. Recent research (SACENDU, 2016) indicated that coloured people represent 70% of the heroin-using population who entered treatment centres across the Western Cape.



The literature further makes reference to the fact that substances of abuse like mandrax and marijuana were available in coloured communities in the apartheid era of South Africa. Because of its history, the use of psychoactive substances has become culturally acceptable (Goga, 2014). According to Rafiq, the use of substances is seen as a more prevalent custom among coloured youth wanting to fit in and conform to the dominant norms.

With coloured people I see always in the community, besides no drug addicts now, just normal children. Maybe teenagers, if you buy you the new, the latest Jordan. Two weeks or a week done the line, then all that lighties in that community wanna have the latest Jordan, now I think it's something to do with that man. If they see someone doing something then they also wanna do it. Like I know when I started to smoke because it was other friends of mine was smoking

dagga. Now you come by a party now you and your group is now not smoking dagga and now you try dagga also because that mense is smoking dagga. That is how I think it is. (Rafiq)

Situational conformity refers to people adapting their behaviour to suit their environment. The current availability of psychoactive substances, which seems to be a prominent feature in the Wynberg area and coloured communities in general. Ivor explains:

It simple, it's more easily available. I come from Plumstead. And there you can't get any drugs. But when I moved to Southfield in my teenage years and that is close to Parkwood and that is mostly coloureds and there is so much more easier to get a hold of it. So with the coloured community it's just bound that there is going to be drugs and dealers and gangsters. We teach each other, like you own, find this many people addicted to drugs like in the coloured community. It's just normal in our families and neighbourhoods you know. (Ivor)

Solomon Asch (1951, cited in Baron and Brandscorn, 2009) who wrote extensively on conformity, contends that people go along with the existing culture not only to be sociable but because of the cohesiveness projected by that specific group. Devin and Charne seem to substantiate this:

But if you look man, it always coloured that use unga and tik, because they sell the shit in our communities, okay not unga so much, but the other stuff you can get like sweets [laughs]. (Devin)

Yes because it's mostly available to the coloured here and where I come from, drugs is there you know. Okay there are some whites now but it is mostly coloureds. but you see mostly coloureds. I don't know why that is the case, I also thought of that already, why mostly coloureds? Like with heroin, I'm in Wynberg so everyone in Wynberg smokes heroin so and it's mostly coloured people. (Charne)

The concept of normative social influence and situational conformism has a bearing on the construction and shaping of the user-of-heroin identity in Wynberg, particularly in the way that their behaviour has been influenced by the micro-level interaction with each other and the manner in which most have adopted their behaviour to conform to the norms of the area and environment. Kelly highlights the following:

Everybody, from all over come here to smoke. They know that Wynberg is the heroin capital. If you ask why you know, coloured just come here, it's because the heroin is here. Then eventually, you start to stay here and don't even think about going home because everything you need is here. (Kelly)

Heroin has become part of the ethos of the everyday existence and an existing norm and reality which heroin users seemingly cannot deviate from. It becomes challenging to see an alternative when the substance is always present in the Wynberg community, the funds for the substance remain ubiquitous and social elements ensure that heroin use is perpetuated in the self and collective identities of coloured users of heroin. Remi says:

Wynberg is like a whirlpool; it pulls you in, you know, it pulls you in. For some reason it's like once you step in there you can't get out like the lifestyle becomes part of you. Like the sea, if the sea gets you, it gets you, now so is Wynberg. There is everything you think you need [laughs]; you will never want to leave, even though you live like a bergie [tramp], it's okay as long as you have your unga. ... Like I will say firstly, the people, there is always someone to koppel with. The dealers they give you free. Here is money here to make a way for the drug. I think it's all the stuff man, like stuff that you can't do say in Grassy Park, like where I come from you know. (Remi)

The interaction with the established culture of heroin use and social influences, shapes the identities of the heroin users; this is the view of symbolic interactionists and social

constructionists (Han, Geng and Jiang, 2011), fostering a collective identity through micro-level interaction.

According to Malucci (1989) and other symbolic interactionists like George Mead (cited in Carter and Fuller, 2015), a collective identity refers to the interaction of a group of individuals who group together on the basis of shared and common interests. Evidence of this exists among heroin users from Wynberg. Malucci (1989) further suggests that the collective identity is indicated in three key aspects: the presence of cognitive definitions and nomenclature, evidence of an active relationship which exists among the members the collective group, and an emotional investment between the individuals in the group.

The first of Malucci's (1989) concepts has already been established in this study as the presence of cognitive definitions that are akin to naming systems through which individuals connect and communicate. This dynamic is clearly indicated in the manner in which coloured heroin users communicate with each other with language and neologisms used exclusively in the Wynberg area (with words such as unga, arosto, turkey, junkie, and bongo). These words are native to the community of heroin users in the greater Metro South area, which means that they are not used in the populations of, for example, tik, alcohol or mandrax users. Social constructionists would concur in suggesting that these narratives are the way in which expressions and beliefs are created (Swarts et al., 2004), within what symbolic interactionists call the microsystem of influence.

The second of Malluci's (1989) concepts, is the view that the collective identity is fortified by evidence of an active of relationship which exists among members of the collective group. This is indicated in the fact that many of the participants in the study agree that the coloured users of heroin group together in the area, either living in the same place or nearby, but they settle together and in share resources, even the substance of choice, heroin. A network of individuals,

although from different backgrounds and areas of origin, interact with each other on a daily basis. Users of heroin, vendors and dealers of the substance in the area also have a very peculiar relationship because it suggests an element of a co-dependent relationship.

The third and final prerequisite for a group according to Malucci (1989) is to share a collective identity and an emotional investment. Participants claim to be invested in not only the use of heroin, as if it intimate relationship, where one do most of anything to obtain and use the substance. When asked if they, as users, help each other in other ways, Remi answered:

Ja if he is now swak [broke] then if I have money then I will help him. And if I am, you know what I mean, and then he will help me. Ja it's like in a strange way it's like, for me personally it's kinda like, it's kinda like a love, Remi

Heroin users have also established relationships with the dealers and the vendors in the research. However it is the relationships with other heroin users which are fostered through an emotional attachment to one another which seem to so important that they have effectively replaced the family of origin and become a surrogate family. Hussey (2013) references West Berlin in the 1980s as a group dynamic, which seems similar to the one in Wynberg, where heroin users had an emotional connection to one another and the culture, which effectively gave them meaning and an identity.

So their minds are the same, it's similar, their thinking patterns are the same, cause he will know more or less where you are coming from. (Bevan)

Goffman (1953, cited in Anderson, 1998), a symbolic interactionist, notes that the identity is being formed through interaction and association with the heroin drug world, which in this case also refers to the heroin-using community in Wynberg. Goffman (1953, cited in Anderson, 1998) continues by suggesting that heroin users become social actors and part of a larger group

where they now experience the establishment of a new identity, of which heroin has become central to the persona.



UNIVERSITY *of the*
WESTERN CAPE

CHAPTER 5

5.1 Summary

The aim of this study was to explore heroin use among coloured youth in the Metro South area of Wynberg, and to describe the range and nature of influences impacting on the lives of these individuals. A qualitative approach was adopted using in-depth interviews to explore the topic. The theoretical frameworks of social constructionism and symbolic interactionism were integrated into the study.

5.2 Tik versus heroin

This theme dealt with the initiation of the participants into the use of substances, and later on with their introduction into the use of heroin. It was clear that all the participants in the study had a significant history of substance use, ranging from marijuana to stimulants such as ecstasy, cocaine, acid, as well as depressant drugs such as mandrax and alcohol, starting from their early teens. However the study found that it was participants' early use of the stimulant drug tik that prompted their use of heroin as a substance of choice. Participants found heroin to be somewhat superior to tik in the manner in which it influenced the body and interaction with others.

5.3 Family influence on heroin use

While studies in the literature found a connection between the nuclear family's influences and heroin use, the present study found that participants mainly had been socialised into the use of substances by friends, acquaintances, or extended family members from their communities. Interestingly the males in this study indicated that they had started using with peers, friends or extended family, while most of the female participants indicated that they had been influenced

by their heroin-using spouses or partners. The findings correlated with the social constructionist paradigm, in that substances of abuse were socially influenced and precipitated through an existing culture of substance abuse which is present in coloured communities across Cape Town.

5.4 Trauma and heroin use

Some participants experienced loss and trauma in terms of death of family members, which led them to use heroin. One participant spoke of being emotionally and physical abused which became a precipitating factor to her use of substances including heroin.

5.5 Heroin use in Wynberg: “They come from everywhere ...”

The following represents a summary of the second theme which emerged from the research, resulting from the objective to analyse the social factors which influenced the perpetuation of heroin use throughout the Wynberg area. Participants highlighted that there are numerous heroin users in Wynberg; some even suggested there are more than 200 users. This indicates that a community of drug users is being supported by a network of people within the area. According to participants, the Wynberg area harbours many heroin users. Contrary to the initial estimation, these users come from areas stretching beyond what is considered as the Metro South area of Cape Town. Participants flocked to the area for various reasons related to resources, availability of the substance, and to individuals who shared their preference for using heroin.

The study suggested that coloured users of heroin in Wynberg typically dominated the numbers, where previous studies indicated that the white demographic was more accustomed

to the abuse of heroin. This particular study hinted at the possibility that coloured individuals now also constituted a large portion of the heroin population in Cape Town.

As indicated in the research, the Wynberg area provides many resources which perpetuate the use of opioid substances. The respondents also suggested that Wynberg was the preferred destination for coloured people from all over the Cape Flats of Cape Town, mainly owing to the quality of the heroin. This dynamic, and the relationships that heroin users formed with vendors, was a subtle yet important backdrop to the continued use of heroin. This reinforces the symbolic interactionist view of the role of micro-level interaction between individuals regarding individual's characteristics and identity.

5.6 Funding the habit

The requirement for funds to purchase heroin is one of the key reasons for the escalating numbers of heroin users congregating in the Wynberg area. The study uncovered that Wynberg not only has a continuously available supply of the substance, but also seemingly endless opportunities for heroin users to fund the habit. Participants in this study often referred to the need to obtain funds as an “easy task” given the number of shops, commuters and informal employment opportunities, which allowed them to buy and use heroin.

5.7 Tanzanian versus coloured dealers

The heroin dealers, according to participants, were easily located in the area. Most were standing on street corners selling the substances. Participants reported that the superior quality and constant supply of Tanzanian dealers' heroin was one of the main reasons heroin users chose to stay on the streets of Wynberg. While participants spoke of having a good relationship with foreign dealers, they seem to show contempt for coloured heroin dealers. According to

participants, coloured dealers were diluting the substance (which compromises the quality) to produce more and effectively make more money.

5.8 Factors that influence heroin use: vendors

This research found that employment opportunities for heroin users were easily available, in the informal business sector (taxi drivers, vendors). Many vendors employ heroin users not only to assist them with employment, but also as a means of acquiring cheap labour. When this dynamic was deconstructed, the relationship between vendor and heroin users seemed to suggest a co-dependent relationship (as was the case with the foreign dealers). According to participants, in some cases, vendors even bought heroin for the users to prompt the users to work for them. This dynamic has a likeness to the dop system, which as explained previously is a system where instead of money, people are paid with alcohol for services rendered.

5.9 Factors that influence heroin use: SAPS

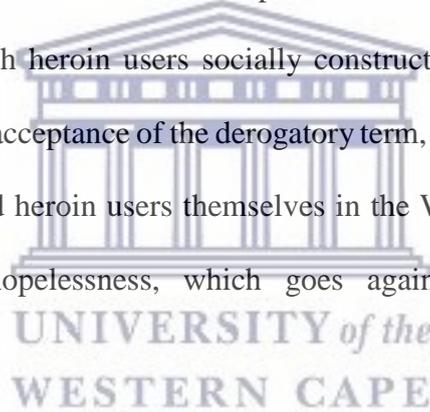
The Wynberg police station is in close proximity to the centre of Wynberg's business district where the substances are sold. Most participants were suspicious of police intervention, in terms of clamping down on the heroin smugglers in the area. Many participants claimed that police were in fact aware of the activities taking place, many participants even witnessing corruption in certain groups of SAPS officials. Participants observed that policemen were taking bribes from dealers and letting them walk free. Participants reported that while many heroin users would be arrested by police, very few arrests of dealers were made.

5.10 Family of origin versus surrogate family

A surrogate family in this context refers to the community lifestyle that the coloured heroin users have established in the Wynberg area, which, in many ways, has become a substitute for their families of origin. Participants agreed that the heroin users in the area aided each other and brought each other succor and support, which they did not have from their own families. It is clear however that the surrogate family is there to maintain the drug habit, and needs to be broken as a solution to this challenge.

5.11 Deconstructing language: how it influences identity of heroin users

The use of their own language and nomenclature specific to the Wynberg area is an important aspect of the manner in which heroin users socially construct their identity. Users refer to themselves as joonkies. Their acceptance of the derogatory term, which was largely constructed by the community of coloured heroin users themselves in the Wynberg area, reinforces their resignation and sense of hopelessness, which goes against the principles of social constructionism.



5.12 “If they see someone (coloured) doing it ... they want to do it”

For those who participated in this study, the use of heroin and other substances has become a custom, perpetuated by social normative influence among coloured people, not only in Wynberg but in general in communities. The influence of the coloured culture is often difficult to contextualise and put into perspective, but there appears to be conformity to certain norms and values and a need to follow what others are doing. This can be an effect of Ubuntu where everyone is interlinked, or it may be linked to the residues of apartheid where a community’s identity has been damaged by social engineering.

5.13 Reflexivity

The study has provided insights into the manner in which coloured youth are exposed to heroin use through various means, and how social influences have laid the foundations for the continued use of the substance. For those who participated in this study, the use of heroin and other substances has seemingly become a custom, perpetuated through social influence among coloured people, not only in Wynberg but in other communities where individuals fit into existing cultural norms of substance abuse through the Western Cape. Use of unique nomenclature has become an important aspect of the manner in which heroin users communicate and identify with one another. The fact that this has become so culturally acceptable exacerbates the challenges social workers face in working in the field of substance abuse, because the continued availability of these substances negates the process of recovery.

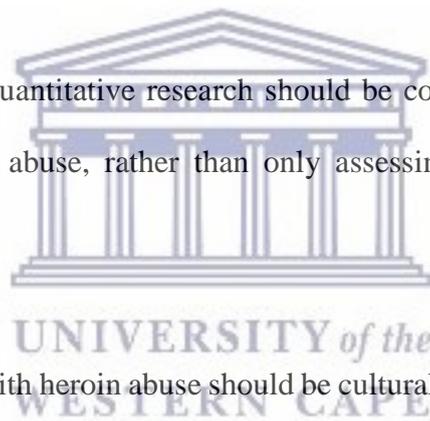
For example, after an individual attends a substance abuse programme, recovers and goes back to the community, the individual finds the same cultural dynamic of substance abuse, as is the case in the Wynberg area. This leads to relapse and recidivism. Social workers then attempt to re-engage the individual, which means investing more time into serving an already insurmountable client base.

This researcher aimed to understand coloured heroin users from their personal perspectives and personal contexts through qualitative research. Positivist research methods continue to be the standard for research in substance abuse, with well-funded statistical data gathered from treatment centres, government-funded and non-government organizations. Qualitative studies of this nature have been difficult to find in the context of Cape Town or South Africa. It is clear that more qualitative studies are needed where participants' voices can be heard.

This section will focus on the recommendations based on the findings of this research.

5.14 Recommendations for practice

- Government should adopt the harm reduction model as a programme but it needs to be coupled with counselling and a therapeutic programme in the most vulnerable areas like Wynberg.
- Programmes should be aimed at identifying vulnerable groups where substance abuse seems to be normalised and part of the cultural makeup of a community. Only then can therapeutic engagement take place effectively.
- Both qualitative and quantitative research should be community-based, especially in the case of substance abuse, rather than only assessing those who have access to treatment.
- Programmes dealing with heroin abuse should be culturally specific, based on thorough research originating in South Africa.



5.15 Recommendations for policy

- The City of Cape Town should address issues around street vendors employing heroin labour and as a form of cheap labour.
- The current legislation governing substance abuse is the Act 70 of 2008, which stipulates the regulations pertaining to substance abuse and treatment, needs to be reviewed. The Act is reinforced by collaboration between the Department of Justice, Department of Health and the Department of Social Development. The challenge in this case is that no single department takes the lead in matters related to heroin use. Because each Department considers treatment to be the responsibility of another Department, the result is a gap in the provision of services.
- Heroin use involves major health concerns as this research indicates. There should be more involvement from the Department of Health, especially in terms of offering prevention services and harm reduction models. Currently, health services are available only when individuals already have a well-established aversion to the substance, or are in the withdrawal stage. Neither of these stages addresses prevention.
- The Department of Justice appears unsure how to implement section 33 of the Act, which deals with involuntary committal of substance users, in this case, heroin users. Social workers from the provincial Department of Social Development remain powerless in their attempts to deal with heroin use, specifically because of the health issues related to heroin (which are not within the social work scope of practice).

- Research should be conducted by social workers who work closely with heroin users in vulnerable communities, and who have an understanding of the cultural context of heroin users. These research attempts would then be able to inform culturally specific programmes.
- The provincial governmental Departments of Health and Social Development, as well as local government should collaborate in their efforts to combat heroin use in Cape Town.
- Law enforcement should put measures in place to stop the influx of heroin users to the area.

5.15 Limitations of the study

- The sample size possibly served as a limitation, which sets aside certain concerns regarding the overall understanding and conclusiveness of the study.
- Another limitation could be the possibility of receiving inaccurate data, where participants aim to give the researcher descriptions of an ideal situation to avoid judgement.
- Similarly, in the case of the female participants, it is possible that they were less willing to discuss certain issues openly because the researcher is male.

6.4 Conclusions

The findings of this study detail how heroin usage began for participants in the study, and how they used other substances such as tik before they engaged in heroin usage. Family influences were explored, in that some participants came from good homes while others found family dynamics challenging. The death of family members and the trauma that it caused also led to some participants indulging in drug use.

The second main theme focused on how participants came to be in the Wynberg area and how they managed to fund their habit. Furthermore, it outlined the influences of vendors and police in contributing to their ongoing drug dependence.

The final theme spoke of cultural dynamics that influenced participants' use of heroin and how their families of origin has been lost and replaced by a surrogate family who are with them daily and are supporting their habit. As they are so interdependent, heroin users have developed a language which highlights how symbolic interactionism works in developing a culture around a particular issue.

Finally it was suggested by participants that coloured heroin users take the drug as a cultural imperative derived from their background and conforming to particular cultural norms.

This study aimed to highlight the stories of heroin users in the Metro South area of Cape Town. Vivid descriptions of the lives of some heroin users have been offered in this research. These descriptions highlight the challenges of the daily lives of these people. It is up to the relevant social workers and other role players to ensure that the needs of heroin users are addressed. Drug use is a scourge worldwide and is endemic in a society that is "broken". The nuclear family is dead and young people are reaching out to others, including drug dealers, to make

meaning in their lives. This cycle has to be broken, or drug lords will continue to destroy young people's lives.



UNIVERSITY *of the*
WESTERN CAPE

References

- Allen, J. (2006). *Personality Theories: Development, Growth and Diversity*. New York: Pearson.
- Anastas, J. Fisher, M. Holton, J. Van Wormer, K Whitaker, T R., & Issurdatt, S. (2013). National Association of Social Workers. *Clients with Substance Use Disorders*.
- Anderson, L. T. (1994). Drug Abuse and Identity: Linking Micro and Macro Factors. *Sociological Quarterly*, 35(1), 159-174.
- Babbie, E., & Mouton, J. (2001). *The Practice of Social Research (South African Edition)*. Oxford: Oxford University Press experience.
- Beck, J. S. (2011). *Cognitive behaviour therapy: Basics and beyond*. London: Guildford Press.
- Beck, J. (2014, August 6). Drug Abuse is on the rise in Iraq After Years of Instability. Vice News. Retrieved from <https://news.vice.com/article/drug-abuse-is-on-the-rise-in-iraq-after-years-of-instability>.
- Bennett, M. J. (2004). Becoming interculturally competent. In J.S. Wurzel (Ed.) *Toward multiculturalism: A reader in multicultural education*. Newton, MA: Intercultural Resource Corporation.
- Burns, D. D. (1980). *Feeling good: The new mood therapy*. New York, NY: Signet.
- Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive- behavioral therapy: a review of Meta-analyse. *Clinical Psychology Review*, 26(1), 17-31. doi: 10.1016/j.cpr.2005.07.003.
- Brain, J. (2010, April 12). *Disloyalty has its privileges*. *The Star*. Toronto. Retrieved from https://www.thestar.com/life/food_wine/2010/04/12/disloyalty_has_its_privileges.html.
- Brook, D., Rubstone, E., Zhang, C., Morojele, N., & Brook, J. (2011). Environmental Stressors, Low Wellbeing, Smoking, and Alcohol use among South African adolescents. *Social Science Medicine*, 1447-1453.
- Barron, R., & Byrne, D. (2003). *Social Psychology* (10th ed.) New York: Pearson.
- Baron, R., & Brandscombe, N. (2009). *Social Psychology* (12th ed.). Pearson. Oklahoma State University.
- Boghossian, P. (2001). *What is social construction?* TLS: Phil books. Princeton University.
- Burns, N., & Grove, S.K. (2003). *Understanding nursing research* (3rd ed.) Philadelphia: Saunders Company.
- Castro-Gutierrez, A. (2001). *Principals and practice of social security reform*. International Social Security Association.
- Caplan, A.L. (2006). Department of Medical Ethics, Center for Bioethics, Philadelphia *Journal of Substance Abuse Treatment*, 117– 120.
- Carter, M. Fuller, C. (2016). Symbols, meaning, and action: The past, present, and future of symbolic interactionism. *Current Sociology Review*, 64(6), 931-961.
- Chirstensen, J. (2014, August 29). *Heroin Kills You*. *CNN*. Retrieved from <https://edition.cnn.com/2014/02/04/health/how-heroin-kills/index.html>.
- Cicero, T., Ellis, M., Surratt, H., & Kurtz, S. (2014). The Changing Face of Heroin Use in the United States: A Retrospective Analysis of the Past 50 Years. *JAMA Psychiatry*, 71(7), 821- 826.
- Cohen, L., Manion, L., & Morrison, K. (2000). *Research methods in education*. London: Routledge.
- Cox, R. B., Jr., Danelia, K., Larzelere, R. E., & Blow, A. J. (2012). Do peers and perceived risk

- mediate the association of religiosity with the likelihood and extent of recent substance use among Venezuelan youth? *International Perspectives in Psychology: Research, Practice, Consultation*, 1(1), 15-31. doi:10.1037/a0026832.
- Creswell, W. (2009). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (3rd ed.). Los Angeles: Sage Publications, Inc.
- Dada, S., Harker Burnhams, N., Erasmus, J., Parry, C., Bhana, A., Timol, F.,... Fourie, D. (2016). *Monitoring Alcohol, Tobacco and Other Drug Abuse Treatment Admissions in South Africa, September 2016 (phase 39)*. Human and Social Development, Human Sciences Research Council.
- Dada, S., Harker Burnhams, N., Erasmus, J., & Weimann, R. (2007). *South African Community Epidemiology Network on Drug Use (SACENDU): monitoring alcohol and drug abuse treatment admissions in South Africa, January - June 2007 (Phase 22)*. Human and Social Development, Human Sciences Research Council.
- Dannatt, L., Cloete, K., Kidd, M., & Weich, L. (2014). Frequency and correlates of comorbid psychiatric illness in patients with heroin use disorder admitted to Stikland Opioid Detoxification Unit, South Africa. *S Afr J Psych*, 20(3), 77-82. doi: 10.7196/SAJP.540
- De Vos, A. (2005). *Research at Grassroots*. Pretoria: Van Schaik.
- De Vos, A., Strydom, H., Fouche, C., & Delpont, C. (2005). *Research at Grassroots; for the Social Sciences and Human Service Professions* (3rd ed.). Pretoria: Van Scaik Publishers.
- DiNitto, A., & McNeece, A. (2005). *Chemical Dependency: A Systems Approach* (3rd ed.). New York: Pearson.
- Dominelli, L. (2004). *IASSW and IFSW Proposals for a New Ethical Document*. General Assemblies: Adelaide, Australia.
- Donald, D., Lazarus, S., & Lolwana, P. (2006). *Educational Psychology in Social Context* (3rd ed.). Oxford: Oxford University Press.
- Dos Santos, M (2008). *Healing the Dragon Heroin Use Disorder Intervention*. Doctoral thesis. Cape Town: University Of South Africa.
- Doweiko, H. E. (2009). *Concepts of Chemical Dependency*. Cole: California.
- Eberlein, R. (2010). *Lifestyle Changes to Beat Addiction*. Knowres Publishing (Pty) Ltd: Randburg.
- Ellis, G., Stein, D.J., Thomas, K. G. F., & Meintjies, E. M. (2012). *Substance use and abuse in South Africa: Insights from brain and behavioral sciences*. Cape Town: UCT Press.
- Erasmus, S. (2014, February 3). *Here's more about heroin, its effects, and the signs of heroin overdose*. News 24. Retrieved from <https://www.health24.com/Mental-Health/Living-with-mental-illness/Heroin-20120721>.
- Fernandez, H., & Libby, T. (2015). *Heroin: it history, pharmacology and treatment* (2nd ed.). Centre City, Minnesota: Hazeldene.
- Fisher, K. (2005). *Understanding Heroin Addiction from the Life Course Perspective*. Honours thesis, Western Oregon University.
- Figuroa, L. (2008). Exploring How nurses may use symbolic interaction Family theory as a framework to encourage spiritual expression and promote coping in African American Families susceptible to stress resulting from alcohol and substance abuse. *ABNF Journal*, 19(1), 37-40.
- Friedman, M., Bowden, V., & Jones, G. (2003). *Family nursing: Research, theory* (5th ed.). Prentice Hall: New Jersey.

- Goga, K. (2014, September 3). *The drug trade and governance in Cape Town*. ISS: Institute for Security Studies. Retrieved from <https://issafrica.org/research/papers/the-drug-trade-and-governance-in-cape-town>.
- Goldstein, T., Gray, J., Salisbury, J., & Snell, P. (2014). *When Qualitative Research Meets Theater The Complexities of Performed Ethnography and Research-Informed Theater Project Design*. *Qualitative Inquiry*, 20(5), 674–685. doi: 10.1177/1077800413513738.
- Harker, N., Kader, R., Myers, B., Fakier, N., Parry, C., Flisher, A., Peltzer, K., Ramlagan, S., & Davids, A. (2008). *Substance abuse trends in the Western Cape: A Review of studies conducted since 2000*. HIV/AIDS, STIs and TB (HAST). Human Science Research Council.
- Hardy, M., & Bryman, A. (2004). *Handbook of Data Analysis*. London: Sage Publications.
- Henning, E. (2004). *Finding your way in qualitative research*. Pretoria. Van Schaik.
- Henrich, J., & McElreath, R. (2003). The evolution of cultural evolution. *Evolutionary Anthropology: Issues, News, and Reviews: Issues, News, and Reviews*, 12(3), 123-135.
- Higgs, P., Owada, K., Hellard, M., Power, R., & Maher, L. (2008). Gender, culture and harm: an exploratory study of female heroin users of Vietnamese ethnicity. *Culture, Health & Sexuality*, 10(7), 681–695.
- Holloway, I. (Ed.) (2005). *Qualitative Research in Health Care*. New York: Open University.
- Hussey, A. (2007, April 8). *The boulevard of broken dreams*. The Guardian. Retrieved from <https://www.theguardian.com/world/2007/apr/08/france.featuresreview>.
- Janmardi, M. (2015). Drug situation in Iran, with emphasis on content analysis of newspapers. *Iran Journal of Public Health*, 44(4), 551-560.
- Jellinek, E. M. (1961). The Disease Concept of Alcoholism. By E. M. Jellinek. New Haven, Conn: Hillhouse Press 1960. 246 pp. \$6.00. *Social Work*, 6(3), 128-130. doi.org/10.1093/sw/6.3.128
- Kadden, R., Carroll, K., Donovan, D., Cooney, N., Monti, P., Abrams, D., Litt, M., & Hester, R. (1992). *Cognitive-Behavioral Coping Skills Therapy Manual: A Clinical Research Guide for Therapists Treating Individuals with Alcohol Abuse and Dependence* (Project Match Monograph, Series, Vol. 3). Rockville, MD: National institute on Alcohol Abuse and Alcoholism, .S. Department of Health and Human Services, National Institutes of Health.
- Khun, M. (1967). Major Trends in Symbolic Interaction Theory in the past Twenty Five Years. *Sociological Quarterly*, 5(6), 1-84.
- Kliwer, W., & Murrelle, L. (2007). Risk and Protective factors for adolescent substance abuse: findings from a study in selected Central American countries. *Journal of Adolescent Health*, 40, 448-455.
- Latypov, E., Hedrich, D., Ferri, M., & Montanari, L. (2014). *Residential treatment for drug use in Europe: European Monitoring Centre for Drugs and Drug Addiction (Residential treatment for drug use in Europe, EMCDDA Papers, Publications Office of the European Union, Luxembourg*.
- Leggett, T. (2004). Still marginal: Crime in the coloured community. *SA Crime Quarterly* 7, 21–6.
- Legget, T. (2005). Terugskiet (returning fire): Growing up on the street corners of Manenberg, South Africa. *Neither war nor peace: International comparisons of children and youth in organised armed violence*, 296-315.

- Lian, X., Zhang, H., Xie, M., Zhang, L., & Yu, F. (2015). Quantitative Analysis of Heroin and its Metabolites in vivo. *Scandinavian Journal of Laboratory Animal Science*, 41, 4.
- London, L., Sanders, D., & te Water Naude, J. (1998). Farm workers in South Africa-the challenge of eradicating alcohol abuse and the legacy of the 'DOP' system. *South African Medical Journal*, 88(9).
- Maher, L., & Hudson, S. L. (2007). Women in the drug economy: A metasynthesis of the qualitative literature. *Journal of Drug Issues*, 4, 805-826.
- Majani, F. (2013). Tanzanian Mules ply Jozi streets. The M&G Centre for Investigative Journalism.
- Manning, P., & Maines, D. (2003). Editorial introduction: theory and method in symbolic interactionism. *Symbolic interactionism*, 26(4), 497-500.
- Mbao, E., & Mwansisya, T. (2014). Exploration of heroin use behaviors and its associated risk factors among youth with heroin-dependence in Dar es Salaam, Tanzania. *American Journal of Psychology and Behavioural Sciences*, 1(2), 14-20.
- McCurdy, S. A., Williams, M. L., Kilonzo, G. P., Ross, M. W., & Leshabari, M. T. (2005). Heroin and HIV risk in Dar es Salaam, Tanzania: youth hangouts, mageto and injecting practices. *AIDS care*, 17(sup1), 65-76.
- McNeece, C., & DiNitto, D. (2005). *Chemical dependency: A systems approach* (3rd ed.). Boston: Allyn and Bacon.
- Meyer, W., Moore, C., & Viljoen, H. (2011). *Personology from individual to ecosystem*. Heinemann Publishers.
- Morojele, N. K., Parry, C. D. H., & Brook, J. S. (2009). Substance abuse and the young: Taking action. *MRC Research brief*, 6, 1-4.
- Mouton, J. (2003). *How to succeed in your Masters and Doctoral studies*. RSA, Pretoria: Van Schaik Publishers.
- Myers, B., Harker, N., Fakier, N., Kader, R., & Mazok, C. (2008). A review of evidence based interventions for prevention and Treatment of substance use disorders. A Draft Report. Medical Research Council, 4.
- Myers, B., Louw, J., & Fakier, N. (2008). Alcohol and drug abuse: removing structural barriers to treatment for historically disadvantaged communities in Cape Town. *International Journal of Social Welfare*, 17(2), 156-165.
- Myers, B., Louw, J., & Pascha, S. (2010). Inequitable access to substance abuse treatment services in Cape Town, South Africa. *Substance abuse Treatment, Prevention and Policy*, 5-8.
- Needle, R., Kroeger, K., Belani, K., & Hegle, J. (2006). *Substance Abuse and HIV in Sub-Saharan Africa: Introduction to the Special issue*. African Journal of Drug and Alcohol studies: CRISA Publications.
- Obert, J. L., London, E. D., & Rawson, R. A. (2002). Incorporating brain research findings into standard treatment: An example using the Matrix Model. *Journal of substance abuse treatment*, 23(2), 107-113.
- Otu, S. E. (2011). A nation at crossroads: debating South Africa's war on drug policy. *Nordic Studies on Alcohol and Drugs*, 28(4), 379-388.
- Parry, C. D. H., & Myers, B. (2011). Beyond the rhetoric: Moving towards a more effective and humane drug policy framework in South Africa. *South African Medical Journal*, 101,

704-705.

- Patel, P. (2005). *Social welfare and Social development in South Africa*: Oxford University.
- Peltzer, K., Ramlagan, S., Johnson, B. D., & Phaswana-Mafuya, N. (2010). Illicit drug use and treatment in South Africa: a review. *Substance use & misuse*, 45(13), 2221-2243.
- Petrus, T., & Isaacs-Martin, W. (2012). Africa Insight- The multiple meanings of coloured identity in South Africa. *Africa insight*, 42, 87-102.
- Penberthy, J., Warteller, A., & Vaughn, M. (2011). *Cognitive Behavioural Therapy for Addiction: addiction medicine*. Springer Science.
- Pluddeman, A., & Parry, C. (2008). Heroin users in Cape Town, South Africa: Injecting practices. HIV-related risk behaviors and other health consequences. *Journal of Psychoactive drugs*, 30(3), 273-76.
- Ratele, R., & Duncan, L. (2003). *Social Psychology Identities and Relationships*. Cape Town: UCT Press.
- Rollnick, S., & Miller, W. (1995). What is motivational Interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334.
- Romo, N., Poo, M., & Balliesta, R. (2009). From illegal poison to legal medicine: A qualitative research in a heroin-prescription trial in Spain University of Granada, Spain. *Drug and Alcohol Review*, 28, 186-195.
- Rouen, D., Dolan, K., Day, C., Topp, L., Darke, S., & Hall, W. (2001). *Changes in Heroin Availability in Sydney Australia in Early 2001 National Drug and Alcohol Research Centre*. Sydney Australia: University of New South Wales.
- Ruggiero, V. (2014). Criminal franchise: Albanians and Illicit Drugs in Italy. *Crime and prevention studies*, 11, 203-218.
- Saunders, J., Jenner, M., Jenner, L., & Yang, J. (2002). *Clinical Protocols for Detoxification in General Practice and Community Settings*.
- Sharp, E., Donna, G., Coffman, L., Caldwell, L., Smith, E., Wegner, L., Vergnani, T., & Matthews, C. (2011). Predicting Substance using behaviour among South African adolescents: The role of leisure experiences across time. *International Journal of Behavioural Development*, 35(4), 343-351.
- Shaw, M., & Mangan, F. (2014). *Illicit Trafficking and Libya's Transition profits and Losses*. United States: Institute of Peace.
- Sheedy, D. L., Garrick, T. M., Fortis, A. H., & Harper, C. G. (2003). Changing trends in heroin-related deaths in Sydney, Australia-1995 to 1999. *American Journal on Addictions*, 12(1), 52-59.
- Shenton, A. (2004). *Strategies for ensuring trustworthiness in qualitative research projects. Education for information*. North Umbria University: Newcastle.
- Sorsdahl, K., Stein, D., Weich, L., Fourie, D., & Myers, B. (2012). The effectiveness of a hospital-based intervention for patients with substance-use problems in the Western Cape. *The South African Medical Journal*, 102.
- Swartz, L., C. de la Rey., & Duncan, N. (2004) (Revised 2007; 2011) *Third edition with Vivien O' Neill Psychology; An Introduction*. Cape Town: Oxford.
- Terreblanche, M., Durheim, K., & Painter, D. (2006). *Research in Practice: Applied Methods for the Social Sciences* (2nd ed.). Cape Town: UCT Press.
- Thomas, A. (2001). Twenty-five Years Later: The Forced Removals of the Coloured People from Simon's Town: An Interview with William Kindo. *Journal of African studies*, 6, 25-

- Uchtenhagen, A. (2010). Heroin-assisted treatment in Switzerland: a case study in policy change. *Addiction*, 105(1), 29–37.
- United Nations. (2010). World Drug Report. Vienna: United Center for Drugs and Crime.
- Van Essen, D., Marder, E., & Heinemann, S. (2007). Brain Briefings: The Adolescent Brain. Society for Neuroscience.
- Van Heerden, S., Grimsrud, A., Seedat, S., Myer, L., Williams, D., & Stein, D. (2009). Patterns of Extra-medical Drug Use in South Africa: Results from the South African Stress and Health Study. *The South African Medical Journal*, 99, 5.
- Van Leewen, B. (2007). A Formal recognition of social attachments: expanding Axel Honneth's theory of recognition. *Inquiry*, 50(2), 180-205.
- Van Zyl, N. (2007). *The meaning of Heroin addiction: a Phenomenological Study*. Masters Thesis. Cape Town: University of Cape Town.
- Volkwyn, H. (2008). *Life stories of Perpetrators of Child Sexual Offences in a Community based Treatment Programme in the Western Cape*. Unpublished Master's thesis. University of the Western Cape, Cape Town.
- Wallace, A. (2013, December 2). *Drug Boss Pablo Escobar still divides Colombia*. BBC NEWS Medellin. Retrieved from: <https://www.bbc.com/news/world-latin-america-25183649>
- Wechsberg, W. M., Jones, H. E., Zule, W. A., Myers, B. J., Browne, F. A., Kaufman, M. R., ... & Parry, C. D. (2010). Methamphetamine ("tik") use and its association with condom use among out-of-school females in Cape Town, South Africa. *The American journal of drug and alcohol abuse*, 36(4), 208-213.
- Weich, L., Van Zyl, N., Naidoo, L., Nowbath, H., Fleger, S., Mohemdy, Z., Ramjee, L., Hitzeroth, V., & Kramer, L. (2013). South African Guidelines for management of opioid Dependence. *The South African Addiction Medicine Society*.
- Weinberg, D. (2010). *On the embodiment of Addiction*. *Body Society*. University of Cape Town: Sage Publications.
- Wu, P., & Ban, F. (2010). Factors Associated with the initiation of ecstasy use amongst US adolescence: Findings from a national survey. *Drugs and Alcohol Dependence*, 193-198.
- Zhang, S. X., & Chin, K. L. (2015). A people's war: China's struggle to contain its illicit drug problem. *Brookings Institution*, 1.

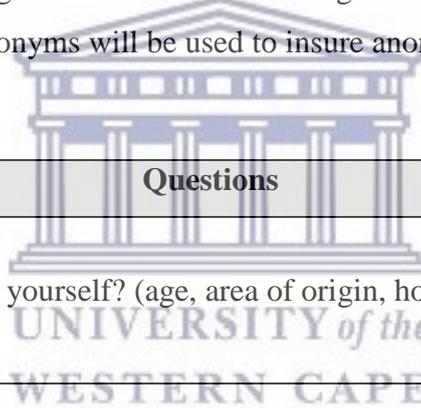
APPENDIX A

PARTICIPANT INTERVIEW SCHEDULE

This interview schedule is to address the following research question: '**Title: "Experiences of coloured heroin users in Metro South: a social work perspective"**' The objectives of the study will be to:

- To explore and describe the experiences of coloured heroin users in the Metro South area.
- To explore and describe the perspectives of individuals working in Wynberg who closely engage with coloured heroin users in the Metro South area.

Please make sure that you have given your written consent before taking part in this research study, also note that everything that will be shared during this interview will only be used for the research project and pseudonyms will be used to insure anonymity.



Questions

Introductory question:

1. Can you tell me more about yourself? (age, area of origin, hobbies, relationship status)

Questions on background:

2. Could you tell me more about your family background and upbringing
3. Tell me about your education and previous work experience
4. Are there other family members abusing substances in your family?

Questions on substance abuse:

6. Have you used other substances (other than heroin) in the past?
7. How have you come to use heroin?
8. Did it have an impact on your behaviour? If yes how
9. How often do you use heroin and how is it administered?
10. How do you manage to fund the habit?
11. How does heroin differ from the other substances that you have used in the past?

12. Have you ever received treatment for heroin?
13. Has your association with heroin changed the manner in which your family views you?
14. Has the use of heroin changed the way society views you?
15. What makes heroin so ever-present in the Wynberg area?
16. There is an existing view that heroin has become more prevalent among racially categorised coloured persons, what would your thoughts be (if any) on this idea?

Concluding questions:

21. Would you like to add anything else that you think might be beneficial for the research project?

Date of interview: Pseudonym: Age:



UNIVERSITY *of the*
WESTERN CAPE

APPENDIX B

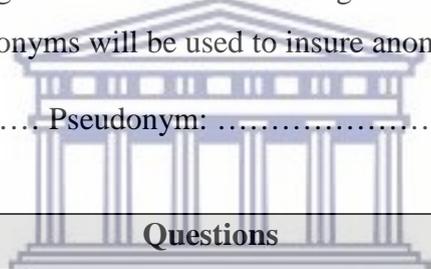
KEY INFORMANTS INTERVIEW SCHEDULE

This interview schedule is to address the following research question: **‘Title: “Experiences of coloured heroin users in Metro South: a social work perspective”** The objectives of the study will be to:

- To explore and describe the experiences of coloured heroin users in the Metro South area.
- To explore and describe the perspectives of individuals engaged with coloured heroin users in the Metro South area.

Please make sure that you have given your written consent before taking part in this research study, also note that everything that will be shared during this interview will only be used for the research project and pseudonyms will be used to insure anonymity.

Date of interview: Pseudonym: Age:



Questions

Introductory question:

- Can you tell me more about yourself? (age, area of origin, hobbies, relationship status)

Questions on Background:

- Are there other family members abusing substances in your family?

- What makes heroin so ever-present in the Wynberg area?

- There is an existing view that heroin has become more prevalent among racially categorised coloured persons, what would your thoughts be (if any) on this idea?

Concluding questions:

- Would you like to add anything else that you think might be beneficial for the research project?



UNIVERSITY *of the*
WESTERN CAPE



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Social Work Department

Tel: +27 21-9592843 Fax: 27 21-959 2845

E-mail: Dcaswell@Westerncape.gov.za

APPENDIX C

CONSENT FORM

TITLE:

- The study has been described to me in a language I understand.
- I understand and I freely and voluntarily agree to participate.
- My questions about the study have been answered.
- I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.
- I have been made aware of the fact that audio recording devices will be used during all interview sessions with the researcher.

Participant's name.....

Participants signature.....

Witness.....

Date.....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Dr Neil Henderson

University of the Western Cape

Private Bag X17, Belville 7535

Telephone: (021)959-2843

Fax: (021)959-2845

Email: nhenderson@uwc.ac.za



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-9592843 Fax: 021-9592845
E-mail: dcaswell@westerncape.gov.za

APPENDIX D

INFORMATION SHEET

Project Title: *What are the experiences of coloured heroin users in the Metro South area from a social worker's perspective?*

What is this study about?

Heroin abuse in the last few years has become very prevalent in the Western Cape, especially among coloured youth in the Metro South area, while the present statistics does not account for the recent spike in the use of the substances. This study therefore aims to research what factors contribute this increase and explore why the drug has inconspicuously become so prevalent among coloured individuals between the ages of 20 and 30.

What will I be asked to do if I agree to participate?

Questions relating to the participants family background and history of substance abuse as well as the use of heroin will be explored in the research and the participants view on heroin abuse or addiction.

Would my participation in this study be kept confidential?

Yes the participant's information will remain confidential and in the process sign a letter of consent outlining the stipulations and processes of the research. Including protection the identity of the participant with use of pseudonyms.

What are the risks of this research?

The engagement might illicit some traumatic and upsetting issues, for which the client may require counselling or perhaps substance abuse counselling services. The researcher will in this case refer the client for counselling at the Department of Social Development. The risk to the researcher should also be mentioned, because the Research will be engaging with persons abusing substances

What are the benefits of this research?

A greater understanding of the ever-growing heroin abuse among coloured persons will hopefully

inform future treatment for heroin problems and identify specific areas.

Do I have to be in this research and may I stop participating at any time?

The participants are by no means obligated to participate in the research project and can leave the research project with no consequences. This point is made clear in the consent form.

What if I have questions?

If you have any questions about the research study itself, please contact: Dominique Caswell and at:10 Victoria Road: Tel: (021) 001 3009 / Cell no: 0827401663 or email:dcaswell@westerncape.gov.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department of Social work:

Dr Marcel Londt

University of the Western Cape

Private Bag X17

Bellville 7535

cschenck@uwc.ac.za

Dean of the Faculty of Community and Health Sciences:

Prof Anthea Rhoda

University of the Western Cape

Private Bag X17

Bellville 7535

chs-deansoffice@uwc.ac.za



This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

APPENDIX E Remi Transcript

Ok is it ok if we start? Are you comfortable?

Yes

Please tell your age

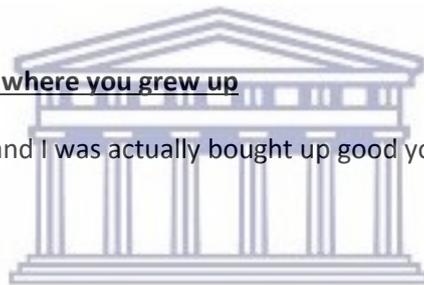
Ok I'm thirty one; I'm from Grassy Park and im... uhm. Im not in a relationship and im Christian and um

Do you have any hobbies.

Yes like, animals you know like outdoors.

Tell me about your back ground where you grew up

I was brought up in Grassy Park and I was actually brought up good you know. I just, I made bad choice you know



UNIVERSITY of the
WESTERN CAPE

Have you worked before?

Ok now education, I left grade eleven and I worked with tiling you know. I helped another guy out and he taught me to tile and I was working for about say two years and afterwards then I worked again by a restaurant. I was a waiter

Ok is that the only work experience you have?

Ja

Are there other family members using in your house?

No not my parents no, they don't worry to drink and drug and stuff only like cousins now who are drinking. Oh ja and my brother who was also using heroin.

Other substances?

Ja like tik, Mandrax . I started with Mandrax

How did you come to use heroin

I was introduced by another guy called Kyle from Wynberg, but it came actually by accident because i thought it was like a quarter gram of tik, but then it was a quarter gram of heroin. But being like that addict you know, I thought like hell man let's try that you know. Worst mistake (laughs)

And what was you first experience like?

Nah I felt all numb and ok I felt like I was floating and um, I was, I was kinda nauseous also, I don't know but for some reason I actually like this feeling, because probably, because it was numbing my pain you know.

And how long are you using?

I think if I'm not sure, twelve or thirteen years. It progressed from there because when I started I used like two days after that again, so I soema used the week after that again and from there it started to become like a everyday thing.

Did it impact on your behaviour?

Ja it made me, while I was under the influence of it, it made me calm. But when it was pulling out I was like bitter and angry and like bad luck, don't smile nothing. it made me like, almost like it turned me into a monster man. With no emotions, no feeling, unless I use and if I use im like im soema sweet, its like reversed laughs. Ja im like, if somebody ask me to do something, im already half way doing as they asking me to do it. You know (laughs) because of the effect.

How often do you use heroin now?

Like I am doing it everyday and I did it wherever I can do it you know. Even do it on the train lines you know, wherever there is place where I can do it. I will do it.

How would that work? Please explain

Ok get up you have to burst your turkey, your arosto, have your first quarter for the day. Then from there is like you make your body right, from there it's almost like you motivated now.

Ok what does arosto mean.

It means like withdrawals.

Where does it come from?

I think its Tanzanian, you know the Tanzanian bongos. They say its arosto, those who are junkies, sorry for saying that but those that are addicts. Will say arosto.

Ok would you continue.

Ja so it motivates you. Then all of a sudden you like you recharged, sien jy (you see) you can take the journey on. It's like you put in petrol. Now you can go and do what you must and manipulate, where you can how you can just to make money and, but ok it's something that you must have cause that petrol, go quick up. So you have to refill again and you know Laughs. Its like basically, its like a ride whole day man. You manipulating, you know, whatever you can do you will do it. Whatever you can get your hands on, whatever you go and do. Because it becomes almost like your wife, you out to please, you know the drug it's like you in a commitment and you are wowing your drug habit. Its like you'll do anything for it man you know (Laughs).

Wynberg is like a whirlpool it pulls you in, you know, it pulls you in. for some reason its like once you step in there you can't get out like. Like the sea, if the sea gets you, it gets you, now so is Wynberg. Like you can pick up all sorts of sickness like TB, Pneumonia, even like HIV if you using the needles and you know. There are people that is killing each other also and these are even friends, they friends but the drug you know it come in between them. They know each other for years like this on guy who got stabbed for a blanket. Killed ja

So which areas would people come from?

They come from all over. Lavender Hill, Hanover Park, some Grassy Park, Retreat, even some from Mitchells plain. All in Wynberg, even like from Woodstock also.

And how many would be in the area

Pause. Yor a lot. I would say to sum it up I would say, you are looking at at least, one hundred and fifty. Ja in one area, its like some are days shift and some are night shift you know its like Laughs. And the goal is to make money however, by stuff in sell stuff. You know rob here and there where they can you know and basically its getting so much that some of these dealers are getting robbed, of their stuff, the weak ones you know? There stuff gets taken off and those who doesn't. ja if they like weak and soft hearted then, especially them who is like new dealers man they get taken advantage of you know. They will be watching him whole day like whole morning also. Ok like maybe a dealer comes like six o clock in the morning, then they get taxed already at ten past six. You know what I am trying to say?

But if that dealer now gives to like burst their arosto then they don't worry, then they soema friends and protect the dealer and you know and they soema chase the other dealers away so he can work there and its like that man?

And who are the dealers?

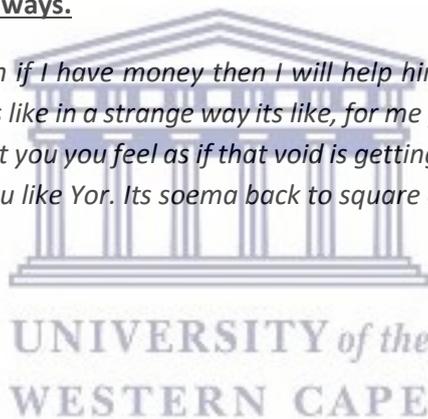
Its Tanzanians and Nigerians

And the heroin users?

I say the coloured because there is a lot, mostly is coloureds, and I notice that I wynberg you become part of a family and you become part of Wynberg so it's like a big clique, so if you introuble they will come and help you. And if they trouble you gonna come help them.

Do you help each other in other ways.

Ja if he is now swak (broke) then if I have money then I will help him. And if I am, you know what I mean, then he will help me. Ja its like in a strange way its like, for me personally its kinda like, its kinda like a love, a strange love man but you you feel as if that void is getting filled, but its not man you know what I mean. When you sober you like Yor. Its soema back to square one. Its like in a strange way you are being manipulated man.



Can you give me a scenario?

It like you are going cold turkey or something then they help you, but then you must know it's a help you for a help me situation so if he now don't have then you know he expect you to do the same. Ja like an investment.

So how do you choose to administer the drug?

Smoke

Are there other ways?

Sniff it, spike it, inject it. I knew this one guy ne, seriously ne. he couldn't wait anymore he did nt have foil nothing, so he soema start eating it..... seriously. But he went zabo (crazy), really he is like crazy he is walking around in Wynberg and Claremont it's almost like he is lost. I don't know what happened, everyone just saw him like.....

So why do you choose to smoke?

Because I don't want to inject because of marks and collapsed veins and you know. I came close (to injecting) but then I thought no man. At the moment now in Wynberg there is very little, I would say like twenty that is smoking and the rest is all injecting.

Of those that you mentioned are injecting?

Ja

How did you manage to fund you habit in Wynberg?

I don't know, you just manage. To manipulate and you know, it just comes naturally. You like self-shocked. It's almost like in a strange way its like falling into your hands just out of nowhere, and you know that the dealers, I don't know but they also have a other way of doing business, they soema give you like other of the blue. If they see you like arosto or something then they give you free. But they are using it to their advantage so that you can come to them and support them and buy by them continuously.so when you withdrawing they give you. Once one dealer like gave me whole week and I didn't have to pay him, and when I buy I get a free one everyday you know and I still get on a Sunday also. They (laughs) they manipulate you in a strange way you thinking like jy you getting lekker, but it's almost like you are telling them hey, cut off the life support. You know Laughs you like telling them hey pull the plug. In a strange way you are.

And how are others able to fund the habit.

Some of them, like theft people like buy stuff, sell stuff, housebreaking, you know some will like rob people or so, like really robbing them and hitting them, ja they like robbing in Wynberg, especially on the subways.

Has it impact on your health he use of heroin?

Ja I, I like now and then I'm very short of breath, I get quick tired and it's not like I used to be you, know. and you know, now and the my kidney pains

Have you seen a doctor about it?

No not yet.

Are you staying in Wynberg ?

Yes im almost like a pilgrim, like a nomad. You know like from place to place, hosh I soema started staying there by like bonnytown, then I'm so greedy that I don't want to share unga with them, then I go on the roa, maybe under the bridge or or wherever. Then I sleep from place to place. But in a strange way I was safe, you know.

What kept you safe ?

Because there where I was sleeping there was like a whole group of us (heroin users) say about almost thirty, so you safe man. I've never slept alone, people just group together probably to feel some kinda feeling that you safe.

How did you manage the change from being in a home to living on the road?

It was hard you know, it was hard and I was like, how can I now say. Its like in the mornings im spate (sorry) because I didn't smoke yet the im like yor man this is not for me like im always spate, but while im using then its shew that thoughts are gone. Then im like change the channel, Nou sing ek n ander song (now I'm singing another song. (laughs)

And where would people sleep?

They would sleep by wetton road under the bridge. By Telkom so there a whole lot there

What about SAPS officials are they in the area?

Ja many times they stop me, so the search you and you know. And sometimes ok the now were times that I now got caught and normal like got arrested and stuff.

Do they arrest people selling as well?

I don't know the catch the bra the morning, no , no ,no. like once they caught tis bra (dealer) like Saturday ne like Saturday night, Sunday morning he is soema out, walking, selling again. So I don't know, you see I can't say that they (SAPS) are being bribed or something, but something's fishy man, you know and how like I see a captain like a captain of the police force there in Wynberg like, why would he exchange phone numbers with a drug lord. And I was like yor. Like in that patjie (road) Ebor road. And I mean they were taking cases of beer there. In that policeman's car. And exchanging phone numbers, but I don't know you know, what to make of that because why would he want his number? You know and you can see its not a raid, because why are they just taking one thing there and the was only one car . so that's what made me a bit suspicious. And I know also that every time

they do a raid they get nothing because somehow they get information. Someone informs them. But in Wynberg you always making money, that's not positive but you know

How are you making money?

By working there is always work there. It's not like gevarlike jobs you know. It's like you help them on the stands or you work on the taxis, or whatever, but I mean they give you lekker money. They pay you enough; some of them even support your usage for the day and then still give you money. Ok like minimum it's like a hundred rand. Maximum one fifty for the day. That that the money they give you to smoke.

Are there any disadvantages to being in the area?

It's almost like you die, like a few of them had like TB and like Pneumonia and that and the didn't like wanna go for medication because they Turkeying you know they arostoning you know so they don't want. Like about two of them died. Like one just died on the spot there and he just bought a quarter. Took two lines you know then you died just there. Like four o clock five o clock, on the corner of where other Social services used to be in the beginning just there on that corner. There where they are busy renovating just there, the guy just collapsed there. And one died in KFC toilets so you know there a lot of disadvantages to living in Wynberg.

When would you get this badge?

Nai you get it if you longer than three months there on the road you know. Or you live in the area. Although the clique is not always together, you know what I mean it's like different cliques less than one organisation. Laughs, it almost like the Mafia family. And the leaders would be like Tai and prince them, they are twenty six and twenty sevens. They make sure that no other gangsters come into the area and do what they want to. It's almost like a family with one table if you have then you will give him if he has then he will give you. You see it's not with everyone, but it's with who. it always happens like that man even though you don't (skit) with him or whatever and he sees you now a bitjie down and that its almost like he come to you and he gives you. Like in a strange way people just group together. I mean like the one a days (people who use heroin only once a day) would be together and the two a days will be together, laughs, yor it's funny but it is it happens like this. It almost like when you go to an NA meeting you get your sixty days, the ninety days and so on but its reverse here you know. Like the old school will be together, like me I'm with the old school.

So those who only use one and two a day, do they stay in Wynberg?

Nai they are the ones that go home, sometimes they get taxed also, but in a strange way they get protected also because they are a benefit because they have money.

How does heroin differ from other substances you have used in the past?

Heroin is actually dangerous with the withdrawals you know, it's bad you like sick you know. Its almost like you just lying there tear running eyes burning, stomach running. Joints paining, you like, its almost like yor its almost like I don't know man I can't explain it but all I know is that its not nice. But it gives you a kind of satisfaction you know it gives you a kick, the kick is almost like a reminder of you knows what I'm trying to say. The kick is almost like. It you forget about your troubles, you are are but you are going down this chair. Or the chair is lifiting up with you and you know. You are just on and the sky is the limit man.

Has it change your lifestyle with your family?

Definitely, by my behaviour that patters and my profanity and my vocabulary, you know my speech and the way I speak.

Has it changed the way others view you?

Definitely I think they see someone who is demon possessed or you know, someone who is like, like , like how can I now say little demons and devils, spawn of Satan. Ja like your appearance you just fade away you don't care anymore, you don't even know what a mirror looks like, even of the mirror is in front of you you can even see it. You just see one thing on your mind and that's all you see. And you just see yourself trying to get it if you can't get it you want it. You know that's all on your mind, I want it I want it.

Ok why do you think the drug is so prevalent in Wynberg ?

I say because of of of..... pause I say its because of the feeling it gives you. But I still say that its this drug dealers that give you for free man. You know they get you hooked and I don't know but they could be putting like muti or something because you don't care about anything else. You just want this thing. But it's also because their stuff is the best. it's even better than towns you know and its easy access to money and to the community. Ja people come from all over to buy their work. Like the junkie, some of them come from good families. You can hear from their speech and you can hear by their language and how fluent they speak it. You can see by their parents who maybe come to the area and you will see them talking to their parents and there you can see nai that this guy comes from a good home and that. And it messes you up man so yes I think it has a big. I mean its like you in a treatment centre now your family comes to visit you, and they bring you food and that.

Ok there are both males and females in the area yes?

Yes there are

Are their difference or similarities

Yes but the only difference is that the females do prostitution to make money. Ok I can't say all of them, but most of them. I will say about ninety seven percent females do prostitution. Like to dealers or to whoever on the road you know. Ja soema onder mekaar, you know what I mean? just for unga. Like ok, I also had a girl, but she wasn't really my girlfriend, I mean, you know she was but it was just for. You know, she was also a user and I knew that women make money quick. So we had that understanding, in a strange way like a relationship, but also not, you know.

Do you believe that heroin is increasing amongst coloured people?

I think it's because of the effect that it gives you man. It's almost like I people we always neskerig (curious), we don't want here stuff we want experience you know, so we can talk about it but that's where I downfall we don't know what we getting ourselves into. We just want to be cool, we want to be in. We don't care what we have to do. It's almost like peer pressure man, so long as I am in the cool group sien jy, I don't care I'm just gonna do it. Only afterwards then you check yor I'm stupid why did I even try to do that. Like the bongos see coloured people are vulnerable, you know easy to beat. You know cause they watch you. I think they watch coloured people's body language towards each other. You know that's what I believe they jy now they can manipulate this kind of people, you know that's what I see.

Anything to add

Ja just that I think this is good, this was good it opens your eyes a little and takes the houtie brule (wooden glasses) off. It makes you see man.

Remi thanks very much for being part of the research. It was really appreciated.

RUTH COETZEE

Full member: Professional Editors' Guild (PEG)

Plain language practitioner

Academic specialist

34 Heritage Village
Tzaneen 0850
Cell : 072 9339417
Home : 015 0650145
Email : ruthc111@gmail.com

17 December 2017

I am an experienced English language editor, accredited by the Professional Editors' Guild, South Africa.

I hereby confirm that I have completed a language edit of the dissertation by **Dominique Caswell** titled *Experiences of coloured heroin users in the Metro South area of Cape Town: A social work perspective*.

The work was edited to achieve

- clarity of expression and style;
- accuracy of grammar, spelling and punctuation.

The author was requested to attend to suggestions for improvement of the text, and is responsible for the quality and accuracy of the final document. References were not included in the language edit.



Ruth Coetzee (Mrs)



Ruth Coetzee
Full Member

National Treasurer (Interim)
Membership number: COE004
Membership year: March 2017 to February 2018

www.editors.org.za