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# AN EXPLORATION OF THE SOCIO-ECONOMIC IMPACTS OF TWO DRUG MARKETS IN SOUTH AFRICA

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# AN EXPLORATION OF THE SOCIO-ECONOMIC IMPACTS OF TWO DRUG MARKETS IN SOUTH AFRICA

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Transnational Organized Crime (TOC) Analysis and Integration Support

## **DISCLAIMER**

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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## ABBREVIATIONS AND ACRONYMS

ARV: antiretroviral  
ASD2030: 2030 Agenda for Sustainable Development  
ATS: amphetamine-type stimulants  
CAT: methcathinone  
CBD: central business district  
CCTV: closed circuit television  
CSA: Controlled Substances Act  
DAFF: Department of Agriculture, Forestry and Fisheries  
DCS: Department of Correctional Services  
DPCI: Directorate for Priority Crime Investigations  
FAO: Food and Agriculture Organization  
GI: Global Initiative against Transnational Organized Crime  
HIV: human immunodeficiency virus  
IDU: intravenous drug user  
INCB: International Narcotics Control Board  
IR: interim relief  
ITW: illegal trade in wildlife  
KZN: KwaZulu-Natal  
MDMA: 3,4-methylenedioxy methamphetamine  
MLRA: Marine Living Resources Act  
MRC: South African Medical Research Council  
MSI: Management Systems International  
NPA: National Prosecution Authority  
NGO: non-governmental organization  
OST: opioid substitution treatment  
PEPFAR: US President's Emergency Plan for AIDS Relief  
PTSD: post-traumatic stress disorder  
SACENDU: South African Community Epidemiology Network on Drug Use  
SANAB: South African Anti-Narcotics Bureau  
SADF: South African Defense Force  
SAPS: South African Police Service  
SDG: Sustainable Development Goal  
STDs: sexually transmitted diseases  
TB: tuberculosis  
TOC: transnational organized crime  
UNGASS: United Nations General Assembly Special Session on the World Drug Problem  
UNODC: United Nations Office on Drugs and Crime  
USAID: United States Agency for International Development  
WHO: World Health Organization

### Map of South Africa with Research Sites



*Starred cities are the research sites*

# EXECUTIVE SUMMARY

This report is the final product of a one-year research project that delved into the socio-economic impacts of specific drug markets in South Africa. The research forms part of a USAID-funded three-year project analyzing the intersections of transnational organized crime (TOC) and development in Africa. This particular study focuses on the socio-economic impacts of drug trafficking in South Africa, with specific attention given to retail distribution and consumption of cheap variants of heroin and crystal methamphetamine.

## Organized crime, drug trafficking and development

Over the past decade, the development community has recognized the impact of organized crime on development, leading to the publication of several key studies, which identify impacts of organized crime on a broad range of development issues including governance, health, peace and stability, human rights, economic growth, the environment, and agricultural development. Like other forms of transnational organized crime, drug trafficking has significant negative consequences for the Global South. USAID's 2013 "The Development Response to Drug Trafficking in Africa: A Programming Guide" articulates the potential impacts of drug trafficking on (1) threats to stability, (2) corrosion of governance, and (3) socio-economic impacts (notably economic destabilization and public health, safety, and social fragmentation). The contribution of legal and illegal drug trades as "barriers to development" is also rooted in their impacts on interpersonal crime and community violence; the corruption of public servants; the disintegration of social institutions; the emergence of new and enhanced health problems; the lowering of worker productivity; the entrapment of youth in drug distribution and consumption, diverting them from education or employment; as well as the skewing of economies to drug production and money laundering. The law enforcement community is increasingly appreciating that state-centric and criminal-justice focused approaches alone are insufficient for addressing issues of TOC; the development community is also recognizing the importance of development interventions as tools for addressing TOC as well as the importance of doing so for development itself.

## South Africa is an important actor in the international drug trade

South Africa's geographic position at the tip of Africa allows it to function as transshipment node between drug supply and consumer markets. The country's modern banking, transport and communication infrastructures in conjunction with expanding trade links to Asia and South America offered new opportunities to criminal entrepreneurs and transnational traffickers after the end of apartheid. Since then, South Africa has become a major regional transport hub for a broad range of legal and illegal goods and commodities, including various drugs and psychotropic substances. Domestic markets for amphetamine-type stimulants (ATS) and opioids (heroin and its derivatives) have grown apace. The growth of local drug markets is not only linked to the country's geographic position and opportunity structures but also to a significant decrease in the real value of hard drugs. The drop in prices has led to increased use and the entry of new user groups. The two case studies are also of interest because of linkages to biodiversity crimes in the case of crystal methamphetamine (*tik*) and public health concerns in the case of brown heroin (*sugars* and *whoonga*).

## Research methods

A South African research team conducted the fieldwork and compiled the final report. The research team undertook immersed quasi-ethnographic fieldwork in fishing communities in the Western Cape, and amongst *whoonga* and *sugar* users in the Durban metropolitan areas. Open-ended interviews and

focus groups were held with key informants, including *tik*, *whoonga* and *sugar* users, as well as illegal and informal fishers. The researchers also conducted interviews with public and law enforcement officials, representatives of NGO and faith-based organizations, drug experts, as well as community and family members. Principles of informed consent, confidentiality and anonymity guided all interviews.

## **Case Study I: Crystal Methamphetamine and Natural Resource Economies in the Western Cape**

The first case study focuses on two fishing communities along the Overberg and West coastlines. Crystal methamphetamine first arrived in South Africa in the early 2000s, spreading from the Cape Flats to rural areas in the Western Cape within a few years. The trade exchange of pre-cursor chemicals, needed for the production of *tik*, and abalone has led to an “unholy alliance” between Cape gangs and Chinese organized crime networks.

### **Hawston and Kleinmond: The involvement of Cape gangs**

The fishing communities of Hawston and Kleinmond have deep historical ties to the sea and remain heavily reliant on marine resources. In the early 1990s, the fishing communities transformed into notorious abalone poaching hotspots after syndicates began targeting the (then abundant) resources and residents capitalized on the opportunity to earn large sums of money. The Cape gangs soon moved in to control the trade, triggering violent clashes and transplanting gang culture to the coast. Informants in both communities blamed the onset of abalone poaching for a range of social problems, including drug abuse, that continue to impact residents today. By introducing and legitimizing illicit moneymaking opportunities, poaching restructured fishing communities around the broad themes of lawlessness and social fragmentation, eroding traditional value systems. At the community level, there were links between poaching and drugs: some poaching “kingpins” became dealers; some dealers purchased abalone; many poachers spent their earnings on drugs. Informants perceived clear links between the rise of abalone poaching and the spread of crystal methamphetamine abuse.

### **Paternoster: Gentrification and the illicit crayfish economy**

Paternoster is among the oldest small-scale fishing communities in South Africa. In recent years, the town has become a popular holiday destination. The original colored population is mostly excluded from the tourist economy and still relies heavily on fishing. In stark contrast to the (predominantly white) owners of the hotels and restaurants, these residents live in conditions of poverty, experience poor service delivery and face high levels of unemployment.

Methamphetamine abuse is widespread and often blamed for petty crime, with users selling stolen goods to pay for drugs. Crime affects poorer residents of Paternoster too, though this has received less attention than negative impacts on the tourist economy. The Paternoster fishing community has a historical connection to West Coast Rock Lobster (crayfish) harvesting, and in the wake of on-going social and economic marginalization has become notorious for crayfish poaching. Drug merchants in Paternoster work for or buy their drugs from bigger dealers in the nearby town of Vredenburg. There were fifteen known active drug merchants in Paternoster at the time of fieldwork. Methamphetamine addiction rates have increased steadily since the drug was introduced in the early 2000s. Users are frequently linked to the illicit crayfish trade, selling poached crayfish openly on the street on behalf of informal fishers.

### **Background to fishing rights**

The Western Cape has a long history of artisanal fishing. Small-scale fishers in the Western Cape represent a highly vulnerable group, burdened with a legacy of race-based exclusion from the social and

economic mainstream, and dependent on marine resources that are both in broad decline due to overfishing and environmental factors, and harder to access due to complicated institutional arrangements. Cape traditional fishing communities are sites of high unemployment, widespread poverty, and limited access to alternative livelihood opportunities. In this context, illicit fishing, particularly of high-value resources like *kreef* and abalone, has taken off on a massive scale, with many communities highly reliant on income from illicit fisheries.

### **Impact of *tik* on crime rates**

Informants in both communities strongly emphasized the link between *tik* use and surging petty crime, associating drug users with theft and opportunistic crime. In Hawston, fellow residents bore the brunt of drug-related crimes, with thieves targeting electrical goods. The local stolen goods market, which gave residents the opportunity to shop cheaply, is partly responsible for driving theft. In Paternoster, which has a rapidly gentrifying tourist sector next to a long-established fishing community, the victims of crime have predominantly been wealthy visitors, although residents of the fishing community have been affected as well. Requests for a police station in Paternoster have been unsuccessful. South African Police Service (SAPS) officials in Vredenburg pointed out that although theft and burglary had increased sharply in Paternoster, it still paled in comparison to more serious crime – rapes, murders – elsewhere in the area, particularly in the township of Witteklip, outside Vredenburg. A newly formed Neighborhood Watch contributes to visible policing and has brought down petty theft in Paternoster. However, neither of Paternoster’s two poorer neighborhoods is patrolled.

### **Lack of treatment options**

Both Hawston and Paternoster are currently without access to local drug treatment centers, the nearest government inpatient facilities being more than 100 kilometers away from each settlement. Symptomatic of a broader national shortfall in drug abuse treatment capacity, these facilities are overcrowded, with long waiting lists, and reportedly have low success rates. Due to perceived stigma and gender stereotyping, only a small percentage of girls and women seek treatment. State-run facilities offer addiction counselling; however, less attention is paid to underlying root causes leading to drug addiction such as domestic violence, sexual abuse, and rape.

### **Conclusion and recommendations**

The links between illicit fishing and *tik* are multiple and varied. Drug dependency has driven many users into illicit fishing to pay for their habit. Increased disposable income from illicit fishing has led people to try, and in many cases, become addicted to *tik*. The tiers of intermediaries who facilitate a) drug sales and b) illicit fishing are frequently linked, with drug “kingpins” funding poaching operations and vice versa. It has also introduced criminal activity and lawlessness, depleted resources, and increased conflict both within fishing communities and between these communities and the law. In restructuring local fishing economies around illicit revenue streams, the trade has amplified drug use in a number of ways: for example, by providing users with disposable income, by consolidating the position of local criminal entrepreneurs who deal in narcotics, and by attracting external criminal elements who moved into fishing villages and towns to control the abalone and drug trades. The case study concludes with recommendations to the South African government and the development community.

### **Key recommendations made to the South African government include:**

- 1) Roll out drug treatment and rehabilitation facilities to rural South Africa.
- 2) Integrate the spiritual and material assistance of faith-based organizations, charities and NGOs into existing programming.
- 3) Establish gender-sensitive drug treatment programs that avoid stigmatization and marginalization of those wanting to seek help.

- 4) Focus on harm reduction approaches to mitigate drug addiction and gang violence.
- 5) Roll out the multi-sectoral gang violence reduction program “Ceasefire” (which is implemented across the Cape Flats) to Hawston and other rural communities affected by gang violence.
- 6) Promote sustainable improved livelihoods in fishing communities so that residents do not need to participate in illicit fisheries.
- 7) Focus law enforcement on syndicates and merchants that traffic and sell drugs instead of low-level runners and users.

### **Key recommendations made to the development community include:**

- 1) Support strategic partnership with the SAPS, Directorate for Priority Investigations (DPCI), and National Prosecution Authority (NPA) that address transnational drug investigations and prosecutions.
- 2) Support drug policies (including harm reduction approaches) that strengthen public institutions and local drug programming.
- 3) Contribute to the delivery of critical social services, including health, youth, and educational facilities.
- 4) Encourage drug policies that bridge the private-public sector divide.
- 5) Provide financial resources and limited technical assistance to sustain improved livelihoods in rural communities.

## **Case Study 2: Chasing the Dragon in the Durban Metro**

The research focused on two research sites in Durban, the capital of the KwaZulu-Natal (KZN) province in South Africa. *Sugars* first emerged in the residential suburb of Chatsworth in the early 2000s – investigation into the long-term socio-economic impacts of the drug would be most visible in the Chatsworth community. The second research site was the Durban inner city, where the presence of a large group of *whoonga* users on the streets and in public parks has thrust heroin dependency into the public eye. The weakening of the South African Rand during the 1990s, the opening of borders and liberal visa regulations, as well as the existence of criminal networks specializing in a bouquet of criminal markets rendered South Africa attractive to international drug traffickers after the end of apartheid. Local intermediaries were paid in drugs instead of cash, which led to the introduction and spread of drugs including heroin. Heroin is trafficked to South Africa predominantly from opium producer countries collectively known as the “Golden Crescent” states, Pakistan and Afghanistan. *Sugars* and later *whoonga* have become widely available and popular among poor cohorts due to declining prices and increasing affordability. *Sugars* spread from the Indian suburb of Chatsworth to Durban and neighboring townships.

In the late 2000s, dealers in neighboring townships like Umlazi and KwaMashu started to stock what was to become known as *whoonga*. Dealers travelled to Chatsworth to buy in bulk from local distributors, before getting their own sources. Similar to the case study on *tik*, *whoonga* and *sugar* use has captured the attention of the public and regulators. A series of high-profile media stories drew attention to a large group of *whoonga* users living on the streets of the Durban central business district in 2013, resulting in a public outcry and calls for increased government intervention. The issue of heroin use has become a priority focus of the governing eThekweni municipality through its “Safer Cities Initiative,” which focuses on fighting crime through proactive community engagement. Activists in Chatsworth have voiced disappointment that action was not taken sooner.

### **“In the zone” at the Dalton Beerhouse**

Quasi-ethnographic interviews at a night shelter and known *whoonga* hangouts shed light on the social and criminal economy underpinning drug use, associated health issues, and human rights abuses.

## **Are anti-retroviral drugs (ARVs) diverted to recreational drug markets?**

Academics and journalists have pointed to the possible diversion of ARVs into local drug markets. There are several implications for HIV treatment if claims about ARV diversion were true, such as the reduction of ARV supplies and restricted access to treatment to patients in need. Criminal behavior linked to the diversion of ARVs may endanger patients and health care workers while deterring others from seeking help. The recreational use of ARVs may undermine public and donor willingness to fund ARV treatment. In addition, people who smoke heroin may acquire resistance to the medication. Laboratory analyses of *whoonga* and its variants found traces of the ARVs in a few drug samples. This has done little to curb the popular perception that ARVs medication is a key component of the drug and medical authorities have expressed concern at the further harm this may cause. The study found that the prohibitive cost (financially and criminal) coupled with the wide availability of other bulking agents, as well as the cooks' employment of chemical formulas to enhance the drug users' experience would suggest that ARV diversion is an opportunistic and rare phenomenon.

## **Health impacts**

While not all heroin users become physically addicted to the drug, frequent or continued use may lead to drug dependency necessitating drug treatment to deal with physical addiction and withdrawal symptoms.

Drug dependency may also lead to the spread of HIV and other communicable diseases in vulnerable populations. In our sample, most heroin users (female and male) had entered the commercial sex industry at some stage of "active addiction," increasing exposure and vulnerability to the harms that unregulated sex work may introduce. Police officials and sex worker advocacy groups pointed to the high prevalence of backstreet abortions and miscarriages while human rights activists expressed concern over the removal of babies and children from mothers living on the streets. It is not only risky sexual and drug behaviors that put *whoonga* users at higher risk of infectious diseases. They are among the most marginalized and vulnerable populations and often lack access to basic health care services. Several NGOs, faith-based charities and individuals have outreach programs aimed at providing basic health services to users, with some groups specifically focusing on the needs of female users.

While injection drug use is still thought to be a minor factor leading to HIV infection in South Africa, the number of intravenous drug users (IDU) is growing in South Africa. A disturbing finding was the denial of access to clean needles by IDUs seeking to minimize the risk of infection. Pharmacies and hospitals were, for example, unwilling to sell clean needles to drug users. The US (under PEPFAR) is sponsoring harm reduction packs, distributed by NGOs and social workers. These packs contain clean needles, disinfectants, q-tips, etc. However, metro officials regularly confiscate and destroy the silver packs when found on known drug users and runners.

An informal market for methadone and Suboxone exists – both drugs are used in opioid substitution treatment (OST) programs. OST drugs are in high demand when heroin prices are unaffordable, or the drug is not available. Poly-substance use was a common occurrence among the research sample, with users frequently consuming Rohypnol (a powerful sedative), *tik*, cocaine and cannabis concurrently. Poly-substance abuse is detrimental to physical health and sometimes lethal. While law enforcement officials point to the street value of OSTs and the existence of fake methadone, high demand is not borne out of poly-substance use alone but also out of "the need for drugs to get off the drugs." Although the South African government is pursuing evidence-based treatment strategies, the high cost of the medication has prevented a nationwide rollout. While OST drugs are on the World Health Organization's (WHO) list of essential medicines, they do not have the same status in South Africa. If the South African government were to elevate OST drugs to essential medicines, then generic formulations could be imported at considerably lower cost.

## **Xenophobia, stigmatization and myths**

During 2013, *whoonga* users started to congregate in public spaces in the Durban inner city. City authorities dispersed the group at intervals once its size exceeded a couple of hundred people. A worrisome narrative perpetuated by state officials, the media and general public relates to the stigmatization of foreign nationals as not only “stealing our jobs and women” but also “bringing in dangerous drugs” and “poisoning our children.” While foreign nationals are involved at the transnational level, South Africans likewise participate in the highly profitable illegal market. Beyond getting exposed to the dangers of xenophobia, heroin users have become the ultimate scapegoats for social deviances, prostitution and petty crimes in the Durban metro. The stigmatization may derail attempts at rehabilitation and reintegration of heroin users into communities and social structures.

## **Crime impacts**

Drug use has been linked to the proliferation of petty theft, residential and business burglaries, cable theft (cable theft refers to the actual theft of copper cable in South Africa, severely impacting infrastructure), as well as increased levels of street-based prostitution. According to police sources in Chatsworth, scrap and second-hand dealers were increasingly acting as dealers, swapping stolen goods for drugs. Law enforcement and prosecution efforts are focused on drug users and low-level runners while drug “kingpins” remained untouchable. Partially contributing to this are police arrest targets, which form part of station-level police performance assessments. As a result, the rate of recidivism is high with *sugar* users flooding prison cells. South African prisons suffer from severe overcrowding, with drugs getting used as currency in the informal prison economy. Any reformatory, restorative or rehabilitative objectives of incarceration are easily diluted in an environment where drug use is rife.

## **Social fragmentation and criminal governance**

According to city and law enforcement officials, heroin dealers are marketing and distributing heroin to primary school kids. *Sugar* use is widespread in high schools, where rates of absenteeism and teenage pregnancies have also increased. Families and their heroin-using children often enter and battle a repetitive cycle of rehabilitation and relapse. In addition to theft of valuable items, families have to shoulder the punitive costs of drug treatment and rehabilitation, which have become a big money spinner in the private sector due to the absence of sufficient state-run facilities. Social alienation and marginalization affect women and girls with substance abuse issues in particular. A form of criminal governance ensures that the drug “kingpins” stay untouchable. “Kingpins” and dealers buy favors with immediate neighbors and the community. Such allies serve as the first line of defense and early warning in case of police disruption.

## **Human rights impact: Police misconduct and corruption**

The theme of police misconduct and corruption was recurrent in interviews and focus groups, and it has a significant impact on human rights of heroin users. Dealers and runners also mentioned that police officials were confiscating drugs without entering them into the chain of custody, offering the same for resale to its original owners. Women and girls reported sexual harassment and rape at the hand of police and metro officers.

## **Conclusions and recommendations**

Heroin has become deeply embedded in the political economy of diverse communities in KZN, causing a range of negative impacts including increased petty crime, sex work and social fragmentation but also feeding a void in areas of chronic poverty, and acting as a conduit for illicit economic activity. The phenomenon of urban migration by *whoonga* users from outlying areas is distinct from the Western Cape study. The belief that foreigners are fueling the drug trade appears to have contributed to widespread xenophobic sentiment and periodic outbursts of violence in KZN. Human rights abuses linked to police misconduct and corruption were concerning.

The socio-economic impacts of drug trafficking were highlighted in both case studies. Beyond these impacts, however, a worrisome picture of incongruent drug policy emerged, which mirrors the “War on Drugs” paradigm. Instead of dealing with drug dependency as a public health concern that requires holistic approaches (including harm reduction methodologies), users are stigmatized, marginalized and often criminalized. A more humane and evidence-based approach is needed to deal with the growing “hard” drug problem. The international development community is supporting development-oriented responses to global drug markets. It is hoped that these new holistic approaches do not only continue to trickle down to South Africa but also get effectively implemented to reverse the human, development and public health harms caused by current drug control policies. The development community should do their best to support such initiatives on the ground.

## **Key recommendations to the South African government include:**

- 1) Provide affordable public treatment facilities with a specific focus on offering treatment to girls and women and subsequent reintegration into their families and communities.
- 2) Roll out basic health and social services to areas where *whoonga* and *sugar* users congregate.
- 3) Establish gender-sensitive drug treatment programs that avoid stigmatization and marginalization of those wanting to seek help.
- 4) Avoid stigmatizing foreign nationals as drug barons as to allay the threat of further xenophobic attacks.
- 5) Undertake further rigorous testing of brown heroin samples to ascertain key ingredients.
- 6) Roll out clean needles and other harm reduction initiatives to IDUs and heroin users.
- 7) Focus law enforcement efforts on syndicates and merchants that traffic and sell drugs instead of low-level runners and users.
- 8) Engage with local officials, including security actors, to raise awareness of harm reduction programming and decrease their seizure of related materials.
- 9) Support alternatives to incarceration for minor drug offenses to decrease “hardening” of “criminals.”

## **Recommendations to the development community**

- 1) Lobby the South African government to elevate OSTs to essential medicines and support the rollout of OSTs.
- 2) Support strategic partnership with the SAPS, DPCI and NPA that address transnational drug investigations and prosecutions.

- 3) Support drug policies (including harm reduction approaches) that strengthen public institutions and local drug programming.
- 4) Contribute to the delivery of critical social services, including health, youth and educational facilities.
- 5) Encourage drug policies that bridge the private-public sector divide.

### **Recommendations to USAID**

- 1) Include heroin users in the Durban central business district (CBD) areas as “hotspot communities” in the USAID-programming on “Improving social cohesion in South African communities.”

# INTRODUCTION AND BACKGROUND TO THE RESEARCH PROJECT

This report is the final product of a one-year research project that delved into the socio-economic impacts of specific drug markets in South Africa. The research forms part of a USAID-funded three-year project analyzing the intersections of transnational organized crime (TOC) and development in Africa. This particular study focuses on the socio-economic impacts of drug trafficking in South Africa, with specific attention given to retail distribution and consumption of so-called “hard” drugs.<sup>1</sup> Before exploring the context, objectives and methods of this component of the investigation, the following section provides a brief background to the emergent interest in the TOC and development nexus.

## Organized crime, drug trafficking and development

Over the past decade, the development community has recognized the impact of organized crime on development, leading to the publication of several key studies (The World Bank 2011; UNODC 2005; UNODC 2009; UNODC 2010; Locke 2012; Midgley/Briscoe/Bertoli 2014; Kavanagh et al. 2013; Dininio 2015; Dininio/Stearns Lawson 2013; Briscoe/Dari 2012; Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) 2015). These studies identify, among others, impacts of organized crime on a broad range of development issues including governance, health, peace and stability, human rights, economic growth, the environment, and agricultural development. The inclusion of organized crime as part of the 2030 Agenda for Sustainable Development’s Goal 16 – Peace, Justice, and Strong Institutions signaled the international community’s recognition of the importance of addressing organized crime for global development (United Nations General Assembly 2015).<sup>2</sup> In addition to being explicitly mentioned in Goal 16, TOC is a crosscutting issue that is important for many of the 16 other Sustainable Development Goals, ranging from impacts on healthy lives through to sustainable use of oceans, seas and marine resources, and safer cities and settlements (Reitano et al. 2015). Like other forms of transnational organized crime, drug trafficking has significant negative consequences for the Global South. USAID’s 2013 “The Development Response to Drug Trafficking in Africa: A Programming Guide” articulates the potential impacts of drug trafficking on (1) threats to stability, (2) corrosion of governance, and (3) socio-economic impacts (notably economic destabilization and public health, safety, and social cohesion) (Stearns Lawson and Dininio, 2013).

Threats to stability may derive from the competition of state and non-state actors for the control of illicit drug markets and the siphoning of drug profits to fund other illegal markets or activities, including terrorist and rebel groups. Political elites can employ state institutions to fight for control of local drug markets. Drug traffickers, for example, cooperate with African intermediaries in West Africa who coordinate transportation, communication and logistics networks for some illegal and legal commodities. Linkages of drug traffickers to arms, human, wildlife, counterfeit commodities, and minerals trafficking,

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<sup>1</sup> Classification and scheduling of drugs differ across geographies. Regulators tend to regard heroin, cocaine and methamphetamines and their derivatives as “hard” drugs. In terms of the Controlled Substances Act (1970: §812-Schedules of Controlled Substances), heroin is classified as a Schedule I due to its “high potential for abuse,” “no currently accepted medical use in treatment in the US” and “there is lack of safety for the use of the drug or other substance under medical supervision.” Methamphetamines and cocaine fall under Schedule II drugs also associated with “high potential for abuse.” Schedule 2 drugs “have currently accepted medical use in treatment in the US” and “may lead to severe psychological or physical dependence.”

<sup>2</sup> Whilst responding to organized crime is a central to Goal 16 (“Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels”), 22 additional targets may require the disruption of criminal flows or networks (the additional targets are discussed in: Reitano et al. 2015).

have been documented elsewhere (compare with Shelley 2012; Shelley/Picarelli 2002; Walterbach 2006). Tenuous links have also been made to insurgent and terrorist groups operating in West Africa (Dininio/Stearns Lawson 2013; Lacher 2012; Hübschle 2011). A Global Initiative against Transnational Organized Crime (GI) report (see Global Initiative against Transnational Organized Crime 2014) found that illicit trafficking had become “thoroughly integrated within political and military structures in northern Mali” and “hollowed out the Malian state, undermining institutions and eroding the legitimacy of official systems of governance at the community level” (Global Initiative against Transnational Organized Crime 2014).<sup>3</sup> The ultimate outcome of dependent financial relationships between drug traffickers and political elites could be state capture. The complicity of political elites who have recourse to the state-sanctioned use of force and enforcement when vying for shares in drug markets may also present a serious threat to regional stability and peace.

Drug trafficking can also lead to the corrosion of governance. The corruption of political and economic elites and the infiltration of state institutions by drug traffickers are of primary concern. Drug markets are the most profitable illegal markets in the world. Stearns Lawson and Dininio (2013) argue that huge profit margins “can exert substantial influence especially in less developed countries where government salaries are lower, alternative sources of revenues and influence are smaller, and rule of law is weaker than in wealthier countries.”

In an assessment of the impact of TOC in Kenya, Peter Gastrow (2011) observed:

“Once the judge or prosecutor has ensured that the police docket relating to drug charges against a drug “kingpin” is “misaid,” once the provincial police chief instructs his subordinates at the roadblock to let certain vehicles with women and children on their way from Somalia pass unhindered, and once the member of Parliament with links to drug traffickers is able to persuade the parliamentary committee on which he serves to oppose or dilute proposed legislation relating to money laundering or other crimes, the departments and institutions concerned set out on the slippery slope that leads to ineffectiveness and the loss of public trust in state institutions. Not only does it lead to the criminalization of state departments, but public service delivery slows down, effecting the health, education, and development of the population as a whole. When that happens, ordinary citizens increasingly identify democratic government with impunity for criminal elements in the elites and an inability to deliver justice and development for the majority.”

The corruption of political elites undermines institutions, erodes the legitimacy of systems of governance, and normalizes “mafia culture” where moral barriers to entry into the illegal drug markets cease to exist (Global Initiative against Transnational Organized Crime 2014).

A major concern to the international development community is that TOC puts additional burdens on already cash-strapped public sectors in the Global South. Moreover, the profitability of TOC – the global drug trade is regarded the most profitable illegal market – has led to interrelationships between TOC, politics and politicians (The Global Initiative against Transnational Organized Crime 2014: 9). Singer (2008: 467) discusses the threats to stability and corrosion of governance, as well as further articulating the socio-economic impacts: the contribution of legal<sup>4</sup> and illegal drug trades as “barriers to development” is rooted in their impacts on interpersonal crime and community violence; the corruption of public servants; the disintegration of social institutions; the emergence of new and enhanced health

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<sup>3</sup> The GI assessment of state failure at the hand of trafficking networks in the case of Mali has been questioned (Gberie 2015; Kavanagh/Ellis 2014). Kavanagh and Ellis (2014) acknowledge however that it is impossible to tackle drug trafficking without resolving basic governance issues in Mali first.

<sup>4</sup> Alcohol and tobacco products are considered legal drugs. Scientists are also investigating whether excessive *sugar* consumption could lead to dependency or so-called “food addiction” (compare with: Avena/Rada/Hoebel 2008).

problems; the lowering of worker productivity; the entrapment of youth in drug distribution and consumption, diverting them from education or employment; as well as the skewing of economies to drug production and money laundering.

Important international stakeholders, including the United Nations Office on Drugs and Crime (UNODC), are preparing to lobby in support of development-oriented responses to global drug markets and illicit flows at the 2016 United Nations General Assembly Special Session on the World Drug Problem (UNGASS). These stakeholders also recognize that new approaches are needed to deal with drug issues in the Global South. It is hoped that UNGASS on the backbone of ASD2030 will provide an entry-point for nuanced holistic policy interventions while also offering an opportunity to reverse the human, development and public health harms caused by current drug control policies (Buxton 2015: 2). Thus, at the same time that the law enforcement community is increasingly appreciating that state-centric and criminal-justice focused approaches alone are insufficient for addressing issues of TOC, the development community is also recognizing the importance of development interventions as tools for addressing TOC as well as the importance of doing so for development itself.

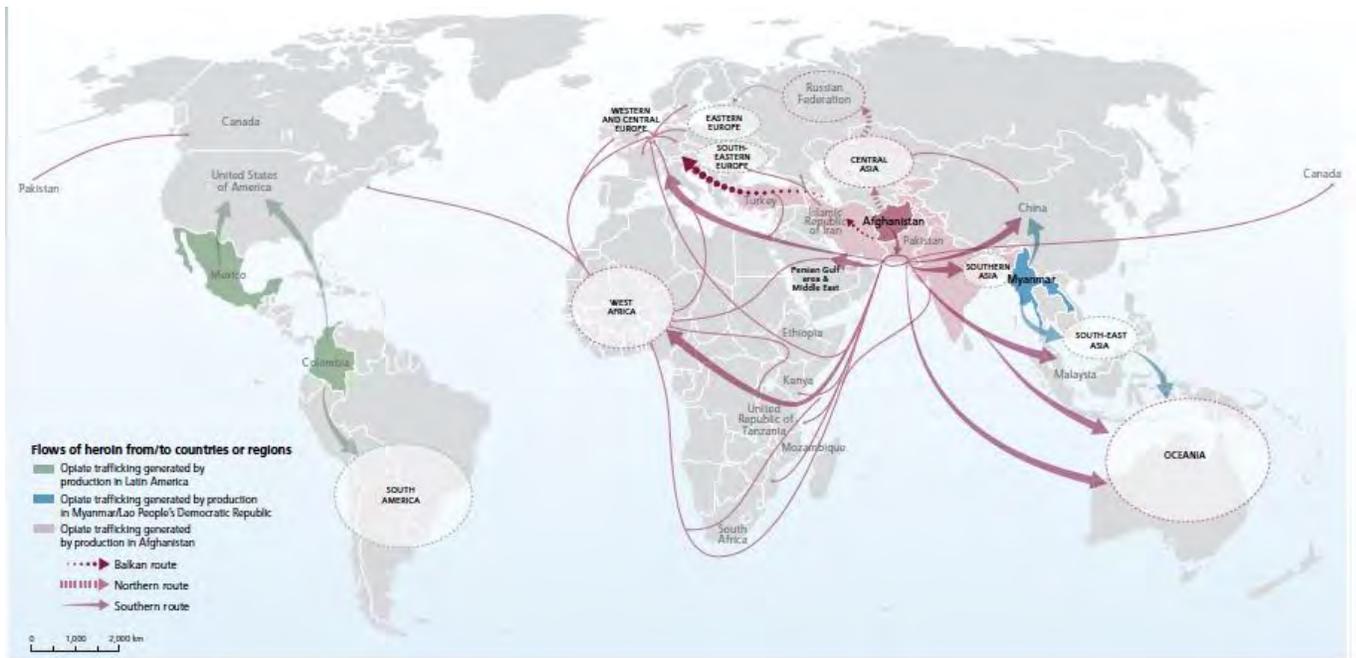
The development approach to TOC is not a panacea and has shortcomings (see for example: The Global Initiative against Transnational Organized Crime 2014). In addition, TOC is not a special condition or “malaise” that affects countries of the Global South only. Effectively addressing TOC requires multi-sectoral and integrated responses in both developing and developed countries. It is against this background that the finalization of this research project has come at an opportune time. USAID’s Africa Bureau undertook research into TOC and development between 2011 and 2013, culminating in the publication of a guide on drug trafficking and development programming in 2013. The guide highlighted the prominence of socio-economic impacts of drug trafficking:

“Drug trafficking in Africa represents a serious threat to stability and governance throughout the region. The infiltration of drug money in government is more widespread than realized. It is not just an issue in countries fraught with serious governance challenges like Guinea-Bissau but also in countries considered models of good governance in the region like Ghana and Mali, where drug trafficking exacerbated instability. Left unaddressed, the corrosion of governance could also result in future instability and hamper economic growth. In addition, the growing retail market of hard drugs in Africa can create significant social problems (Dininio/Stearns Lawson 2013: 35).”

## **Why focus on South Africa?**

South Africa has emerged as an important actor in the global drug trade. Its geographic position at the tip of Africa allows it to function as transshipment node between drug supply and consumer markets. The country’s modern banking, transport and communication infrastructures in conjunction with expanding trade links to Asia and South America offered new opportunities to criminal entrepreneurs and transnational traffickers after the end of apartheid (Peltzer et al. 2010: 2224). While the southern African region is a well-established transit route for heroin (see Figure 1) and cocaine destined for northern markets (International Narcotics Control Board 2015: 44), South Africa’s reintegration into the community of states led to the opening of the country’s borders and relaxation of visa regulations in the mid-1990s.

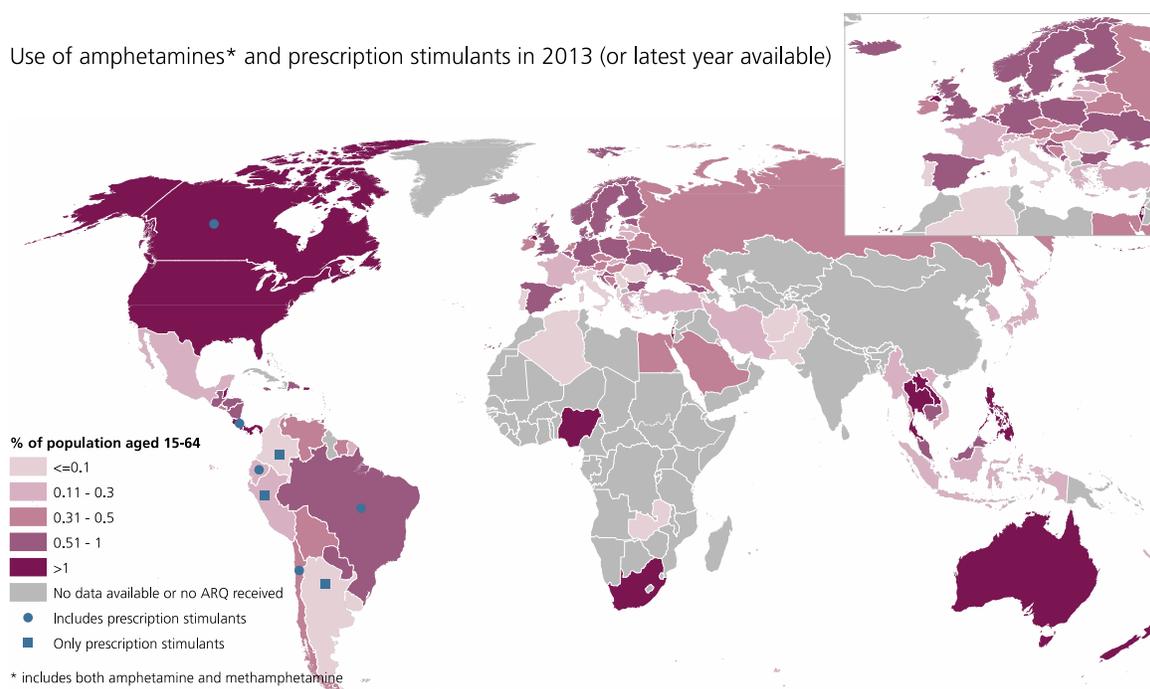
**Figure 1: Known Global Trafficking Flows of Heroin**



Source: UNODC (United Nations Office on Drugs and Crime 2015: IVX)

Since then, South Africa has become a major regional transport hub for a broad range of legal and illegal goods and commodities, including various drugs and psychotropic substances. Domestic markets for amphetamine-type stimulants (ATS) and opioids (heroin and its derivatives) – the two drugs under investigation in this report – have grown apace (International Narcotics Control Board 2015; United Nations Office on Drugs and Crime 2015). These markets are connected to distribution and transportation flows of transnational organized crime networks who dabble in a variety of licit and illicit markets including wildlife products, cigarettes, guns, as well as human trafficking (Hübschle 2010; Steinberg 2005a). In addition, South African criminal entrepreneurs have developed manufacturing capacity to produce methamphetamine and other “designer” drugs (Howell et al. 2015 ). Figure 2 indicates that at least one percent of the national populations of South Africa and Nigeria were using amphetamine-type and prescription stimulants in 2013 (or later) while data from elsewhere in Africa was scanty.

**Figure 2: Global Prevalence of Amphetamine and Prescription Use in 2013 or Latest Year Available**



Source: UNODC (United Nations Office on Drugs and Crime 2015)<sup>5</sup>

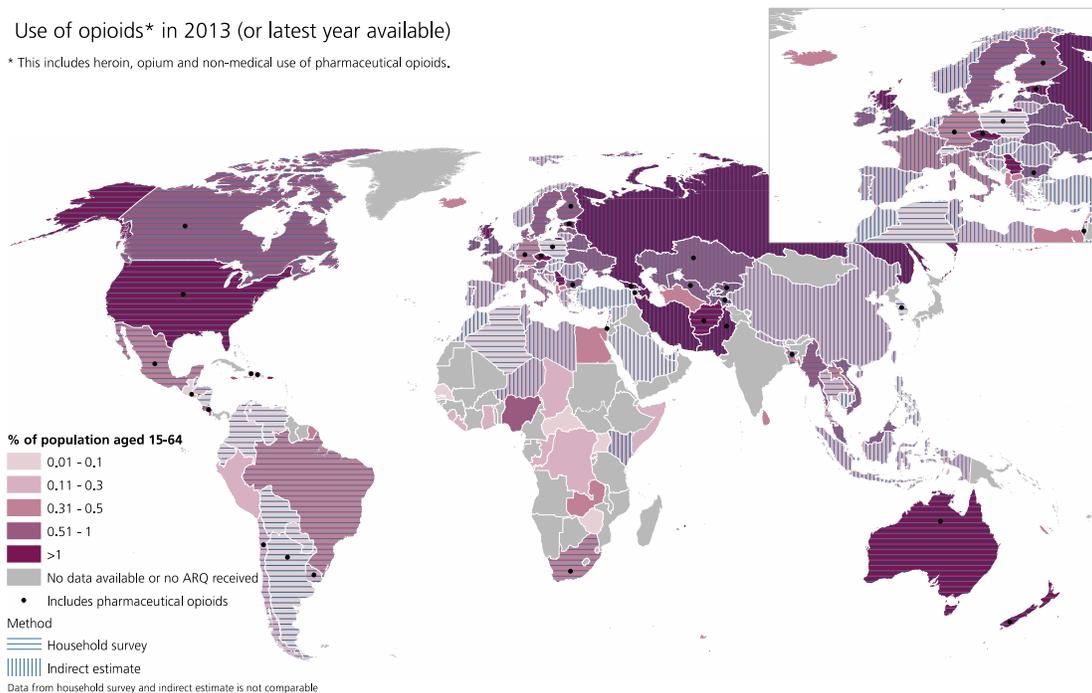
Treatment data from the South African Community Epidemiology Network on Drug Use (SACENDU) support this worrisome picture: just 0.8% of patients at specialist treatment centers reported amphetamine as the primary substance of use in 2002. During the 2000s, South Africa registered the fastest growth rates for ATS (Interview with international drug expert, 2015) – most notably for the local variant of crystal methamphetamine, known colloquially as “tik.” The name derives from the ticking sound when the vapor of the heated drug is inhaled through a light bulb or similar paraphernalia. In 2015, treatment admission for methamphetamine as a primary drug of abuse was comparably low across the country (the most common drug of choice is alcohol). However, *tik* remained the most common primary drug reported by 35 % of all patients in the Western Cape in 2015 (Dada, Siphokazi et al. 2015). While SACENDU only captures admission data from registered drug treatment centers, interview partners from government, city and law enforcement authorities confirmed the assessment that methamphetamine use was most widespread in the Western Cape. The region is home to the selected research site for this report’s case study on crystal methamphetamine use.

Prevalence rates for opioid use in South Africa (see Figure 3) are likewise high in comparison to statistics available for the rest of the continent, with the notable exception of Nigeria. Less than 1% of patients at specialist treatment centers reported heroin as their primary drug of choice in 1996. By the end of 2007, this figure had risen to 31.6% (Dada et al. 2014 ). Treatment data from SACENDU show that heroin dependency grew in KwaZulu–Natal (KZN) – the chosen research site – between 2003 and 2010 before declining again. According to a 2015 SACENDU assessment, the use of *whoonga* (low-grade

<sup>5</sup> Available at: [https://www.unodc.org/wdr2015/field/1.2.1.\\_Prevalence\\_amphetamines.pdf](https://www.unodc.org/wdr2015/field/1.2.1._Prevalence_amphetamines.pdf)

heroin and other ingredients smoked with cannabis) continues to pose a countrywide problem, with five percent of patients in KZN citing heroin as their primary drug of use. 84% of the patients with a heroin problem were Black/African (Dada, Siphokazi et al. 2015). It is important to mention that access to drug treatment remains a privileged affair with few working class or poor cohorts able to either afford treatment or take time off for treatment. SACENDU data are thus reflective of trends in a small population sample, which does not mirror the reality at grassroots level. Interviews with health professionals and law enforcement officials confirmed substantial increases of what was described as “problematic heroin abuse” among previously unexposed cohorts in the Indian and African communities. While users were primarily smoking or inhaling heroin cocktails, a growing number of users were injecting heroin. In parallel, overall drug-related crime in KZN increased steadily from 13,599 incidents in 2004 to 45,386 incidents in 2014.<sup>6</sup>

**Figure 3: Global Prevalence of Opioid Use in 2013 or Latest Year Available**



Source: UNODC (United Nations Office on Drugs and Crime 2015)<sup>7</sup>

The growth of drug markets appears however not only linked to South Africa’s geographic position and opportunity structures. A recent drug pricing study in Cape Town (Howell et al. 2015 : 44) found:

“...while the nominal prices of many illegal substances have remained relatively resilient, the real value of these products has greatly decreased. Illegal substances, in short, are more easily available and more affordable to use by a wider percentage of the country’s population.”

<sup>6</sup> The only (unexplained) decrease occurred between 2007 and 2008. The South African crime statistics are available at: <http://www.crimestatssa.com/>

<sup>7</sup> Available at: [https://www.unodc.org/wdr2015/field/1.2.5.\\_Prevalence\\_opioids.pdf](https://www.unodc.org/wdr2015/field/1.2.5._Prevalence_opioids.pdf)

The price of drugs has thus remained stable over time in South Africa; in other words, unlike other consumer products and services, consumers pay the same price for drugs as they did fifteen years ago. If drugs were more affordable, then their use becomes viable to a greater portion of the population. “Hard” drug use in South Africa was largely restricted to individuals and groups identified as members of the upper or middle classes until the early 2000s. Meanwhile, poor and working class people were using cannabis, methaqualone, crack cocaine and alcohol as drugs of choice (Interviews with DPCI officials, 2015). While the drug pricing research focused on three areas in the Cape Town metropolitan area, the findings are transferrable to geographies beyond Cape Town. Interviews with the Directorate for Priority Crime Investigations (DPCI) and drug experts confirmed similar trends for other parts of South Africa, which include the two research sites for this study. The choice of focusing on amphetamine and opioid derivatives for this research is however not only informed by increased use and the entry of new user groups but also due to the linkages to biodiversity considerations in the case of *tik*, and linkages to public health concerns in the case of *whoonga*. It is thought that in-depth research may be of particular interest to USAID and other development actors regarding future programming into governance, development and health issues in the southern African region.

## Research methods

A South African research team conducted the fieldwork and compiled the final report. Both consultants relied on existing social and professional networks stemming from earlier research that delved into drug markets, organized crime and biodiversity crimes. The project consisted of three distinct phases: scoping, data collection and analysis, and the compilation of the final report. The scoping period served the purpose of determining the parameters of the study, selection of the case studies and research sites, as well as a review of relevant literature and media contributions on selected drug trades, global drug trends and marine resource poaching. Initial trips to possible research sites also served to identify community gatekeepers and important data repositories, and to assess the feasibility and merits of each proposed case study in terms of accessibility to sources of information and data. Based on the scoping research and subsequent deliberations of the research team, a proposed third case study focusing on cocaine use of new user groups in the central province of Gauteng was abandoned.

Requests for research authorization to relevant South African government departments were submitted during the scoping phase.<sup>8</sup> These included the Department for Correctional Services (DCS) and the organized crime police unit, the DPCI. While the former application was unsuccessful, the DPCI approved the research in the final weeks of the project. For the purposes of data verification, triangulation and closing research gaps, the project was extended to include the perspectives of organized crime officers, who had intimate knowledge of the criminal structures involved in transnational drug transportation and distribution networks.

The research team undertook fieldwork and data analysis during the second research phase. This phase stretched over a six-month period from April to October 2015. Additional interviews were undertaken with DPCI officers in Durban and Cape Town in November 2015 upon receipt of the research authorization. While data collection included secondary research of academic and grey literature, the research team undertook immersed quasi-ethnographic fieldwork in fishing communities in the Western Cape, and among *whoonga* and *sugar* users in the Durban metropolitan areas. Open-ended interviews and focus groups were held with key informants, including *tik*, *whoonga* and *sugar* users, as well as illegal and informal fishers. Interviews with drug users were arranged on the spot at known drug hangouts,

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<sup>8</sup> Researchers have to seek authorization from the relevant South African government institutions when undertaking interviews/data collection within government, particularly when the research involves “sensitive research subjects” or interviews with convicted offenders.

such as the so-called *gullies*, *dens* and *BnB*'s. In some instances, drug counsellors made referrals to former users, active users, or users who had undergone treatment.

We also conducted interviews with law enforcement, health, justice and city officials, academics, representatives of NGOs and faith-based organizations, drug treatment experts, teachers and principals, as well as community and family members. A list of informants can be found in Appendix A. Both purposive and targeted sampling techniques were employed to get a rounded and comprehensive picture. The research team developed an informed consent form (see Appendix B) and an unstructured questionnaire for interviews in correctional centers (see Appendix C), although research permission ultimately was not granted for interviews with incarcerated drug offenders. Principles of informed consent, confidentiality and anonymity guided all interviews. As marginalized populations were interviewed on sensitive research topics, care was taken not to re-traumatize research informants when talking about traumatic experiences, such as rape, displacement and police brutality. Since case study I focused on research sites close to the research team's home base (both consultants reside in Cape Town), several informants were visited twice or on more occasions, which allowed for rapport to develop. In the Western Cape, many informants were interviewed in Afrikaans, largely the lingua franca of the "colored" community in South Africa.

The researchers visited Durban on five occasions, which allowed sufficient time to collect and verify data. We spoke with a wide range of stakeholders, including law enforcement officials and regulators as well as drug users themselves. In all instances, we considered biases and the extent to which various actors may be perpetuating myths and narratives that are not based on empirical evidence. Verification and triangulation of data were a further methodological cornerstone of data gathering. Where possible, fact checking involved independent confirmation by three independent sources. In some instances, information was also double-checked with known experts, academics or officials.

# CASE STUDY I: CRYSTAL METHAMPHETAMINE AND NATURAL RESOURCE ECONOMIES IN THE WESTERN CAPE

## Description of drug problem

Crystal methamphetamine first arrived in South Africa the early 2000s, spreading from the Cape Flats to rural areas in the Western Cape within a few years.<sup>9</sup> Its low cost – as little as R30 (\$2) a “hit” – and addictive properties have contributed to surging methamphetamine addiction rates across the province. Crystal methamphetamine, or *tik*, typically sells in one-gram bank packets and is smoked using small plastic pipes, known in colored communities as *lollies*. Over the last two decades, it has eclipsed methaqualone as the drug of choice for many users in the Western Cape.

In the early 1990s, when South Africa’s illicit abalone trade began evolving into a well-organized export operation, Chinese criminal networks initially bartered methaqualone, a depressant most commonly smoked with cannabis, for abalone; local rates of use of the drug, which is popularly known as *mandrax* (the second case study provides more details on *mandrax*), are now considered the highest in the world (International Narcotics Control Board 2015). This pattern was later replicated with *tik*. Chinese organized crime networks capitalized on the local abundance of abalone by securing large volumes for export to Hong Kong, the global epicenter of the trade. They did this, in part, by taking advantage of the worsening exchange rate of the South African Rand to the US Dollar, which enabled buyers to offer lucrative prices for the poached product (Steinberg 2005). The trade exchange of pre-cursor chemicals, needed for the production of methamphetamine, and abalone has led to an “unholy alliance” between the Cape gangs and Chinese organized crime networks. This transaction obviates the need for cash and paper trails and is thus considered safer. It also allows both parties to generate extra income by selling their new commodities at a profit (Schoofs 2007). Chinese criminal groups supplied pre-cursor chemicals including pseudoephedrine and ephedrine needed in the production of *tik*. It is possible to reduce chemically these ingredients to crystal methamphetamine, using rudimentary equipment and recipes from the Internet. According to the DPCI (Interviews, 2015), *tik* laboratories and mobile production facilities are distributed across South Africa and neighboring countries. The ease and low cost with which South African criminal groups can access methamphetamine, coupled with its high demand, has made the drug an attractive commodity for drug merchants, and its presence is ubiquitous in the Western Cape. Besides the links between the illicit abalone and methamphetamine trades outlined above, there are other, more nuanced relationships between *tik* and local marine resource economies, which the first case study explores.

## Hawston and Kleinmond: The involvement of the Cape gangs

Hawston and Kleinmond are situated 12 km apart on the Overberg coast, a ninety-minute drive southeast from Cape Town. Both communities have deep historical ties to the sea and remain heavily

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<sup>9</sup> The Cape Flats is a low-lying area of Cape Town, subject to extreme weather conditions. From the 1950s the area became home to people that the apartheid government had designated as “non-white.” More than 22 years after the end of apartheid, apartheid city planning and architecture is still visible. Cape Town remains a divided with the mostly white and affluent people living in the city while the urban poor and mostly black and colored people live on the Cape Flats, an area that is also known for high crime levels and gang violence.

reliant on marine resources. Abalone poaching took off in the Western Cape from the late 1990s onwards, fueled by high demand in China, where the large marine snail's flesh is considered a status symbol and delicacy. Hawston and Kleinmond transformed into notorious abalone poaching hotspots after syndicates began targeting the (then abundant) resources and residents capitalized on the opportunity to earn large sums of money. The Cape gangs soon moved in to control the trade, triggering violent clashes – the notorious “abalone wars” of the 1990s – and transplanting Cape Flats gang culture to the coast. Informants in both communities blamed the onset of abalone poaching for a range of social problems, including drug abuse, which continue to impact residents today. By introducing and legitimizing illicit moneymaking opportunities, poaching restructured fishing communities around the broad themes of lawlessness and social fragmentation, eroding traditional value systems. Impoverished colored Cape fishing communities, marginalized for decades by apartheid laws, were suddenly presented with an opportunity to earn unprecedented sums from the sea, with a kilogram of abalone fetching up to \$50 on the illegal market. This led to an explosion of abalone poaching on the Overberg coast, where a formal abalone fishery had existed for more than 50 years and where the abalone resource was most abundant (de Greef/ Raemaekers 2013). Youths that joined the trade began earning many times more than their elders and consequently were able to do as they pleased. Poaching and the illegal market became new power centers as the trade spread and evolved with impunity (interview with school principal, Hawston Secondary School).

As the illicit abalone fishery established, and its extremely high value became apparent, powerful figures from the Cape underworld moved in to control the trade, sparking violent turf wars with local poaching groups. In Hawston, at least 10 men died in conflict between the *Rooidakke*, a local poaching group, and “The Americans,” a large Cape Flats gang linked closely to “The Firm,” a major drug cartel. In turn, these Cape gangs traded their abalone with Chinese networks, in many cases receiving first methaqualone (*mandrax*) and later methamphetamine precursor ingredients in exchange. From the mid-1990s onwards, the illicit abalone and drug trades were entwined in this way. At the community level, too, there were links between poaching and drugs, but these were more nuanced and varied: some poaching “kingpins” became dealers; some dealers purchased abalone; many poachers spent their earnings on drugs. Informants perceived clear links between the rise of abalone poaching and the spread of crystal methamphetamine abuse. According to the local high school principal in Hawston, abalone poaching transformed the town from the mid-1990s, when people started earning huge sums of money:

“Youths were able to buy cars; in some cases they became the primary breadwinners of their homes. This meant that parents lost control of their kids and old values (like respect for elders and obedience for the law) were abandoned. Children stopped caring about school. They simply attended so that, if they were arrested for poaching, their sentences would be more lenient because they were students. Kids would leave class at nine in the morning to go poach. They didn't care about exams. School stopped meaning anything to them. They would park their cars — BMWs, Mercedes — across the road from the school, where the teachers parked their own (much) less expensive vehicles. Some pupils were earning more in a single night than their teachers did in three months.”

He added that the impacts were still being felt in Hawston, despite the decline in poaching —which is linked to declining resources and increased police attention in the area. “Youth who were involved back then, now have children of their own in school. Those kids have inherited their parents' lack of values.”

Informants in both communities commented on how quickly *tik* spread after its arrival, with noticeable negative impacts within just a few years. “It spread like wildfire,” said one former Hawston user, who first smoked *tik* in 2003. “At first, we had to travel to Cape Town to score, but very soon the local merchants were stocking it.” This rapid growth was aided and abetted by “The Firm,” a dominant drug

gang with links to prison and street gang networks that formed in the 1990s. Individual entrepreneurs without direct connections to the gang network also got involved. Violent turf conflict ensued in Hawston, also linked to the battle for control of the lucrative illegal abalone fishing economy. “There’s big money in *tik*,” explained a former Hawston merchant,<sup>10</sup> who earned enough money selling the drug to buy expensive cars, alcohol and recreational drugs for personal consumption, which led to his own battle with drug dependency. “That’s why it’s all over the Western Cape, taking over people’s lives.”

Hawston’s *tik* problem was deeply entrenched at the time of fieldwork in 2015, with at least fifteen merchants operating in the community, according to community informants and independently confirmed by police sources. Not all merchants are directly linked to large gangs – some buy drugs from their own connections in Cape Town, including Nigerian suppliers, and operate independently – but the majority have connections to “The Firm,” represented by a notorious Cape gang leader who moved to Hawston to take control of the abalone trade in the 1990s.<sup>11</sup> An HIV/AIDS counsellor at the Hawston clinic estimated that 30-40% of patients at the clinic were methamphetamine users. A former user herself, she commented that addiction rates were rising, with children as young as nine-years old using the drug. “The community shuns users when instead they need support. This becomes a self-fulfilling prophecy where users eventually live up to people’s expectations of them,” she said.

## **Paternoster: Gentrification and the illicit crayfish economy**

Paternoster is among the oldest small-scale fishing communities in South Africa. In recent years, the town has become a popular holiday destination, with visitors renting refurbished fisher’s cottages or staying in boutique guesthouses. The original colored population is mostly excluded from the tourist economy and still relies heavily on fishing. In stark contrast to the (predominantly white) owners of the hotels and restaurants, these residents live in conditions of poverty, experience poor service delivery and face high levels of unemployment. It is within this context that criminal activity, reported on at length in mainstream media, has proliferated, with frequent incidents of theft from visitors, a particular concern. Methamphetamine abuse is widespread and often blamed for petty crime, with users selling stolen goods to pay for drugs. Crime affects poorer residents of Paternoster too, though this has received less attention than negative impacts on the tourist economy. Like Hawston, and mirroring broader drug use trends in the Western Cape, *tik* was preceded in Paternoster by cannabis, *mandrax*, and crack cocaine. Members of the former drug squad, the South African Anti-Narcotics Bureau (SANAB) and the DPCI, confirmed the diversification of the market. The migration from cannabis, through to *mandrax* and *tik* is portrayed as a marketing ploy by merchants, whose aim is to entice new users into the market. “The older generation would use *mandrax*, which arrived in the 1980s,” said a member of the Paternoster Neighborhood Watch. “Everything changed when *tik* arrived.”

Paternoster lies at the edge of the biogeographic range of the abalone resource, and to date has not experienced a wave of syndicated abalone poaching.<sup>12</sup> However, the Paternoster community has a historical connection to West Coast Rock Lobster (crayfish) harvesting, and in the wake of on-going

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<sup>10</sup> The term “merchant” refers to a local drug dealer.

<sup>11</sup> Ernie “Lastig” Solomons, one of the most notorious underworld figures in the Western Cape, currently lives in Hawston, having moved there to muscle in on the abalone trade in the 1990s. A 28s prison gang boss and high-ranking member of “The Firm,” a drug cartel comprising a number of different street gang structures, he is widely known as the most influential resident in the community, with land, property, fishing rights and a range of businesses either directly or indirectly in his name. Publically he is a reformed gangster although informants claim that he is still involved in illicit activities.

<sup>12</sup> A few individuals have started harvesting abalone in large quantities, raising concerns that an illicit abalone fishery may yet evolve.

social and economic marginalization has become notorious for crayfish poaching. Drug merchants in Paternoster work for or buy their drugs from bigger dealers in the nearby town of Vredenburg. According to South African Police Service (SAPS) officials, in the early 2000s the drug cartel “The Firm” targeted the Vredenburg area, and there were violent clashes over turf, with shootings and murders, but this has subsided in the last decade. There are six known drug merchants in Vredenburg, including three Congolese drug dealers who moved to the area to sell drugs. The merchants sell *tik* in addition to cocaine. Drugs are delivered from Cape Town and Atlantis (a small town on the outskirts of Cape Town). There were fifteen known active drug merchants in Paternoster at the time of fieldwork. Methamphetamine addiction rates have increased steadily since the drug was introduced in the early 2000s. Users were frequently linked to the illicit crayfish trade, selling poached crayfish openly on the street on behalf of informal fishers. Visitors to Paternoster are commonly met by the incongruous sight of men hawking live crayfish on every street corner, despite signs in all the shops and restaurants warning people not to support the illicit trade.

## Background to fishing rights

The Western Cape has a long history of artisanal (or small-scale)<sup>13</sup> fishing, with more than twenty traditional fishing communities distributed between Ebenhaeser, at the mouth of the Olifants River on the west coast, and Arniston, 30 km east of Cape Agulhas. These fishing communities have been socially and economically marginalized by discriminatory race-based legislation since the apartheid era, with the unfortunate legacy continuing well into South Africa’s post-1994 democracy. The onset of industrial fishing at the turn of the 20<sup>th</sup> century had negative consequences for traditional fishers in the Western Cape, who began competing with emerging export fisheries for resources and labor (van Sittert et al. 2006). During that time West Coast Rock Lobster (*Jasus lalandii*), known locally as *kreef*, changed from being considered “poor man’s food” to a lucrative export commodity with the emergence of profitable new markets in Europe (Van Sittert 2003). *Kreef*, along with the aggressive predator snake mackerel species known as *snoek* (*Thysites atun*), formed the cornerstone of traditional Cape fishing practices.

Discriminatory apartheid legislation from the 1940s onwards made matters worse for fishers classified as “non-white” under apartheid’s race categories, systematically removing their rights to own land and property, denying them access to marine resources, and effectively reducing their role to providing cheap labor for white-owned fishing companies (Sowman et al. 2011). Under the apartheid dispensation, the diverse group that constituted traditional fishers fell largely within the “colored” racial category, a largely arbitrary designation for people of mixed heritage or distant native Khoi-San descent. Commercial fishing quotas were reserved for white people until the end of apartheid. At the same time, the policing of informal fishing was far less strict and many small-scale fishers were able to fish for subsistence and informal commercial use. This changed with the onset of the new quota system in the early 1990s. In 1998, the Marine Living Resources Act (MLRA) was passed, becoming the central piece of legislation controlling fisheries management in South Africa. The MLRA attempted a delicate balancing act, prioritizing transformation and social justice yet emphasizing the need to protect resources and maintain economic stability (van Sittert et al. 2006). The practical difficulty of achieving these three objectives in tandem has remained a central theme in South African fisheries and conservation management ever since.

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<sup>13</sup> While a single definition of small-scale fishers has not been agreed upon, there is general consensus that the term refers to fishers who operate from or near the shore, using relatively inexpensive gear and technology, and target a variety of marine resources (FAO 2005). In South Africa the term “small-scale fishing” encompasses a wide spectrum of fishing activities, ranging from subsistence harvesting to running small commercial ventures.

Fisheries reform in South Africa was fraught with difficulties from the start. Flaws in the rights allocation process meant that many newcomers to the fishing industry received permits at the expense of legitimate fishers, creating a new “black” fishing elite without addressing existing problems of exclusion (Isaacs 2006). The issuing of short-term quotas, valid for just one year at a time, also discouraged investment by new rights holders, and many simply sold their rights back to white-owned companies for lucrative pay-outs (Kleinschmidt/Sauer/Britz 2003). This made a small number of “paper quota” holders very wealthy, but entirely negated the government’s broader goal of transformation. Meanwhile, the fisheries authority was overwhelmed by applications and unable to process them. Dependent on the sea for food and income, fishers suffered reduced catches and increased hardship as a result.

South Africa’s troubled reform process thus caused frustration among small-scale fishers, many of whom expected to receive fishing rights shortly after the end of apartheid. The fisheries authority was unable to effect this change, caught between the conflicting objectives of broadening access, protecting resources, and meeting the demands of a powerful export-orientated fishing industry. A lack of institutional capacity compounded the problem. The state’s failure to translate the progressive goals of the MLRA into action weakened its legitimacy in the eyes of many fishers, and “protest fishing” – or openly fishing without valid permits as a form of political action – flourished as a result.

Growing dissatisfaction among excluded fishers culminated in a class-action suit against the Minister of the Department of Environmental Affairs and Tourism in 2004, when Masifundise Development Trust,<sup>14</sup> a small-scale fishing NGO, took the government to court for failing to execute its transformation mandate in the fishing sector. The Equality Court ruled in favor of the fishers in 2005, demanding that the South African government draft a new policy for managing the small-scale fishing sector and that they implement a system of interim relief (IR) measures (see Box 1), granting fishers temporary access to marine resources until such time as the policy was implemented. The new policy was formally adopted in June 2012. It emphasizes the importance of addressing historical imbalances in South African fisheries sector, prioritizing the unique needs of small-scale fishers for the first time. Despite its progressive scope and wording, the document is yet to be meaningfully implemented. The interim relief system, or IR, was originally intended to run for two years. At the time of writing in January 2016, IR was entering its 11th year of operation.

Small-scale fishers in the Western Cape represent a highly vulnerable group, burdened with a legacy of race-based exclusion from the social and economic mainstream, and dependent on marine resources that are both in broad decline due to overfishing and environmental factors, and more difficult to access due to complicated institutional arrangements. Cape traditional fishing communities are sites of high unemployment, widespread poverty, and limited access to alternative livelihood opportunities (Sowman et al. 2011). In this context, illicit fishing, particularly of high value resources like kreef and abalone, has taken off on a massive scale, with many communities highly reliant on income from illicit fisheries (Hauck 2009).

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<sup>14</sup> Masifundise is a partner organization to Coastal Links, a grassroots small-scale fishers network with representatives in fishing communities around the country.

### Box 1: Information on the Interim Relief Program

- 1) Awarded annually to about 2000 small-scale fishers across South Africa
- 2) In Western Cape, IR grants access to *kreef*, linefish (including *snoek*) & white mussel.
- 3) Because of the high value of *kreef*, many fishers simply use IR to target *kreef*.  
The individual IR *kreef* quota falls each year; it now stands at 111 kg per person. It used to be around 170 kg.
- 4) Factories buy 99% of IR catch from small-scale fishers, usually through restrictive loan agreements (the “voorskot” system). Poor monitoring and large number of IR rights holders have led to fish processing factories buying long after individuals have fished out their allowances, both knowingly and unknowingly. While these factories are audited on an annual basis, there have been no known investigations or prosecutions into overfishing or processing of illegally harvested marine resources to date (Interviews with fishing experts and officials, 2015)
- 5) The IR system means that *kreef* is the largest fishery in SA, in terms of participants, with 2000 IR, 840 near shore commercial and 230 offshore commercial quota holders. The next biggest sector, line fish, has 450 holders.
- 6) IR fishers fish illegally out of season in Paternoster & elsewhere, selling to illicit buyers (especially tails)

## Impact of *tik* on crime rates

Informants in both communities strongly emphasized the link between *tik* use and surging petty crime, associating drug users with theft and opportunistic crime. A “*tik-kop*”<sup>15</sup> will never sleep,” said a church minister in Hawston. “They walk the streets all night, looking for things to steal.” In Hawston, fellow residents bore the brunt of drug-related crimes, with thieves targeting electrical goods like cell phones and television sets – which are particularly easy to re-sell – as well as diverse items like fishing gear, food, fluorescent light bulbs to manufacture *tik* pipes, and metal fittings for scrap. The local stolen goods market, which give residents the opportunity to shop cheaply, is partly responsible for driving theft, explained another former user. “Even though residents suffer from crime, they continue to support it by purchasing stolen goods,” she said. “Some people are poor and take advantage of the opportunity, even if they don’t want to.” A former drug merchant confirmed that he used to give users *tik* in exchange for stolen cell phones and jewelry, which he would sell in bulk. For a period he would sell *tik* in exchange for social security cards, which he used to draw cash, but he claimed that he later stopped doing this out of conscience. The head of the municipal Overstrand Social Development office commented that drug-related crime had become the second-most common offence in the area, after residential burglary.

In Paternoster, which has a rapidly gentrifying tourist sector next to a long-established fishing community, the victims of crime have predominantly been wealthy visitors, although residents of the fishing community have been affected as well. Informants in Paternoster blamed incidents of theft on a “small group” of young *tik* users. The majority of these men also hawk illicitly harvested crayfish on the street, participants in the town’s deeply entrenched illicit crayfish trade. “They walk around during the day, selling crayfish and looking for opportunities to break into houses,” said the head of the Paternoster Neighborhood Watch, set up in 2014 to curb sharply rising crime. More than 100 houses and local businesses support the neighborhood watch, which pays community members to conduct patrols.

Long-term residents recalled a time when Paternoster was a safe neighborhood, where people looked out for each other. Crime rates started to surge in the early 2000s, when greater number of tourists arrived and “out-of-towners” started buying property. *Tik* arrived in Paternoster around the same time. “The whole place changed,” observed a community member. Guesthouses in Paternoster now warn guests not to buy crayfish from door-to-door sellers. The nearest police station is in Vredenburg, 15 km away. Requests for a police station in Paternoster have been unsuccessful. SAPS officials in Vredenburg pointed out that although theft and burglary had increased sharply in Paternoster, it still paled in comparison with more serious crime – rapes, murders – elsewhere in the area, particularly in the township of Witteklip, outside Vredenburg. According to SAPS, Paternoster contributes “just three percent” to crime statistics in the Vredenburg area, which extends over an area of 430 km<sup>2</sup>. Witteklip typically contributes 15-20%.

The Paternoster Neighborhood Watch has achieved notable successes, reporting a drop from 34 reported incidents to 11 within a month of starting up. This figure declined to eight incidents the following month. The 2014 Christmas period, when the town was busiest, was crime free. The Watch currently consists of eleven women, seven men and a small group of youths – twenty-three people in total, though the number fluctuates. They work on a shift system, patrolling the streets at night. Unusually for South Africa, these volunteers are paid a stipend. Neighborhood Watch groups set up in the past – there have been at least two – were accused by residents of not handling their financial affairs properly, and furthermore had limited impact on crime rates. Informants were optimistic about the new Neighborhood Watch and its potential to keep crime in check. However, it was difficult to avoid the

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<sup>15</sup> A “tik-head” is a common disparaging term for users.

impression that the Watch functioned primarily to protect visitors and new homeowners in town, and not the local community. Neither of Paternoster's two poorer neighborhoods is patrolled. The Neighborhood Watch has a close working relationship with the Vredenburg Community Policing Forum, relaying information and calling for assistance with arrests.

## Lack of treatment options

Both Hawston and Paternoster are currently without access to local drug treatment centers, the nearest government inpatient facilities being more than 100 kilometers away from each settlement. Symptomatic of a broader national shortfall in drug abuse treatment capacity, these facilities are overcrowded, with long waiting lists, and reportedly have low success rates.

The Health & Welfare Centre in Hawston, known as the "hospice," runs an addiction management program that offers support groups and counselling, but no in-patient treatment. The support groups teach early recovery and relapse prevention skills. The center also offers an aftercare service to keep patients occupied. The program assists patients with placement in and free transport to rehabilitation centers in Cape Town and Worcester. Waiting lists range from one to three months; the director of the hospice knows senior staff at nearby state-run facilities due to his long career as a social worker, which helps him arrange access. The program is one of three special units established by the DSD in South Africa. The program was set up under the new Substance Abuse Act (2013) and will run for five years on its current funding cycle. Although the program coordinator could not comment on the success rates, he mentioned that it was extremely difficult to operate in Hawston. The close-knit community was tolerant of strangers or new arrivals but it was vital to toe the line. Newcomers who do not abide by the community's rules were quickly ostracized, or put under pressure to adapt. Because gangsters were so influential, this meant keeping in check and not criticizing or speaking out against the status quo. Despite the community's drug challenges, residents refused to speak out or protest against drugs and violence. People opposed to drug abuse often remained silent out of fear.

Due to the perceived stigma and gender stereotyping ("bad girls and loose women do drugs"), only a small percentage of girls and women seek treatment (Interviews with DSD officials, 2015). Four young women who participated in a focus group in Hawston shared traumatic experiences linked to *tik* use, including domestic violence, incest and rape. The crimes were not reported to the police, as the perpetrators were intimate partners, friends, family members and clients (sex work). While two of the women had sought addiction counselling, they had received no psychological support to deal with their sexual trauma. Interviews with police and health officials confirmed that girls and women often used *tik* and other drugs as a coping mechanism, ending in a vicious cycle of recurring trauma and post-traumatic stress disorder (PTSD) feeding addiction.

There are no treatment facilities or programs in Paternoster. There are two private treatment facilities in nearby Vredenburg, which are unaffordable to local communities. Informants in Paternoster said that very few users sought treatment, and that relapse rates were high among those who did.

## Conclusions and recommendations

An old pattern of informal / illicit fishing in small-scale fishing communities, actively marginalized since before apartheid, has been amplified and altered by the introduction of *tik* in the early 2000s. The highly addictive stimulant has opened a lucrative market that has dovetailed with increasingly organized illicit fishing, driving communities further into illicit market activity. This trade has injected unprecedented sums of money into historically marginalized areas, offering coastal residents an opportunity to sell

marine resources directly and at substantial profit, contributing to livelihoods, and been co-opted as a form of resistance against slow post-apartheid fisheries reform. The links between illicit fishing and *tik* are multiple and varied. Drug dependency has driven many users into illicit fishing to pay for their habit. Increased disposable income from illicit fishing has led people to try, and in many cases, become addicted to *tik*. The tiers of intermediaries who facilitate a) drug sales and b) illicit fishing are frequently linked, with drug “kingpins” funding poaching operations and vice-versa. It has also introduced criminal activity and lawlessness, depleted resources, and increased conflict both within fishing communities and between these communities and the law (de Greef/Raemakers 2014). In restructuring local fishing economies around illicit revenue streams, the trade has amplified drug use in a number of ways: for example, by providing users with disposable income, by consolidating the position of local criminal entrepreneurs who deal in narcotics, and by attracting external criminal elements who moved into fisher villages and towns to control the abalone and drug trades (de Greef/Raemakers 2014; Steinberg 2005a).

The illicit *kreef* economy has received much less attention than abalone poaching, but is now funneling substantial sums of money into fishing communities, enabled in large part by the Interim Relief system and its lack of working checks and balances. In Paternoster, *kreef* is still the mainstay of the local economy, and poaching is accepted as a daily activity. In the Hawston area, *kreef* poaching has continued through the abalone poaching boom of the 1990s and 2000s, and appears to be resurgent, or at least more important than a decade ago, due to declining abalone stocks. Both illicit fisheries are deeply entrenched there. Abalone poaching has a foothold in Paternoster, and is likely to increase in the foreseeable future. One “kingpin” is currently running a regular poaching operation and harvesting large quantities (100 – 200 kg) at a time. Local youths have started free diving but do not have access to the market yet. It seems likely that buyers will wake up to the opportunity presented by west coast abalone stocks as resources decline and police activity increases further south.

The unprecedented impacts and high addiction levels caused by *tik* have been well documented elsewhere and were backed up by this study. In both areas, *tik* abuse has led to increased petty crime, higher youth addiction levels, school dropouts, higher incidence of street-based sex work, and the breakup of family structures. It has also entrenched merchants and other criminal economy entrepreneurs more deeply into the social fabric of fishing communities, which two decades after apartheid remain largely excluded from the formal fisheries sector and, consequently, socially and economically marginalized. The economic importance of the drug trade, like that of illicit fishing, means that coastal communities are in a bind, caught between resenting and being harmed by the many negative impacts of addiction, but beholden to the powerful figures who operate the trade. This is compounded by the fact that members of these close-knit communities are closely related to one another, and prevents people from speaking out against merchants or seeking police assistance.

The growing *tik* problem is thus linked to broader structural, historical and social issues in fishing communities. Emblematic of the Cape Flats gang culture, a form of criminal governance has taken root in Hawston. In Paternoster, local communities experience double exclusion through the unworkable fishing quotas and gentrification. Increased drug use is thus symptomatic of broader social ills and socio-economic exclusion. The South African government and the development community should focus on the underlying social issues that drive drug addiction while also rolling out drug treatment facilities.

## **Recommendations to the South African government**

- Roll out drug treatment and rehabilitation (in-patient and out-patient) facilities to rural South Africa.

- Expand drug treatment to deal with the physical and psychological drug dependency, as well as after care and reintegration into social structures (e.g. family, marriage, schools). Make support services available to affected families, communities and schools.
- Integrate the spiritual and material assistance of faith-based organizations, charities and NGOs into existing programming.
- Beyond drug detoxification, treatment and rehabilitation, make available additional social workers and psychologists to rural communities, with particular attention paid to the needs of women and girls.
- Establish gender-sensitive drug treatment programs that avoid stigmatization and marginalization of those wanting to seek help.
- In public awareness programs on drug use, portray drug users as integral part of society rather than stigmatize them as “outsiders” or “outcasts.”
- Support drug counselors and social workers who feel intimidated in their work.
- Focus on harm reduction approaches to mitigate drug addiction & gang violence.
- Roll out the multi-sectoral gang violence reduction program “Ceasefire” (which is implemented across the Cape Flats) to Hawston and other rural communities affected by gang violence.
- Promote sustainable improved livelihoods in fishing communities so that residents do not need to participate in illicit fisheries. There is an urgent need for local economic development that narrows, rather than widens, income inequality.
- Focus law enforcement efforts on syndicates and consumers that buy illicitly harvested kreef and abalone, instead of low-level fishers.
- Focus law enforcement efforts on syndicates and merchants that traffic and sell drugs instead of low-level runners and users.
- Foster community-based policing initiatives like the Paternoster Neighborhood Watch, while ensuring they serve the broader community and not just the interests of white capital.
- Support awareness campaigns that warn communities not to buy stolen goods.

## Recommendations to the development community

- Support strategic partnership with the SAPS, DPCI and NPA that address transnational drug investigations and prosecutions.
- Support drug policies (including harm reduction approaches) that strengthen public institutions and local drug programming.
- Contribute to the delivery of critical social services, including health, youth and educational facilities.
- Encourage drug policies that bridge the private-public sector divide.
- Provide financial resources and limited technical assistance to sustain improved livelihoods in rural communities.
- Encourage and strengthen institutional capacity to promote broad-based growth.
- Provide financial resources and limited technical assistance to promote broad-based growth

## CASE STUDY 2: CHASING THE DRAGON IN THE DURBAN METRO

### Description of the drug problem

During the height of the apartheid regime, South Africa was largely immune to the importation of hard drugs including opioid-based drugs. Use of heroin was restricted to wealthy (usually white) cohorts in urban centers such as Johannesburg, Pretoria, Durban and Cape Town. However, cannabis production, trafficking, and consumption, as well as the importation, distribution and use of *mandrax* were rife before the end of apartheid in 1994. Containing methaqualone and diphenhydramine hydrochloride, the sedative drug *mandrax* was first brought to South Africa in the 1970s. South African travelers of Indian descent, who were buying clothing and religious artefacts in India, also smuggled *mandrax*. The growth of *mandrax* markets is however also linked to a sad part of South African history: Wouter Basson, known as Dr. Death, coordinated the notorious government-sponsored “Project Coast.” Beyond research into genetic engineering, the project also manufactured massive amounts of *mandrax* and ecstasy. State-owned companies produced the drugs, ostensibly intended for crowd control in townships. However, some of the drugs were re-routed into local and international drug markets, with profits getting laundered through shell companies benefitting the upper echelons of the apartheid government and South African Defense Force (SADF) (Burgess/Purkitt 2001: 38-39). Urban crime gangs distributed *mandrax*, underscoring the existence of a cooperative alliance between the (apartheid) state and criminal actors.

While the drug was swallowed in tablet form in India, South Africans crushed and smoked the pill (Desai 2012: 323.) *Mandrax* was consumed by different ethnicities and geographies across South Africa, with processors, distributors, wholesalers, and dealers (merchants) taking a foothold in poor neighborhoods and communities. According to organized crime investigators, these pre-existing import and distribution infrastructures were used as a springboard for introduction, diversification into, and trade of new drugs. The weakening of the South African Rand during the 1990s, the opening of borders and liberal visa regulations, as well as the existence of criminal networks specializing in a bouquet of criminal markets (including *mandrax* distribution), rendered South Africa attractive to international drug traffickers after the end of apartheid. Local intermediaries were paid in drugs instead of cash, which led to the introduction and spread of drugs including heroin. Heroin is trafficked to South Africa predominantly from opium producer countries collectively known as the “Golden Crescent” states, Pakistan and Afghanistan. China and India are important transport hubs. Heroin consignments are transported by sea (and sometimes air) to the east African coastline, with the ports of Dar es Salaam in Tanzania, Mombasa in Kenya and Zanzibar featuring as major transshipment points. From there, heroin is smuggled via land routes or on-board of *dhow*s (small sail boats) to South Africa.

Several theories exist as to why *sugars* and later *whoonga* have become widely available and popular among poor cohorts. The earlier mentioned drug pricing study (for further details see: Howell et al. 2015 ) elucidates how drug prices keep on declining while overall affordability is increasing. As a result, new cohorts from poor and working class communities were able to dabble in “new” drugs. Law enforcement officials confirmed that cheap heroin entered drug markets in the late 1990s. Selling for as little as R5 a “hit” back then, *brown sugar* is made from heroin waste products. A less pure variant of the more widely known *white Tiger* powder, *brown sugar* is sold under a variety of names in South Africa and has led to high levels of heroin dependency across South Africa. Says one police official: “Cheap heroin is made from the waste products of high-grade heroin and bulking agents. High-grade heroin still feeds the

high-end market.” It is easier to manufacture and burns at lower temperatures, rendering it more suitable for smoking. The drug is most commonly smoked mixed with cannabis and/or tobacco, or inhaled off heated tinfoil through straws. In the city of Durban – the research site for this case study – brown heroin is sold as *sugars* or *whoonga*. According to the DPCI and long-term users, *sugars* first appeared in Chatsworth, a predominantly Indian community, in the early 2000s. By 2005, *sugar* consumption was already considered a serious problem. By comparison, *whoonga* only emerged around 2010 and was mainly associated with black communities, suggesting that the drug was rebranded for a different market. Many long-term heroin users described how they had migrated from *mandrax* to heroin by being offered “free rides” (free samples) from their dealers in the early 2000s. Previously, dealers were selling cannabis, *mandrax* and crack cocaine. Due to its growing popularity, *sugars* attracted new dealers to the game, becoming popular among Indian users in Chatsworth.

*Mandrax* had led to the emergence of loosely structured organized crime gangs in Chatsworth in the late 70s and early 80s. Some of these gangs specialized in *mandrax* markets. At the apex of these drug gangs were *lahnees*, drug lords who had *lightees* (young boys) for protection and distribution (Desai 2012: 322). The same *lahnees* diversified into heroin distribution. An organized crime investigator remarked that due to its reputation as a drug of the *lahnees*, youths wanted to emulate and consume the same drug. “*Sugars* took Chatsworth by storm, “observed a local drug counsellor. From there, it spread to Phoenix and other Indian neighborhoods. Police sources know of five untouchable “kingpins” currently operating in the Chatsworth area. These “kingpins” turned millionaires<sup>16</sup> protect their turf. Chatsworth has experienced turf wars in the past, with spates of violence, particularly in 2007, when there were some 17 drive-by shootings. These turf wars have been defused, as “everybody knows their spot” (Interview with a drug counsellor, 2015). New market entrants are threatened and/or taken out by criminal associates or corrupt officials acting on behalf of the “kingpins.”

“Kingpins” fulfil the role of drug wholesalers: *sugars* are bulked up, packaged and distributed to street-based dealers. Dealers are supplied with what are called “bombs” – a “bomb” usually consists of 1,000 “straws.” The smallest unit of *sugar* is supplied in sections of plastic drinking straws, hence the name “straw” (sometimes also known as “pinch”). Plastic straws are filled with the bulked up heroin and sealed off in 1 cm segments. Each segment produces three “drops” or “hits.” The price of *sugars* varies between R15, R18 to R20 per “straw” contingent on geography, availability and demand. When buying in bulk, the price can drop to R12 a “straw.” A common drug consumption ritual involves *sugar* users burning one end of the straw to release the drug mix onto aluminum foil. The mix is then heated with a lighter or matches, and the resultant vapor is inhaled through a second straw, rolled paper or pen tube. This is known as “chasing the dragon.” Alternatively, the mix is added to cannabis and/or tobacco and smoked. In some wards of Chatsworth more than three “bombs” are consumed daily. According to police sources, there is an active pool of fifty dealers operating out of Chatsworth. Each dealer has his or her runners, many of whom are *sugar* users. Typically, a runner is supplied with a small number of “straws” (about ten) and two additional ones for his or her use. The runner has to pay back the profit at regular intervals to lieutenants of the dealers. Failing to do so carries serious consequences for the runner. Several runners reported how their peers had “disappeared” after failing to “pay back the money” – several stories were making the rounds of brutal murders involving *sugar* runners. Police sources could confirm several drug related murders. It was, however, unclear whether the murders related to revenge killings, non-drug related motifs and/or sending a stern warning to potential future defectors. Beyond drug distribution and transportation, dealers pay “spotters” to be on the lookout for law enforcement officials (discussed in more detail below). Drug dens (from where dealers distribute

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<sup>16</sup> Both SAPS and the Metro Police showed the lead researcher the kingpins’ spheres of influence, residential homes and drug dens. Queries as to why the “kingpins” remained “untouchable” were answered by pointing to powerful associations and influence with senior law enforcement officials and politicians.

sugars) are often equipped with security cameras to monitor activities of runners and provide early warning of possible police disruption.

In the late 2000s, dealers in neighboring townships like Umlazi and KwaMashu started to stock what was to become known as *whoonga*. Essentially the drug was renamed for the African market. A “straw” known as *umzingo* or *phinci*, *lqhuze* is a quarter gram, and half a gram and one gram are sold as “half cats” and “cats” respectively. Dealers would travel to Chatsworth to buy in bulk from local distributors, before getting their own sources. The role of taxi drivers needs to be underscored. Police sources believe that taxi drivers were key to the proliferation of *sugars* and *whoonga* use. Not only were taxi drivers among the first consumers, but they also play a crucial role in distribution and transport from the Durban Harbor and CBD area to outlying suburbs and townships. *Whoonga* users pointed to the role of “free rides” in getting them hooked. Essentially dealers offer free samples to entice new users and grow the market. Due to the physical addictiveness of heroin, a few “free rides” could easily lead to scoring a long-term return customer. As tolerance increases, withdrawal intervals decrease, and users smoke more. Seasoned users use a minimum of six “straws” a day – some smoke more than 30 “straws” a day.

Similar to the case study on *tik*, *whoonga* and *sugar* use has captured the attention of the public and regulators. A series of high-profile media stories drew attention to a large group of *whoonga* users living on the streets of the Durban central business district (CBD) in 2013, resulting in a public outcry and calls for increased government intervention. Beyond xenophobic sentiments (discussed below), heroin users have become “the ultimate scapegoats,” getting blamed for a bouquet of violent and petty crimes ranging from sodomy to petty theft. Many users are however so-called “functional addicts” who hold down “proper” jobs as accountants, nurses, security guard, etc. While drug dependent, they nevertheless manage to function in society. The issue of heroin use has become a priority focus of the governing eThekweni municipality through its Safer Cities Initiative, which focuses on fighting crime through proactive community engagement (Interview with city officials, 2015). Activists in Chatsworth have voiced disappointment that action was not taken sooner. This case study investigates the *whoonga/sugars* issue by focusing on interactions between users and their environment, crime trends and societal and socio-economic impacts. The researchers focused on two research sites. Sugars first emerged in the residential suburb of Chatsworth in the early 2000s – investigation into the long-term socio-economic impacts of the drug would be most visible in the Chatsworth community. The second research site was the Durban CBD, where the presence of a large group of *whoonga* users on the streets and in public parks has thrust heroin dependency into the public eye. The Durban CBD is a sprawling business and tourist district with rich and poor living and interacting side by side. The two distinctly different research sites provided an opportunity to explore the social impacts of the same drug in two different neighborhoods.

## “In the zone” at the Dalton Beerhouse<sup>17</sup>

The Dalton Beerhouse is a derelict apartheid-era beer hall repurposed as a night shelter: a bleak, dark, dirty spot in Durban’s inner city. Homeless people and *whoonga* users live in appalling conditions in a wasteland of rubble and trash with open sewers. Inside the beer hall, individual wooden structures provide shelter to those that can afford to spend R20/a night. More dwellings are outside the beer hall. A qualified nurse provides a health clinic once a week. We accompanied her on our first visit; follow-up

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<sup>17</sup> The Dalton Beerhouse is a known hangout of *whoonga* users in Durban’s DBD, many of whom no longer have a fixed residential address. We visited the place on three occasions, conducting informal chats with people living there.

visits were made on our own. Upon arrival at dusk during early winter, we found several groups of young people standing around fires at one end. A Tanzanian man told us that the *whoonga* smokers were on the other side of the yard: “This side is beer drinkers.” The *whoonga* corner was a constant cycle of grinding powder on a flame-heated slab *kigai* and rolling long, thin *spliffs*.<sup>18</sup> About 100 people are clustered in smaller groups, chatting and smoking. When we approached, most people were friendly and receptive. We sat down and talked, introducing our research and asking about everyone’s life-stories and experiences. We met mostly South Africans from KwaMashu and other surrounding areas, but also as far away as Gauteng – and a Mozambican and a Tanzanian man. There were common threads in the conversations, such as: “We want to stop;” “This stuff is evil;” “Nothing feels better than *whoonga*, not even sex;” “Never start smoking;” “We need help;” “We need medicine for the withdrawal.” Many mentioned methadone by name.

One man spoke of theft to fund his habit: robbing Somali shops by pretending he had a gun in his shirt, breaking into cars, mugging people for cell phones. He said he sold the stolen goods in the tunnels under the city, where people bought cell phones, laptops ... “I can climb in a tunnel here and exit in Point,” he said. The smoking continued unremittingly. Drooping eyes, slow speech, loose lips among those who seemed most stoned. Many slept outside the hall, or elsewhere in the city. A minority paid R20 to sleep inside the beer hall shelter. All were acutely aware of their dire circumstances and quite open about the role of drug addiction in keeping them there: “*Whoonga*: It’s easy to get in, impossible to get out.” Two women spoke to the female researcher, recounting how they started using *whoonga* – one supports her habit by doing sex work, sanctioned and encouraged by her *whoonga*-using partner. The other woman is a *whoonga* runner with a thriving business. One of the women had a severe scabies infestation at the time. As scabies is a communicable disease, it is a regular occurrence at Dalton due to the dire hygienic conditions and people sleeping in close proximity to one another. Treatment is “very easy,” involving a course of antibiotics. However, some affected *whoonga* users forget to use the full course or share the antibiotics with their friends (Interview with a nurse, Dalton Beerhouse).

The sense of community, friendship and a sense of belonging among *whoonga* was intriguing. While called the “outters” (living on the outside) by some, most users spoke about how the ritualistic use and addiction had created a bond among them. Although their families, friends, and communities had kicked them out, they found solace in using together. Some *whoonga* users wore plastic rosaries around their necks, apparently sported by some to signal their collective identity as *whoonga* users. Others said that they believed that God could help them to escape *whoonga*. Redemption, deliverance, shame and forgiveness (with overtly religious connotations) were recurring themes during several focus groups with active and recovering users – possibly linked to faith-based organizations and charities taking the lead in addiction counselling. To some *whoonga* users, the drug had become a new religion, prompting a remark by a recovering user that “drugs” was an acronym for “devil’s revenge upon God’s servants.” And what if one of their friends disappears? When someone leaves, they might go to spend time with the family, clean up and reintegrate into societal structures – ultimately, many users return to the streets and their friends in the *whoonga* community. Those interviewed recounted their constant troubles with the police, both the Metro Police and SAPS: being harassed, asked for bribes, having blankets and other possessions taken away, and “getting dumped” far away in towns like Toti and Pietermaritzburg.<sup>19</sup> Police cars arrived twice during our visits to Dalton Beerhouse. They drove through the place without the officers getting out of the car. Perhaps the most telling experience was when a city official took one of the researchers to known *whoonga* hangouts in the inner city. While driving through deserted streets on a Saturday afternoon, the official woke up a man, who was sleeping on cardboards under a staircase. The official was worried about the lack of CCTV cameras in that street. By waking up

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<sup>18</sup> A cigarette rolled with tobacco and marijuana.

<sup>19</sup> Police, city and metro officials confirmed the practice of “cleaning up the streets” by geographically displacing “undesirable” populations to outlying townships and towns.

the man, he wanted to save him from detection by metro officials on the beat. “Bad things do happen” without camera surveillance (including removal of belongings, arrest or physical violence).

## Are ARVs diverted to recreational drug markets?

Academics and journalists have pointed to the possible diversion of ARVs into local drug markets. The South African Department of Health issues ARVs to HIV-positive people in need of ARVs medication free of charge while the US government provides programming and relief under the US President’s Emergency Plan for AIDS Relief (PEPFAR).<sup>20</sup> There are several implications for HIV treatment if claims about ARV diversion were to be true, such as the reduction of ARV supplies and restricted access to treatment to patients in need. Criminal behavior linked to the diversion of ARVs may endanger patients and health care workers while deterring others from seeking help. The recreational use of ARVs may undermine public and donor willingness to fund ARV treatment. Incomplete, inconsistent, or improper dosages of ARVs may also result in drug resistance, including people who smoke heroin (Grelotti/Closson/Mimiaga 2013). Research into the veracity of such claims is deemed crucial as the South African government and the development community may have to adapt public health programming and the delivery of social services to HIV- positive patients.

To date, there is limited empirical evidence available. Grelotti et al. (2014) captured, for example, anecdotal reports of ARV diversion into the *whoonga* market in Durban. Another set of researchers developed a profile of recreational ARV use in Soweto, Gauteng (Rough et al. 2014). Research informants claimed that *whoonga* users crushed and smoked *efavirenz* (sold as *Sustiva* in the US), a component of ARVs that has LSD-like properties (compare with Gatch et al. 2013), with illicit drugs including cannabis, methamphetamine and heroin. The same study described how dealers were buying and stealing ARVs from HIV-positive patients to add to their supply. In the Western Cape, meanwhile, Larkan and others (2010) found a widely held perception among health workers that there was a “lively” illicit trade in ARVs to supplement recreational drugs. There have also been newspaper reports of gangs robbing HIV/AIDS clinics in Soweto (Johannesburg) to obtain ARVs for making *nyaope* (another name for the heroin concoction), health workers selling ARVs illegally to recreational users, drug users mugging ARV patients to obtain *efavirenz*, or men raping known HIV-positive women to get infected and obtain access to ARVs (Gatch et al. 2013; Morris 2014; Naidoo 2010).

Analysis of *whoonga* is not done routinely at medical or forensic laboratories due to the high cost, complexity of conventional chromatography methods and the lack of experience in dealing with complex drug testing (Khine et al. 2015). The SAPS undertakes forensic testing of drugs for court cases; the police laboratory tests however for illegal substances only. For the purposes of this research project, no scientific testing was undertaken to investigate the veracity of the ARV claims.

A pathologist shared, however, preliminary results of a series of scientific tests at a SACENDU workshop held in Pretoria in May 2015. Noting the heterogeneous and inconsistent composition of brown heroin in Pretoria (Gauteng province), she deduced that manufacturers changed the formulas frequently. The team tested for constituents of the drug; the findings were subsequently published in the *African Journal of Alcohol Abuse* (compare with Khine et al. 2015). Heroin, codeine, MDMA, CAT, cannabis, local anesthetics such as duracillin, as well as caffeine, depressants and stimulants, citroflex and antibiotics were identified. Three samples (out of 42) contained traces of the ARV drug *zidovudine*. As her study relied on a small sample size limited to a specific geography, the scientist guarded against

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<sup>20</sup> The South Africa Country Operational Report for 2015 under PEPFAR is available at: <http://www.pepfar.gov/documents/organization/250301.pdf>

extrapolating generalizations based on her preliminary assessment at the SACENDU workshop. The subsequent journal article stated the following:

“Contrary to prior assumptions, our samples did not show any inclusion of rat poison but the anti-retroviral drug was found to be present in few samples of two areas. This has shed the light on perception and beliefs of users who are also living with HIV/AIDS in these areas and townships in their adherence problems due to poor tolerance to the side effects of ARV therapy. Consumption of ARVs in such inhalational form may enhance drug resistance or damage to the respiratory mucosa although no study has been done to prove this. This important finding has an impact on the HIV treatment programs nationwide and has to be taken into consideration when counseling for adherence is provided for patients living with HIV.”

Police sources warned that a few isolated cases of ARV drugs siphoned off to drug markets should not be portrayed in an alarmist manner, further aggravating moral panic among the general population. One officer explained that poor HIV-positive patients had sold their medicine to supplement their livelihoods on occasion. This view was supported by health and social workers, who said that some HIV/AIDS patients had limited means of income generation available, and selling their medication was a last resort. Focus groups with recovering and active users indicated that some had consumed drugs, which they thought to contain ARVs. To them, ARVs added a “feel good” factor, possibly linked to the quasi-psychedelic qualities of particular varieties of ARVs. None of the informants had sold or stolen the ARVs drug themselves or had bought drugs specifically because they contained ARVs.

An observation of the earlier mentioned scientific study was the probable complicity of either professional chemists or pharmacists in constituting the drug. The samples of *whoonga* had been generated through scientific methods with the apparent goal of minimizing negative side effects, including heartburn, diarrhea and abdominal pain usually associated with heroin intake. Beyond ARVs, it is also commonly believed that *Rattex* (commercial rat poison) is an ingredient in heroin concoctions. Police sources dismissed such claims saying that arsenic (the active ingredient in *Rattex*) would lead to a higher number of drug mortalities. Forensic tests did identify *Ashton Parsons* (to counter teething pains of toddlers), baby and talcum powder in *sugars* and *whoonga*. Expert opinion has done little to curb the popular perception that ARVs medication is a key component of the drug, and medical authorities (Rough et al. 2014) have expressed concern at the further harm this may cause. This study could not confirm nor deny the diversion of ARVs into recreational drug markets. The prohibitive cost (financially and criminal) coupled with the wide availability of other bulking agents, as well as the cooks’ employment of chemical formulas to enhance the drug users’ experience would suggest that ARV diversion is an opportunistic and rare phenomenon.

## Health impacts

While not all heroin users become physically addicted to the drug, frequent or continued use may lead to drug dependency necessitating drug treatment to deal with physical addiction and withdrawal symptoms. Poly-substance use was a common occurrence among the research sample, with users frequently consuming Rohypnol (a powerful aesthetic drug), *tik*, cocaine and cannabis concurrently. So-called “speedballs” – parallel use of depressants (heroin) and stimulants (cocaine, *tik*) – are considered dangerous (especially when used intravenously), detrimental to physical health (hypertension and heart palpitations are common effects) and sometimes lethal. According to SACENDU data for the first half of 2015, 15% of patients across all regions presented with a dual diagnosis at treatment admission (Dada, Siphokazi et al. 2015). Of these, 48% of patients reported mental health problems, followed by hypertension (28%) and respiratory diseases (21%).

## Risk of HIV infection, communicable and sexually transmitted diseases

Drug dependency may lead to the spread of HIV and other communicable diseases in vulnerable populations. A body of literature exists that looks at the linkages between substance abuse and HIV/AIDS in South Africa (see for example: Barry et al. 2007). NGO activists and health experts working in the HIV/AIDS and tuberculosis (TB) fields expressed concerns over new HIV infections deriving from unsafe sexual behavior associated with risky drug use. Increased sexual arousal is associated with heroin consumption in the early stages of use. However, once the user becomes physically dependent, basic human needs including food intake and sex drive grow less. Among our sample group most heroin users (female and male) had entered the commercial sex industry at some stage of “active addiction,” increasing exposure and vulnerability to the harms that unregulated sex work may introduce. For example, being under the influence may render users more prone to engage in risky sexual practices (e.g., unprotected sex). Interviews and focus groups showed high prevalence of commercial sex work among *whoonga* users and vice versa, many commercial sex workers were using *whoonga*, crack cocaine and other drugs in the Point area, a well-known area for street-based and brothel-based sex work (Interviews at *House of Hope*, Point). Police officials and sex worker advocacy groups also pointed to the high prevalence of backstreet abortions and miscarriages. Human rights activists expressed concern over the removal of babies and children from mothers living on the streets. While the children were ostensibly moved to a place of safety, health and social development authorities were not dealing with the root causes leading mothers to live on the street, remedial therapies or reuniting the mothers with their children.

As described in the case study of the Dalton Beerhouse, conditions on the streets are dire, leading to heightened risk levels of exposure to communicable diseases like HIV, TB and a bouquet of sexually transmitted diseases (STDs) such as Hepatitis C infections. A survey conducted by the Safer Cities Initiative of the eThekweni municipality profiled close to 360 people congregating at Albert Park in downtown Durban in 2013 – a park that was an area where *whoonga* users congregated before city authorities moved users elsewhere (discussed below). The survey found (Safer Cities 2014):

“Most respondents were found in need of urgent health services as they suffer from TB, HIV/AIDS, swollen legs, stab wounds, epilepsy, asthma, arthritis whilst others require Home Affairs, rehabilitation and detoxification services.”

It is not only risky sexual and drug behaviors that put *whoonga* users at higher risk of infectious diseases. They are among the most marginalized and vulnerable populations and often lack access to basic health care services. Key informants in our research seldom accessed health services during active addiction. Such services were usually accessed when drug users sought out drug treatment. Social workers were also worried about female users living on the streets, as they were particularly vulnerable to violence, rape and sexual abuse. Several NGOs, faith-based charities and individuals have outreach programs aimed at providing basic health services to users, with some groups specifically focusing on the needs of female users.

## Intravenous drug use

While injection drug use is still thought to be a minor factor leading to HIV infection in South Africa (Barry et al. 2007, Interviews with health professionals), the number of intravenous drug users (IDU) is growing in South Africa (United Nations Office on Drugs and Crime 2015). According to the health NGO TB/HIV Care Association, there were approximately 67,000 IDUs in South Africa in 2015. A

disturbing finding was the denial to access to clean needles of IDUs seeking to minimize the risk of infection (Interview data). Pharmacies and hospitals were, for example, unwilling to sell clean needles to drug users. The US (under PEPFAR) is sponsoring harm reduction packs, distributed by NGOs and social workers. These packs contain clean needles, disinfectants, q-tips, etc. However, metro officials regularly confiscate and destroy the silver packs when found on known users and runners.

## Opioid substitution treatment programs

With the exception of the Sultan Bahu Treatment Centre in Mitchell's Plain on the Cape Flats, public rehabilitation centers do not offer opioid substitution treatments (OSTs) yet. OST relies on medication like methadone or Suboxone to alleviate the debilitating withdrawal symptoms (known as *rostoes* in KZN) associated with heroin dependency. The medication tricks the body into thinking that it is still receiving heroin; meanwhile, it replaces opiates with a long-acting synthetic opiate agonist that has a similar pharmacological structure (Herrmannsen 2015). An informal market for methadone and Suboxone exists – both drugs are used in OST programs. In order for the informal market to operate and flourish, high demand and profit margins need to be in place. OST drugs are in high demand when heroin prices are unaffordable or unavailable. While law enforcement officials point to the street value (some addicts use it when their supply runs out) and the existence of fake methadone, heightened demand is not borne out of poly-substance use alone but also out of “the need for drugs to get off the drugs.”

Although the South African government is pursuing evidence-based treatment strategies, the high cost of the medication has prevented a nationwide rollout. The cost is indeed punitive: it costs R24,000 a year to treat a recovering heroin user with methadone, and about R22,000 a year when Suboxone treatment is used (Herrmannsen 2015). Contributing to the high price of Suboxone, for example, is the monopoly held by pharmaceutical company Indivior<sup>21</sup>. While OST drugs are on the World Health Organization's (WHO) list of essential medicines, they do not have the same status in South Africa. If the South African government were to elevate OST drugs to essential medicines, then generic formulations could be imported at considerably lower cost (Herrmannsen 2015). According to Shaun Shelley from the TB/HIV Care Association, generic methadone is available at half the South African price in India. OST has a proven track record elsewhere in the region (Mauritius) and internationally (Indonesia and China).

## Xenophobia, stigmatization and myths

During the course of 2013, *whoonga* users started to congregate in public spaces (such as Albert Park in the Durban CBD), thus garnering a lot of public and media attention and igniting moral panic among Durban residents and traders.<sup>22</sup> City authorities dispersed the group at intervals once its size exceeded a couple of hundred people. At the height of the so-called “*Whoonga Park*” saga,<sup>23</sup> an estimated 350

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<sup>21</sup> <http://indivior.com/products/>

<sup>22</sup> Public narratives on the “*whoonga* scourge” are less concerned about the health and wellbeing of users and more concerned about falling property values and rising crime rates. The researchers visited several sites where *whoonga* users congregate. We observed a young man injecting in plain sight about 50 meters away from a public kid's playground in Albert Park. While “public exposure” is worrisome, it also points to a lack of safe houses or facilities where drug users can inject away from the prying eyes of the public. Although contested by opponents of harm reduction approaches, “shooting galleries” and “needle exchanges” have been used to mediate health, social and other impacts in European cities such as Zurich.

<sup>23</sup> Albert Park became known as “*Whoonga Park*.”

people would travel to the CBD from outlying townships and suburbs to purchase and consume drugs. City officials claimed that numbers swelled to 800 people on weekdays between 12 and 3 PM, with city workers and employees joining the group. After the *whoonga* community was moved out of Albert Park, users met next to the nearby railway tracks. A tent was set up with volunteers from the Departments of Social Development and Health, as well as city officials in 2013, but after six months users stopped visiting, and as a result “enforcement had to take its course” (Interview with city official, 2015). The *whoonga* community was chased up the railway tracks and resettled at Botha’s Park, a strategic move as the space is more visible to enforcement agencies, the public, and CCTV surveillance. A month later, residents of Dalton Hostel violently clashed with *whoonga* users, who fled and split up into smaller groups. The hostel residents were allegedly concerned about the increase of petty theft at the hostel for which they blamed *whoonga* users. *Whoonga* users have since then regrouped and settled near the railway line at the bottom of Albert Park (see Figure 4) and to Dalton Beerhouse.

A worrisome narrative perpetuated by state officials, the media and general public relates to the stigmatization of foreign nationals as not only “stealing our jobs and women” but also “bringing in dangerous drugs” and “poisoning our children” (Interviews and focus groups, 2015). Tanzanians and Nigerians are portrayed as evil drugs lords, employing local minions to distribute drugs on their behalf. There is also a perception that foreign-owned shops (e.g. in the Point area) were fronts for drug dealing. While foreign nationals are certainly involved at the transnational level (see introductory section), South Africans participate in this highly profitable illegal market. The stigmatization of foreign nationals as “drug barons” and “addicts” has broader political and social ramifications in an environment where African migrants are on the receiving end of sustained xenophobic sentiments and deadly vigilante attacks. For example, following the controversial comments of the Zulu King Goodwill Zwelithini in early 2015, several hundred people were attacked and foreign-owned shops were looted in Durban. The flare up of xenophobic violence occurred two months before data collection kicked off in mid-July 2015. More than a thousand African migrants fled their homes in the townships of Durban, and were moved to tents on a sports field.

**Figure 4: Living near the railway tracks**



Source: Photo taken by the lead researcher

Findings of the previously mentioned Safer Cities survey found, however, that the great majority of *whoonga* users at Albert Park appeared to be South Africans (see Figure 5).<sup>24</sup>

**Figure 5: Nationality of Congregants At Whoonga Park on Two Consecutive Days (2013)**

COUNTRY OF ORIGIN	NUMBER
Mozambique	3
Zimbabwe	3
Tanzania	4
South Africa	340
Unknown	4
<b>TOTAL</b>	<b>354</b>

Source: Safer Cities Initiative (2014)

Beyond getting exposed to the dangers of xenophobia, heroin users have become the ultimate scapegoats for social deviances, prostitution and petty crimes. The stigmatization may derail attempts at rehabilitation and reintegration of heroin into communities and social structures.

## Crime impacts

Drug use has been linked to the proliferation of petty theft, residential and business burglaries, cable theft,<sup>25</sup> as well as increased levels of street-based prostitution in Chatsworth, a conservative neighborhood steeped in religions and traditions. Since *sugars* arrived in Chatsworth, there has been a proliferation of informal and formal scrap dealers and pawnshops (Interviews with Metro Police and SAPS, 2015). Some users sell or barter scrap and second-hand goods for *sugars*. Jewelry is sold to local Gold Exchange outlets in the Durban DBD and Point areas – the so-called “gold business”<sup>26</sup> is also thriving in Chatsworth. According to police sources, scrap and second-hand dealers were increasingly acting as dealers, swapping stolen goods for drugs. Not only traders and scrapyard owners but also community members support and propagate the illicit trade exchange: buying bargain goods when they should know better. Says a recovering user: “In this community, you couldn’t even leave washing on the line.”

Crime and prosecution data confirm an increase in drug offences and petty theft. Of 599 criminal cases heard in Chatsworth during 2014, 286 (47.7%) dealt with drug offences. According to a state prosecutor, the bulk of these cases dealt with possession of *sugars*. State efforts were focusing on drug users and low-level runners while the drug “kingpins” remained untouchable. The focus of the criminal justice system thus appears to be directed at “frequent flyers” instead of investigating “high flyers” – in

<sup>24</sup> City officials conceded that sampling might have been skewed towards capturing South African cohorts, as foreign nationals might have preferred to stay undocumented, possibly fearing the threat of deportation or imprisonment if participating in a city-sponsored survey.

<sup>25</sup> Cable theft refers to the actual theft of copper cable from electricity supply, telecommunication and other infrastructures. The stolen cable is sold to traders who melt and sell it. Beyond the enormous financial impact, the indirect costs of cable theft include the disruption of essential services, reputational risk, labor costs of replacing the cable and security measures to protect infrastructures. The thieves also face lethal risks by removing live wire.

<sup>26</sup> “Gold business” refers to informal collection of “broken” heirlooms and jewelry, which the former owners exchange for new but cheap household items (e.g. bedding, pots, etc.). The former owner is given something cheap for golden items, which although broken might still be valuable. According to former users and a counsellor, “gold business” was thriving in Chatsworth with some *sugar* users employing their powers of persuasion to swap valuables for cheap imports. The gold is molten down.

other words, law enforcement agencies go after known drug users and low-level dealers rather than targeting organized criminals and “kingpins.” Partially contributing to this are police arrest targets, which form part of station-level police performance assessments. Police officials were forthright in conceding that in meeting periodic arrest targets, they would raid known drug dens and “hot spots” to arrest anyone found in possession of drugs. As a result, the rate of recidivism is high with *sugar* users “flooding prison cells.” South African prisons suffer from severe overcrowding, with drugs getting used as currency in the informal prison economy. Any reformatory, restorative or rehabilitative objectives of incarceration are easily diluted in an environment where drug use is rife. Moreover, imprisoned *sugar* or *whoonga* users are also frequently introduced or recruited into gang and crime structures (such as the numbers gangs<sup>27</sup>). A “harmless” drug user with addiction problems may leave prison a hardened criminal.

## Social fragmentation and criminal governance

According to city and law enforcement officials, heroin dealers are marketing and distributing heroin to primary school kids. One city official remarked that kids were playing “drug dealer and *sugar* user” instead of “cops and robbers” on playgrounds. SACENDU data mirrors these trends (in spite of the earlier mentioned caveats pertaining to treatment data): the proportion of patients under the age of 20 years was 31 % for KZN in the first half of 2015 (Dada, Siphokazi et al. 2015). A metro police officer showed the researcher locations in Chatsworth where dealers had set up shop in close proximity to schools. *Sugar* use is widespread in high schools, where rates of absenteeism and teenage pregnancies have also increased (Interview data). Families and their heroin-using children often enter and battle a repetitive cycle of rehabilitation and relapse. In addition to theft of valuable items, families have to shoulder the punitive costs of drug treatment and rehabilitation, which have become a big money spinner in the private sector due to the absence of sufficient state-run facilities. Women and girls seldom go for drug treatment due to the attached social stigma, traditional gender stereotyping and moral issues. Social alienation and marginalization affect women and girls with substance abuse issues in particular.<sup>28</sup> Interviews with NGO activists, city and police officials confirmed that many girls and young women would join the sex industry to maintain their heroin habit. Several male users likewise recounted how they had entered the sex industry to serve the needs of male clientele. This also leads to stigmatization as gay sex is frowned upon in conservative communities.

The previous section made reference to the complicity of community members in perpetuating the *sugar* problem by buying stolen goods. In addition, a form of criminal governance ensures that the *lahnees* stay untouchable. “Kingpins” and dealers buy favors with immediate neighbors and the community. Such allies serve as the first line of defense and early warning in case of police disruption. Drug “kingpins” get the support of the community by paying for utility bills, school fees, funerals, etc. They buy patronage by sponsoring football teams, Christmas and Diwali celebrations, school renovations and equipment.

## Human rights impact: Police misconduct and corruption

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<sup>27</sup> Jonny Steinberg (2005b) provides a fascinating history of the emergence of the number gangs in South African prisons.

<sup>28</sup> One active user shared that her family had disinherited her because of her drug use and associated “anti-social” behavior. Heroin addiction had led to her recruitment into the sex industry. According to traditional community norms, girls and women are expected to stay at home and take care of the house and family. Another female user recounted how her boyfriend (who was also using heroin) had “encouraged her to sell her body.”

Police misconduct and corruption was a recurrent theme in interviews and focus groups, and it has a significant impact on the human rights of heroin users. It is perhaps most telling that several recovering *sugar* users described police officers as “gangsters with badges.” Police violence and misconduct were mentioned in conjunction with so-called “clean-up” operations at Albert Park and the Durban CBD area. Different sets of active and recovering users also mentioned violent methods of arrest (e.g. covering the arrestee’s head with a bag, using pepper spray, severe beatings) and subsequent interrogation, including the burning of plastic on skin, breaking fingers and toes and multiple beatings. Says one *sugar* user:

"They held me in a hole in the bush. They tied my legs to my hands with cable ties. They beat me brutally with iron pipes. They wanted a bribe — they wanted R7,500. And they were sent by another dealer. I was running a new shop in Chatsworth and the dealers around us didn't like it because business was booming for us."

Dealers and runners also mentioned that police officials were confiscating drugs without entering them into the chain of custody, offering the same for resale to its original owners. Women and girls reported sexual harassment and rape at the hand of police and metro officers. An earlier research study conducted over a two-year period by the Institute for Security Studies found high levels of police harassment of street-based sex workers in Cape Town, with 12% of sex workers having been raped by police officers (Gould/Fick 2008: 55-56).

## Conclusions and recommendations

This case study had one fewer compounding variable – that of illicit fisheries – and is consequently less analytically complex. Similarly to the *tik* case study, though, we found that *sugars* and *whoonga* have become deeply embedded in the political economy of diverse communities in KZN, causing a range of negative impacts (comparable, and in many cases identical, to those caused by *tik* in the Western Cape, including increased petty crime, sex work and family breakdown) but also feeding a void in areas of chronic poverty, and acting as a conduit for illicit economic activity. In Chatsworth, this was most clearly evidenced by the high prevalence of theft driven, in part, by demand for cheap goods from fellow members of the community, who pay for stolen food, electronic equipment, furniture and a range of other items, despite the fact that this fuels further theft. Anecdotes of families chaining down items, or buying back stolen television sets only to have them stolen by their children repeatedly, were harrowing.

The phenomenon of urban migration by *whoonga* users from outlying areas is distinct from the Western Cape study. As a consequence, cheap heroin use has been placed on the front pages of newspapers and the municipal agenda, despite the prior existence of *sugars* (and widespread use) for nearly a decade.

Another difference is the direct involvement of foreign nationals in the trade, with Tanzanian migrants driving the import of heroin, connected to the fact that Tanzania is a known transshipment point for heroin from producer countries in Asia. In terms of community impacts, this belief that foreigners are fueling the drug trade (Nigerians too) appears to have contributed to widespread xenophobic sentiment and periodic outbursts of violence in KZN – unlike in the Western Cape, where *tik* is usually framed as an almost entirely “colored” phenomenon and thus has not been co-opted into racial conflict narratives. Human rights concerns ranging from geographic displacement of users to police misconduct and corruption were also of concern.

The socio-economic impacts of drug trafficking were highlighted in both case studies. Beyond these impacts, however, a worrisome picture of incongruent drug policy emerged during scoping and data

collection, which mirrors approaches and assumptions associated with the heavily criticized drug control paradigm (also known as the “War on Drugs”). Instead of dealing with drug dependency as a public health concern that requires holistic approaches (including harm reduction methodologies), users are stigmatized, marginalized and often criminalized. A more humane and evidence-based approach (as partially envisioned in the overarching South African policy framework – “Drug Master Plan” (compare with Howell/Couzyn 2015) – but not effectively implemented) is needed to deal with the growing “hard” drug problem. The international development community is supporting development-oriented responses to global drug markets. It is hoped that these new holistic approaches do not only continue to trickle down to South Africa but also get effectively implemented to reverse the human, development and public health harms caused by current drug control policies. The development community should do its best to support such initiatives on the ground.

## Recommendations to the South African government

- Provide targeted health and social interventions to drug users, who are among the most vulnerable populations.
- Provide affordable public treatment facilities with a specific focus on offering treatment to girls and women and subsequent reintegration into their families and communities.
- Broaden drug treatment to deal with the physical and psychological drug dependency, as well as after care and reintegration into social structures (e.g. family, marriage, schools). Make support services available to affected families, communities, and schools.
- Integrate the spiritual and material assistance of faith-based organizations, charities and NGOs into existing programming.
- Roll out basic health and social services to areas where *whoonga* and *sugar* users congregate.
- Offer women and girls specialized psychological services as many have been on the receiving end of physical and sexual violence, including rape.
- Establish gender-sensitive drug treatment programs that avoid stigmatization and marginalization of those wanting to seek help.
- In public awareness programs on drug use, portray drug users as an integral part of society rather than stigmatize them as “outsiders” or “outcasts.”
- Avoid stigmatizing foreign nationals as drug barons as to allay the threat of further xenophobic attacks.
- Undertake further rigorous testing of brown heroin samples to ascertain key ingredients.
- Roll out clean needles and other harm reduction initiatives to IDUs.
- Support awareness campaigns that warn the community not to buy stolen goods.
- Focus law enforcement efforts on syndicates and merchants that traffic and sell drugs instead of low-level runners and users.
- Support efforts for community-based policing.
- Engage with local officials, including security actors, to raise awareness of harm reduction programming and decrease their seizure of related materials.
- Support alternatives to incarceration for minor drug offenses to reduce the “hardening” of “criminals.”

## Recommendations to the development community

- Lobby the South African government to elevate OSTs to essential medicines and support the rollout of OSTs.

- Support strategic partnership with the SAPS, DPCI, and NPA that address transnational drug investigations and prosecutions.
- Support drug policies (including harm reduction approaches) that strengthen public institutions and local drug programming.
- Contribute to the delivery of critical social services, including health, youth, and educational facilities.
- Encourage drug policies that bridge the private-public sector divide.
- Provide financial resources and limited technical assistance to sustain improved livelihoods in poor communities.
- Encourage and strengthen institutional capacity to promote broad-based growth.
- Provide financial resources and limited technical assistance to promote broad-based growth.
- USAID-specific recommendation: Include heroin users in the Durban CBD areas as “hotspot communities” in the USAID-programming on “Improving social cohesion in South African communities.” The objective of the project is:

“to mitigate violence against resident migrants in South Africa by strengthening cooperation between key community actors in select communities where there are significant pockets of migrants living or migrant-owned businesses and have been “hot spots” for violence in previous violent events related to migrant communities.”

Activities include the strengthening of cooperation between key communities, including community-based organizations, migrant groups, and local political and traditional leaders. A further stated objective is the improvement of accountability for service delivery. By combining the existing programming on xenophobia with the growing problem of heroin use in the Durban CBD, USAID could assist effectively with two issues under one banner.

## APPENDIX A: LIST OF RESEARCH INFORMANTS

Name	Function	Organization	Location	Contact details
Academic 1	Academic researcher	University of Cape Town	Cape Town	Available on request
Academic 2	Professor	Durban University of Technology	Durban	Available on request
Scientist 1	Pathologist	Sefako Makgatho Health Sciences University	Pretoria	Available on request
General Practitioner 1	General Practitioner	Private practice	Durban CBD	Informant requested anonymity
Scientist 2	Scientist	Medical Research Council	Cape Town	Available on request
Policy researcher 1	Organized crime expert	Global Initiative	Cape Town	Available on request
Policy researcher 2	Organized crime researcher	Formerly with the Institute for Security Studies	Pretoria	Available on request
Academic 3	Drugs researcher	Durban University of Technology	Durban	Available on request
Policy researcher 3	Fisheries consultant	Feike Consulting	Cape Town	Available on request
Policy researcher 4	Senior program officer	TRAFFIC	Cape Town	Available on request
International wildlife crime investigator	Wildlife crime investigator	private	London	Informant requested anonymity
Biodiversity investigator 1	Biodiversity investigator	Cape Nature	Cape Town	Available on request
SAPS officer 1	Station commander	SAPS	Vredenburg	Available on request
SAPS officer 2	Warrant Officer	SAPS	Vredenburg	Available on request
SAPS officer 3	Captain	SAPS	Vredenburg	Available on request
Biodiversity investigator 2	Special investigator	DAFF	Cape Town	Available on request
SAPS officer 4	Senior official	SAPS	Chatsworth	Informant requested anonymity

Name	Function	Organization	Location	Contact details
<b>SAPS officer 5</b>	On the beat	SAPS	Chatsworth	Informant requested anonymity
<b>SAPS officer 6</b>	On the beat	SAPS	Chatsworth	Informant requested anonymity
<b>Metro officer 1</b>	Metro officer	Durban Metro	Chatsworth	Informant requested anonymity
<b>Metro officer 2</b>	Senior metro officer	Durban Metro	CBD	Informant requested anonymity
<b>Focus group with DPCI investigators responsible for drug and abalone investigations</b>	9 Senior Investigators	DPCI Western Cape	Cape Town	Informants requested anonymity
<b>Senior DPCI drug investigator</b>	Senior Investigator	DPCI Durban	Durban	Informant requested anonymity
<b>Private security official 1</b>	Security Guard	Paternoster Neighborhood Watch	Paternoster	Informant requested anonymity
<b>Private security official 2</b>	Chairperson	Paternoster Community Policing Forum	Paternoster	Available on request
<b>Community police reservist 1</b>	Community law enforcement	Community Policing Forum	Clare Estate	Informant requested anonymity
<b>Community police reservist 2</b>	Community Policing Forum	Community Policing Forum	Point	Available on request
<b>Prosecutor 1</b>	Senior prosecutor	National Prosecuting Authority	Durban	Available on request
<b>Sugar user 1</b>	Heroin user (male)	In recovery	Chatsworth	Informant requested anonymity
<b>Sugar user 2</b>	Heroin user (male, injecting)	In recovery	Chatsworth	Informant requested anonymity
<b>Sugar user 3</b>	Heroin user (male)	Active user	Chatsworth	Informant requested anonymity
<b>Sugar user 4</b>	Heroin user (male)	Active user	Chatsworth	Informant requested anonymity

<b>Name</b>	<b>Function</b>	<b>Organization</b>	<b>Location</b>	<b>Contact details</b>
<b>Sugar user 5</b>	Heroin user (male)	Active user	Chatsworth	Informant requested anonymity
<b>Sugar user 6</b>	Heroin user & runner (female)	Active user	Chatsworth	Informant requested anonymity
<b>Sugar user 7</b>	Heroin user (female)	Active user	Chatsworth	Informant requested anonymity
<b>Whoonga user 8</b>	Heroin user (male)	In recovery	Umlazi	Informant requested anonymity
<b>Whoonga user 9</b>	Heroin user (male)	In recovery	Umlazi	Informant requested anonymity
<b>Whoonga user 10</b>	Heroin user (male)	In recovery	KwaMashu	Informant requested anonymity
<b>Whoonga user 11</b>	Heroin user (female)	Active user	Dalton Beerhouse	Informant requested anonymity
<b>Whoonga user 12</b>	Heroin user (female) & runner	Active user	Dalton Beerhouse	Informant requested anonymity
<b>Whoonga user 13</b>	Heroin user (male from Tanzania)	Active user	Dalton Beerhouse	Informant requested anonymity
<b>Whoonga user 14</b>	Heroin user (male from Mozambique)	Active user	Dalton Beerhouse	Informant requested anonymity
<b>Whoonga user 15</b>	Heroin user (male from KwMashu)	Active user	Dalton Beerhouse	Informant requested anonymity
<b>Heroin user 16</b>	Heroin user (female, injecting)	In recovery	Durban	Informant requested anonymity
<b>Sugar user 17</b>	Heroin user (male)	In recovery	Chatsworth	Informant requested anonymity
<b>Sugar user 18</b>	Heroin user (male)	In recovery	Chatsworth	Informant requested anonymity
<b>Tik user 1</b>	Tik user & fisher (male)	In recovery	Hawston	Informant requested anonymity
<b>Tik user 2</b>	Tik user (male)	In recovery	Hawston	Informant requested anonymity

Name	Function	Organization	Location	Contact details
<b>Tik user 3</b>	Tik user (female)	Active user	Hawston	Informant requested anonymity
<b>Tik user 4</b>	Tik user (female)	Active user	Hawston	Informant requested anonymity
<b>Tik user 5</b>	Tik user & former girl gang member (female)	In recovery	Hawston	Informant requested anonymity
<b>Tik user 6</b>	Tik user (female)	In recovery	Hawston	Informant requested anonymity
<b>Tik user 7</b>	Tik user (female)	Active user	Hawston	Informant requested anonymity
<b>Tik user 8</b>	Tik user (female)	In recovery	Hawston	Informant requested anonymity
<b>Tik user 9</b>	Female tik user	In recovery	Hawston	Informant requested anonymity
<b>Former tik merchant 1</b>	Male tik merchant	Fisher	Hout Bay	Informant requested anonymity
<b>NGO representative 1</b>	Fisher representative	Coastal Links	Paternoster	Available on request
<b>NGO representative 2</b>	Small-scale fisherwoman	Coastal Links	Kleinmond	Available on request
<b>Fisher 1</b>	Abalone and crayfish fisher	Informal fishing	Paternoster	Informant requested anonymity
<b>Fisher 2</b>	Crayfish fisher	Informal fishing	Hout Bay	Informant requested anonymity
<b>Fisher 3</b>	Crayfish fisher	Informal fishing	Hout Bay	Informant requested anonymity
<b>Fisher 4</b>	Fisher	Retired	Kleinmond	Informant requested anonymity
<b>Former abalone poacher 1</b>	Drug dealer	Active	Kleinmond	Informant requested anonymity
<b>Estate agent 1</b>	Holiday rentals agent	Anonymous	Paternoster	Informant requested anonymity

Name	Function	Organization	Location	Contact details
Community member	Concerned citizen	Self-employed	Hermanus	Informant requested anonymity
NGO representative 3	Advocacy and psychosocial coordinator	TB/HIV Care Association	Cape Town	Available on request
NGO representative 4	Health care professional (nurse)	Denis Hurley Center	Durban	Available on request
NGO representative 5	Head	Denis Hurley Center	Durban	Available on request
Drug counselor 1	Drug dependency counselor	Anti Drug Forum	Chatsworth	Available on request
Drug counselor 2	Drug dependency counselor	Yullo Foundation	Merebank	Available on request
NGO representative 6	Project coordinator	TB/HIV Care Association	Durban	Available on request
Drug counselor 3	Drug councillor	Community Care Foundation	Chatsworth	Available on request
NGO representative 7	Sex worker outreach	House of Life	Point, Durban	Needs introduction
Social worker 1	Social worker	Hawston	Hawston	Informant requested anonymity
Social worker 2	Social Worker	Hawston	Hawston	Informant requested anonymity
Community representative 1	Head	Overstrand Community Development	Hermanus	Available on request
Community representative 2	Minister	Sjechinah Ministries	Hawston	Available on request
School principal	Principal	Hawston High School	Hawston	Available on request
Journalist 1	Researcher/journalist	Urban Futures Centre	Durban	Available on request
Journalist 2	Journalist	Freelance	Durban	Available on request
Journalist 3	Documentary Film-maker	Independent	Cape Town	Available on request
City official 1	Durban city senior official	Safer Cities	Durban	Available on request
City official 2	Durban city official	Safer Cities	Durban	Available on request
Community representative 3	Local Drug Action Committee	Safer Cities	Chatsworth	Available on request

# APPENDIX B: INFORMED CONSENT FORM FOR OFFENDERS

## INFORMED CONSENT DOCUMENT

Project Title: **Socio-economic impacts of drug trafficking in South Africa**  
Principal Investigator: **Annette Hübschle**

### WHAT IS THE PURPOSE OF THIS STUDY?

You are being invited to take part in a research study designed to assess the socio-economic impacts of drug markets in South Africa, with particularly attention given to the retail distribution and consumption of methamphetamines (*tik*) and heroin (*sugar/whoonga/nyaope*). The study considers the impacts in terms of several key areas including: education, urbanization, public health, street crime and violence, and economic growth, trade and investment. This research pays particular attention to how the retail distribution and consumption affects youth of various ages, socio-economic background, ethnicity, gender and social structures.

### WHAT IS THE PURPOSE OF THIS FORM?

This consent form gives you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask any questions about the research, the possible risks and benefits, your rights as a volunteer, and anything else that is not clear. When all of your questions have been answered, you can decide if you want to be in this study or not.

### WHY AM I BEING INVITED TO TAKE PART IN THIS STUDY?

You are being invited to take part in this study because you have first-hand experience with *tik* or *whoonga/sugars*. Your life story and how you got involved with the drug may provide useful insights to understanding the root causes and pathways that lead to substance dependency. We would also like to find out how the drug has impacted you, your family and friends.

### WHAT WILL HAPPEN DURING THIS STUDY AND HOW LONG WILL IT TAKE?

If you agree to take part in this study, your involvement will last for about 45 to 60 minutes. We will have an informal chat with you, asking a few questions, which you can decide whether to answer or not. We will not ask you for any privileged information and equally ask you not to divulge such information.

### WHAT ARE THE RISKS OF THIS STUDY?

The possible risks and/or discomforts associated with the research include the potential for embarrassment. If you feel uncomfortable about any questions, you are not required to answer. There are no other foreseeable risks to participating in the research.

### WHAT ARE THE BENEFITS OF THIS STUDY?

We do not know if you will directly benefit from being included in this study. However, we hope

that, in the future, other people might benefit from this study because it aims to present a bottom-up and humane view of how *tik* and *whoonga/sugar* markets affect social, economic and societal structures in South Africa and provide recommendations for policy interventions. The results of the study will not only be disseminated to USAID but also to South African stakeholders, who deal with drug issues.

#### WILL I BE PAID FOR PARTICIPATING?

You will not be paid for being in this research study.

#### WHO WILL SEE THE INFORMATION I GIVE?

The information you provide during this research study will be kept confidential and anonymous. To help protect your confidentiality, we will encrypt notes and transcripts relating to this research. The data will be kept in locked filing cabinet and computer files are password protected. Your interview will be given a code and any information that could identify you as the interviewee will be deleted. If the results of this project are published, your identity will not be made public.

#### DO I HAVE A CHOICE TO BE IN THE STUDY?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

You will not be treated differently if you decide to stop taking part in the study. You are free to skip any questions that you would prefer not to answer.

#### SPECIAL INFORMATION FOR OFFENDERS

If you take part in this research study, your participation will not affect or influence the length of your sentence, your parole, or any other aspect of your incarceration. Likewise, if you decide not to participate, or if you leave the study before it is over, your participation will have no influence on your incarceration.

#### WHAT IF I HAVE QUESTIONS?

If you have any questions about this research project, please contact: Annette Hübschle, +27 73 171xxxx, [research.annette@gmail.com](mailto:research.annette@gmail.com). Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

# APPENDIX C: RESEARCH TOOL - SEMI-STRUCTURED QUESTIONNAIRE

Project Title: **Socio-economic impacts of drug trafficking in South Africa**  
Principal Investigator: **Annette Hübschle**

## WHAT IS THE PURPOSE OF THIS STUDY?

You are being invited to take part in a research study designed to assess the socio-economic impacts of drug markets in South Africa, with particular attention given to the retail distribution and consumption of methamphetamines (*tik*) and heroin (*sugar/whoonga/nyaope*). The study considers the impacts in terms of several key areas including: education, urbanization, public health, street crime and violence, and economic growth, trade and investment. This research pays particular attention to how the retail distribution and consumption affects youth of various ages, socio-economic background, ethnicity, gender and social structures.

### QUESTION 1:

Please provide a short background to your life history (family, school, employment history)

### QUESTION 2:

When and why did you start getting involved with drugs?

### QUESTION 3:

Did you seek help/assistance from someone to get you out of drugs?

### QUESTION 4:

How did your involvement with drugs affect those close to you?

### QUESTION 5:

What may have helped you to stay on the straight and narrow?

### QUESTION 6:

Why were you arrested?

### QUESTION 7:

What would help others from your community not to get involved with drugs?

### QUESTION 8:

How have drugs impacted your life (other than incarceration)?

### QUESTION 9:

Do you have any questions you would like to ask of the interviewer?

Participant's Name (printed):

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\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Date)

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