

## Missing out on Migration: “Sugars” and the Post-apartheid Youth of Chatsworth

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### INTRODUCTION

My fieldwork venture into Chatsworth began as an attempt to make inroads into expanding a sample of transnational women migrants for another study I was involved in, on the migration of professional Indian women out of South Africa. This search inevitably brought me into contact with women who had an interest in migrating to no further than South Africa’s industrial hub viz. Pretoria-Witwatersrand-Vereeniging (PWV) complex. It also brought into focus those that had such dreams but failed to act upon them through lack of guidance, familial support, education and work experience. This drew many of them into states of hopelessness, forcing them into habits that have become a scourge in the area. The growing stigmatization of an entire township through the consumption of a newly created drug enforced an empathy for the plight of families enduring substance-abuse problems, making it a diversion too powerful to postpone. By missing out on migration (in the strictest sense) I stumbled upon extremely valuable ethnographic data and insights into an alarming reality of the post-apartheid Indian youth of Chatsworth. While not obvious at the time, this study also proved somewhat thought provoking on the general perceptions and symbolic value attached by some of the interviewees (non-migrants) to the idea of migration and the social networks arising from those who had migrated overseas or to Johannesburg, where thousands of Indian youth tend to venture for better paid employment. It resounded Levitt’s (2004) motivation for viewing transnational migration within a social field perspective of the migration experience because...

*...it moves the analysis beyond those who migrate to those who do not actually move but who are connected to migrants through the networks of social relations they sustain across borders. One does not have to move to engage in transnational practices. Because people who stay behind are connected to migrants’ social networks, they are exposed to a constant flow of economic and social remittances (or ideas,*

*practices, and identities that migrants import) on a regular basis. Even individuals who have barely left their home villages adopt values and beliefs from afar... (Levitt, 2004: 2).*

Missing out on migration then is not entirely accurate, as I seemed to have also chanced upon a complimentary lens to migration which in a roundabout way served to deepen my overall understanding of two very different social fields. So while the primary focus of this study is the youth and the “sugars” scourge of Chatsworth, I was also able to engage the thoughts and views of some of this sample on how migrating family members, friends and colleagues have impacted upon their lives.

### CHATSWORTH THEN AND NOW

This paper is a partially reflexive, “insider”<sup>1</sup> account of worsening substance-abuse problems among the youth of Chatsworth, a predominantly Indian low income housing township. Chatsworth, to many South Africans of Indian origin like myself, represented the hub of our childhood years in a repressive, apartheid South Africa. In the field, I could identify with the dysfunctional character of parental alcoholism still prevalent in post-apartheid Chatsworth but nothing prepared me for the hidden chaos “sugars” had wreaked on the youth, their families and the larger community.

*“Sugars is a highly addictive mixture of cocaine and heroine of such low purity that it is often mixed with rat poison to assist it passing into the bloodstream. Its abuse has been concentrated among the Indian population (of Durban), while having little impact on the city’s African and white communities” (Reuters AlertNet, 17 May 2007).*

Chatsworth “revisited”, to interview women with intentions to travel and work overseas, imposed upon me the need to examine the decrepit consumption of alcohol and substance abuse that had now manifest in the youth culture of this post-apartheid township.

The township of Chatsworth lies about 15

kilometers outside of Durban and was created in the 1960's to accommodate at least 25 000 people of Indian origin in accordance with the Group Areas Act of 1950, which insulated each of the country's racial groups to spatially separate residential areas. The ideal of the Indian township as a buffer between white and black was realized with the poorer sections on the outskirts near the African townships and the middle class Indians situated next to the working class white areas. The character of Chatsworth as a township evolved from an almost exclusively Indian area built on the pride and initiative of its residents in the face of great adversity in the 1960's and 1970's to the gradual influx of African people, through the formation of informal settlements along the outskirts of the township from the late 1980's. The haven for the working class Indian family in this ethnic-racial space came to be perceived as threatened by the increasing African presence and the accompanying crime that pervaded this "Indian enclave". This sentiment continued within the community into the 1990's when the new democratically elected ANC government came into power and Chatsworth and other formerly Indian townships were required to share their amenities and resources with now legitimate African residents. Hansen (2005), highlights that in the last decade the residents of Chatsworth have been devastated by the combined effects of South Africa's neo-liberal economic policies and the dismantling of most of the privileges that the Indian working class had acquired on the previously racially regulated labour market and relatively generous social subsidies.

The township of Chatsworth is deeply affected by massive job losses and a steady decline in the standard of living in the Indian working class... Another corollary... of the township and the generally more permissive climate after 1994 is that "youth" and "youth culture" have become more pertinent issues. As authority structures in families and the community at large have declined in terms of their efficacy, partying, drugs, sexy clothes and a fairly high level of promiscuity are dominant elements in a new, consumerist and decidedly non-political Indian youth culture that shares rather more with African youth culture than most people are willing to admit... Today, Chatsworth has a very significant presence of Africans (estimates between twenty and thirty percent), in workplaces, shopping malls, street corners, schools and increasingly in

churches and mosques as well. Many parents and "community leaders" attribute the growing insubordination of Indian teenagers to the impact of what they see as unrestrained African immorality (Hansen, 2005: 8).

Chatsworth today, abounds with high rates of crime, unemployment, an increasing divorce rate, teenage pregnancies, prostitution, female headed households, and a growing number of abandoned youth cared for by grandparents and/or other extended family members – a far cry from the more conventional household structures and customary social institutions characterizing Indian family values of yesteryear. It would appear that the deterioration of morals and values in the Indian family structure has been abetted by a host of variables including changing economic, social and cultural dynamics as well as other intrinsic factors such as parents with substance abuse problems, domestic violence, increasing rates of divorce and single-parent households.

#### DRUGS AND CHATSWORTH

Most recently the infiltration of "sugars" has made its presence known among the youth of Chatsworth in particular. The ease with which the accessibility and availability of "sugars" has overwhelmed the market is predictable, given the well established drug networks already in existence.

The South African Community Epidemiology Network on Drug Use have confirmed that mandrax as the previously dominant drug of choice in Chatsworth has been rejected and replaced by "sugars" by the next generation of drug abusers. The Crime Prevention Unit (CPU) believe that taxi drivers started bringing 'sugars' from Dalton Hostel (a Durban drug den) almost 7 years ago. They assert that the drug is processed locally and that trade was controlled predominantly by Tanzanians and the Zanzibaris. This has led to tensions between pedlars of the two substances as many mandrax dealers have now started stocking "sugars". Activists and addicts allege that there is collusion between certain policemen and drug dealers in the township. The CPU admits that half the fight against drugs has been against their own – the SAPS and the Metro Police (Mail & Guardian, 21 April 2006: 2).

"Sugars", is the township euphemism for a mixture of residual heroine and cocaine "cut"

(packed to give bulk) with anything from rat poison to household detergents and baby powder, it is a cheap addictive drug that has swept the youth of Chatsworth into a social mayhem. It comes wrapped in refuse-bag plastic, tied into a small loop from which a user can successively inhale 4 to 5 “hits”. A loop (referred to as a “*goondai*”) can cost between 10 rands and 40 rands depending on the quality and is usually smoked by inhaling the odourless vapour through a straw or empty pen when it is flame heated from underneath a tin foil, a process known as “*chasing the dragon*”. The effects of the drug has hastened the devastation of the social and moral fabric of the community and has led to the further breakdown of parental control within families and households. “Sugars” is being sold in the school grounds, on street corners, in residential drug dens and in the taxis. Youth as young as 10 years of age are known to be “using” and peddling the drug. It is known that the drug dealers themselves are not involved in the actual selling but have agents called “runners” who exchange the drugs for payment.

### FIELDWORK

Fieldwork in Chatsworth included interviews and participant observation at the Chatsworth Youth Centre (CYC)<sup>2</sup>, at the day clinics and support groups run by the Anti-Drug Forum (ADF)<sup>3</sup>. It spanned a period of 8 weeks in which time members of staff, counselors, psychologists, social workers, youth and their care-givers were interviewed. Care-givers included mothers, fathers, siblings, spouses, girlfriends, aunts and grandparents. The youth ranged in ages from 16 to 21 years. At the CYC counsellors profiled the introverted youth who found it difficult to communicate and express their feelings as being likely candidates to succumb to the lure of drugs such as “sugars”. Such youth were shy, quiet and socially withdrawn. “Sugars” offered them a way of “coming out of their shell” and “overcoming their inhibitions”, as well as coping with the harsh realities of their environment such as poverty, domestic violence, sexual, mental or physical abuse from substance-abusing parents and peer pressure. The teenagers, being in an experimental phase of their development and “sugars” being a new drug on the market – were largely ignorant of the drugs high degree of addictiveness. The Anti-Drug Forum (ADF) runs

a rehabilitation programme from the Chatsworth Youth Centre in response to the abuse of “sugars” and the perceived apathy and lacking resources by government health and social welfare departments. Their programme includes an 8 week course of Subutex (buprenorphine, a schedule 6 drug, used as a substitute for heroine because it binds with the same brain receptors) in gradually decreasing doses; a week long course of yoga and meditation; and weekly counseling for both the affected youth and their caregivers. The ADF administers a “sugars” drug test at a cost of 15 rands as well as a multi-drug detection test which screens for 5 different drugs at a cost of 100 rands. The dosage of Subutex prescribed by the resident doctor is contingent on the amount of “sugars” used on a daily basis. Honesty from the user is crucial for effective dosage and treatment.

The treatment programme addresses the physical addiction and the social and psychological factors impacting on the youth and family, as well as measures for preventing relapse. The centre, at the time, had seen 3700 voluntary patients in a period of 14 months. A three-times a week day-clinic provides the voluntary services of a medical doctor, counselors, psychologists, a social worker and administrative staff who run the clinic. A weekly support group for the youth and their caregivers provide those concerned with a forum to encourage and support each other in a caring environment as well as share information and experiences. Visits to these support groups showed the varying stages at which caregivers and families were affected. The Art of Living Foundation holds one week long courses in breathing techniques, meditation and yoga each month. All these services were freely available to Chatsworth residents except for the course of Subutex which cost 150 rands for 7 tablets. The rehabilitation programme is most effective treatment available for “sugars” addiction in Kwazulu-Natal and possibly the entire country. Its’ outreach and drug awareness campaigns have helped hundreds of “junkies” to date and has been adopted by both state and community based organizations who have successfully integrated these measures into their own programmes.

Bureaucratic hindrances and the glaring lack of financial support to such institutions in South Africa, in lieu of other national priorities, make efforts such as that of the CYC and ADF nothing less than heroic. The failure of implementation

from the relevant national bodies concerning youth reform has resulted in counter-productive efforts for organizations such as these. The challenges of moral regeneration and fighting social evils is not without selfless commitment, dedication and effort. Lacking, or rather non-existent support by state institutions serves to rather suppress and invalidate community based advancements made in rejuvenating the struggling youth belonging to fragile post-apartheid communities, such as Chatsworth.

Half a kilometer away from the centre is the Chatsworth Community Care Centre which operates a 24 hour Crisis Centre at the Chatsworth Police Station. Also a non-funded organization comprising volunteers from within the community, the centre engages counselors who specialize in marriage counseling, domestic violence, rape, child abuse and HIV/Aids. The counselor I spoke to cited the Welbedacht<sup>5</sup> area of Chatsworth as particularly problematic concerning youth substance-abuse and promiscuity - which she attributed to poverty and the prevalence of single mothers and unsupervised children in the home. She attributed the breakdown of families and marriages in Chatsworth in general, to financial pressures and extra-marital affairs. Unemployment and loss of self-esteem among men was fuelling an increasing divorce rate. Among the youth, peer pressure was so great that even with an understanding of the consequences of sex, rape and infection, teenage girls were still pursuing illicit, unprotected sexual relations. However, she said that this self-destructive behaviour was also evident in middle-class and affluent homes - where parental control was overly strict and where communication between parent and child was minimal. Youth counseled at the centre blamed their parents who they described as "unapproachable", "too busy" and "too old to understand..."

An emergent trend among poverty-stricken households in Chatsworth was prostituting mothers and daughters. While this was by no means the norm, it was a much talked about phenomenon that was fast becoming visible. Many of these situations were characterized by female headed households where the single mother has a live-in boyfriend who "sends" the women (and girls) out to "work", to act as "pimps" and live off their income. Ousting him from this position was nearly impossible and his control ultimately led to a vicious cycle of physical abuse, sexual exploitation, substance abuse and a reign

of fear. It also fostered the perfect conditions for teenage pregnancies and abortion, the spread of HIV/Aids and teenage suicide. Such circumstances have led to girls as young as 10 years dropping out of school, contracting sexually transmitted diseases including Aids and becoming victims of child trafficking. A few cases of teenage runaways dealt with by the Crisis Centre recently, highlights the inevitable nexus between substance abuse, crime and prostitution.

Interestingly one of the key founding members and counselors at the Crisis Centre who had recently left South Africa was still actively involved in the management and fund-raising of the centre. As a social worker, she kept in touch with the running of programmes via email and had committed herself to visiting the centre annually. This reiterated how migrants homeland ties and social allegiances prevailed, despite geographical boundaries.

## TAXIS

The role of taxis<sup>6</sup> in perpetuating drug and criminal activities in South African townships has a long history and in Chatsworth, this problem is no exception. Taxis have increasingly abetted the proliferation of "sugars" and it is not uncommon to see young addicts and other teenagers frequent these colourful "mobile discotheques" with their bold artwork, high-tech sound systems and menacing demeanour resembling the youthful recklessness of their township existence. This symbol of the township lifestyle is suggestive of the overt sexuality, aggression and "quick-fix" street culture of the youth. Parents interviewed affirmed that taxis posed a problem and targeted the youth, often waiting outside schools and shopping centres to lure its young clientele with blaring music, tinted windows and the availability of drugs. Drivers and conductors were often implicated in drug peddling and particular taxis came to be associated with "selling". Two male youth, Wesley and Yaseen, ages 18 and 20 years respectively, both worked with taxi drivers as conductors and had to leave their jobs for two reasons, namely, its high exposure to "sugars" and because their addiction to the drug had spiraled out of control.

### Case Study 1

Yaseen had recently been arrested for

possession of drugs when the taxi he worked in was “busted”. His girlfriend Caron (20) had brought him to the Chatsworth Youth Centre (CYC) to “sort himself out and go back onto Subutex”. She had insisted that he leave his job and agreed to support him financially until he was on the treatment and found a more suitable job where the temptation of “sugars” was not a daily challenge. She had to pay 2500 rands for his bail which she found very difficult to acquire - having to beg family and friends to lend her the money. Caron said that the “last straw was when he stole hard-earned money from my handbag – he has never done that before...”. The couple have been living together for 6 years in Yaseen’s mother’s house with his sister and her husband, the main breadwinner. Caron said “his addiction is out of control and is affecting everybody around him, he has mood swings and is aggressive and troubles his mother a lot...”. The bruised patches exposed on her shoulders and upper arms were the evidence of a beating during one of Yaseen’s cravings. Caron attributed the “sugars” craze to a “bad environment and bad friends”.

Wesley (below), also presented problems that were detrimental to his life as well as his family’s. His addiction and criminal record were threatening his family’s position in society – they were “shamed” by his behaviour. His father was losing hope in him and was anxious about the repercussions of his addiction on his other children. *“My other children also need me...I have to see to them too... Wesley takes all my energy..”*

### Case Study 2

Wesley (18) was brought into the day clinic by his father because he had relapsed. Over the past two years he has been in and out of prison for theft to support his addiction. Wesley has also been to two different rehabilitation clinics which his father said were a waste of time and money. Last week Wesley tried to commit suicide because he felt he was too much of a burden to his family. He explained that he was addicted to “rock” (cocaine) which he used as an “upper”(central nervous system stimulant) and “sugars” which was a “downer” (central nervous system depressant). He had stolen his mother’s jewelry as well as cash to the value of 15000 rands to satisfy his cravings.

The relapse rate for addicts is significantly high because of the nature and prevalence of the drug in the Chatsworth area where drug dealers tout for business in almost every district. Poly-drug or multi-drug usage was said to be common practice among the youth, as well as the substitution of one drug for another (as in the case of Wesley).

### THE PHYSICAL AND EMOTIONAL COST OF “SUGARS”

The withdrawal symptoms (known as the “roster”) included watery eyes, runny nose, hot flushes and cold sweats, severe body pain particularly in the joints, stomach cramps, constipation, profuse sweating, goose-bumps, intense cravings and loss of concentration. The “roster” activates every 4 hours when the “sugars” wears off and is at its worst when the addict awakens after an 8 hour sleep. The doctor at the day clinic run by the Anti-Drug Forum said that:

*... “sugars” patients are mostly between 16 and 25 years of age. The addicts range from the poor to the very affluent... Addicts generally lose weight because the drug kills the desire for food They tend to spend long hours in the toilet when they use the drug at home and have the paraphenalia in their possession. Addicts lose all social attachments apart from the group of addicts that they belong to. Addicts may go for walks regularly at odd times such as 6 am – so that they can get their fix (Chatsworth Tabloid, 5 April 2006).*

The cost of 150 rands for a week’s supply of Subutex is negligible compared to the costs incurred by a fully-fledged “sugars” addict who needs between 9 and 30 “hits” per day. This could amount to between 200 and 1000 rands to sustain the habit on a daily basis. Such a user is well into the addiction and is characteristic of youth who have been on “sugars” for more than 2 years.

There is only one state run rehabilitation centre in the province and the waiting list is three months. Private rehabilitation costs parents almost 15000 rands. This is by no means affordable for most families but they raise the money by borrowing from banks, money lenders, family and friends. Some of the parents in the support groups admitted to actually buying “sugars” for their children to alleviate the “roster” because they could not bear to see them in “excruciating pain”,

“screaming in agony” and being unable to urinate. This was most likely the response of “novice” parents though, who were experiencing the effects of ‘sugars’ in the early stages of their child’s addiction and who were themselves in the beginning stages of their own personal journey on the “sugars” trail of pandemonium. The more experienced or “hardened” parent adopted a “tough love” approach, allowing their children to “suffer” the consequences of their actions before rescuing them. The more experienced and informed parent tended to give unconditional support to the addict having accepted that “they have no-one else to rely on – nobody else can save them...” However, the way in which parents dealt with their addict offspring was no more predictable than the youth themselves. Conversations with volunteering staff and a psychologist highlighted that parents often played a pivotal role in contributing towards the problem. Generational differences in life views and belief systems further polarized youth and parental attitudes in dealing with those issues affecting them. The ennobling attitude and behaviour of Indian parents in particular, who believed that they had to give their children all the material possessions they themselves were deprived of, has resulted in a generation of youngsters who “are never short of cash...”

Staff at the CYC were becoming more concerned by those youth who were being turned out of their homes and were finding themselves on the streets, forming roaming bands of teenage addicts who took to living in abandoned warehouses and other buildings. They referred to a highly intelligent student from a nearby school who was now living in such circumstances because his parents could not cope with the vicious cycle of drugs and crime he had brought upon them - a “decent” family struggling to maintain their dignity in the community. The following case studies of Lorraine, Amiamma and Vijay are interviews with a few of the mothers of “sugars” addicts.

### Case Study 3

*Lorraine is a housewife with 3 children. Her son Avish is 16 years old and a “straight A’s” student. His recently discovered “sugars” addiction has led to much tension in his family. His father blames Lorraine for not seeing any signs of addiction sooner when she stayed at*

*home with the children all day. He felt that Avish should be severely disciplined and made to leave home if need be. Lorraine has had to fight for her son to remain and is struggling to change her husband’s outlook because she maintains that only family involvement will produce a positive outcome. She attends the support groups but often without her husband. She feels guilty for being oblivious to Avish’s addiction but knew very little about “sugars” before her son’s problem. She explained that “sugars” could even be “delivered into your own home, hidden in CD/DVD covers by friends and runners without you being aware of it”. She was anxious about Avish’s exam results because his concentration was very poor. She claimed that Avish associated “sugars” as something “cool” and “glamorous” and never went out with his friends without “poshing up in his brands (branded clothing) and looking stylish”. She blamed TV for making role models of gangster rappers and other music artists who made vulgar lyrics and violence acceptable...” The youth want a fast-paced life of wealth, sex and drugs...They do not understand the reality of life and the responsibilities...we Indian parents want to give them everything we never had...they are too spoilt...we give them too much.” She had high hopes for her son whom she wanted to become a doctor. “As the eldest he should work overseas and help his siblings to do the same...”*

This appropriation of “other” cultural images such as rap musicians, enables youth to assert their own identities in post-apartheid South Africa and is a phenomenon that is prevalent across the country. It is akin to an identity that abandons the racist and moral signifiers of the past for an emergent construction of self - based on outward appearance, peer association and rebellious behaviour. Salo’s (2003: 156) work on adolescent women and gangsters on the Cape Flats establishes that:

*“they have appropriated the international symbols of the rap music industry and reconstituted the gangster image to denote glamour and allure within the community rather than unfamiliarity and danger.”*

Lorraine, whose cousin had recently emigrated to New Zealand, said that she would like her children to settle overseas. Her perception of emigration was that it was inevitable for future generations to settle in a more socially and economically stable country. She said that most

of her family associated migration overseas as part of progress as well as survival. While Avish's sugars addiction had betrayed her aspirations for the future, she continued to remain positive and uphold this vision. Likewise, many other families, including the cases cited below, did not give up on their troublesome youth. Dysfunctional families struggling with poverty and other pressures rallied together to be supportive of the young addicts.

#### Case Study 4

Amiamma is a 56 year old partially blind housewife and mother of two children. Her 19 year old son Matthew is a "sugars" addict. She lives with Matthew, her frail 72 year old husband and an 8 year old daughter in the garage of a policeman's house. It is one room with a detached bath and toilet (which was not in working order) and a semi-enclosed space with a sink for washing dishes. The only entrance was the garage door itself. She paid 800 rands per month rent and relied on her husband's disability grant and money that Matthew used to contribute when he worked at a printing press. The Holy Pentecostal Church in the area helped her with groceries every month. Her impaired vision has for the past two years rendered her almost helpless but she has coped with the help of her young daughter who cleaned and cooked everyday. Amiamma said that Matthew was not a problem. "He does not steal or be very violent..". He approached Amiamma when he lost his job and asked her to help him with his addiction. Her daughter encouraged them to come to the CYC and was vigilant with her brother's progress, demanding that he be accountable for all his whereabouts and actions. "She hits her brother when he steps out of line...". Amiamma suspected that he was taking drugs when he stopped contributing to the household. He was spending all his money on "sugars" instead. "It is very difficult now that Matthew got no job...the money is less...only God keeps us alive..."

Many sacrifices were made often at the expense of other family members, particularly other siblings. Houses were bonded, money was borrowed, children were relocated to other family members or fictive kin relations in "safer" neighbourhoods, hearts were broken<sup>7</sup> and many a tear was shed but parents and loved ones

continued to support and love their misguided youth in whatever way they could.

#### Case Study 5

*Vijay is a 37 year old mother of two teenage boys, both of whom are "sugars" addicts. Dillon (18 years) was in prison at the time for theft and his 17 year old pregnant girlfriend was living with his parents because she had been disowned by her family. The younger boy, Gregory (16) was attending the rehabilitation programme at the CYC. He was introduced to "sugars" by his brother who was also his best friend. They have been using "sugars" for the past 18 months. Vijay said... "it all starts with smoking cigarettes...we allowed them so they wouldn't do it at school... then it moves to alcohol, dagga and mandrax... with "sugars" they start stealing...they are liars and manipulators...before you know it they are in trouble with the law...you cannot learn about this problem from books...it is a lifelong problem for a parent...there is no such thing as a recovered addict, only a recovering addict...it changes them and they are never the same, it affects their brain and they are not the same person anymore..." Both Vijay and Dillon's girlfriend were regulars at the caregiver's support groups.*

The aforementioned case studies of Lorraine, Amiamma and Vijay also amplify the plight of women in Chatsworth. Whether as mothers, wives, sisters or girlfriends, they represent a vulnerable yet formidable group within community structures. Regardless of their often impoverished status they formed the backbone of families and households disintegrating under the pressures of township existence. The women nostalgically recalled the safe-haven Chatsworth was to their own as well as past generations of Indian families.

One of the mothers stated that if she had the finances she would send her child to a relative in India, suggesting that life overseas was less complex than in South Africa. "We don't have time and patience to give them a strict and religious upbringing...this is very important for a child too...the rest of South Africa is not much different, we have lost our moral direction and our children are suffering... Another mother added, "...but it is expensive to go overseas...especially when we have to worry about putting bread on the table".

## HOUSEHOLD CONFLICT AND VIOLENCE

The cases presented in this paper show commitment from parents and care-givers, yet other stories shared in the support groups revealed that the enormity of “sugars” addiction was also leading to conflict and violence within households. The addicts constant lying, manipulation, violent mood swings and thieving of hard-earned household resources led to hostility between youth and parents in the most tolerant and supportive family structures. Some parents, overwhelmed by the criminal activities of their children, were physically abusing (and being physically abused by) youth who had become “*demons overnight*”. Parents were also in conflict with each other as to the best way to cope with their children. Some parents who had incarcerated their children in their homes said that “*our lives were like prisoners in our own houses...*”. This entailed having someone being present 24 hours a day to monitor the youth – with parents, siblings and other family members taking shifts. Siblings of the addict often displayed resentment, feeling neglected and emotionally deprived because of the vast efforts and levels of compassion shown to the addict when they themselves had made every effort to “*..be good children*”. A few were known to show animosity towards their parents at this time, openly rebelling and conflicting with parents due to lacking attention and affection. The support groups for youth and families were very effective in this regard as they were able to put into perspective, the larger issues at stake. Fathers, in particular, believing that a good beating would impart lacking discipline, were known to use brute force to instill fear into their “disobedient” sons and daughters. By forcing addicts out of their households and into the streets, “*to teach them a lesson...*”, parents were deepening their social exclusion and further exposing them to the violent underbelly of township drug culture. On the flip side of the coin, however, many youth who were not evicted by their parents took to the streets of their own accord, being unable to support their habit within the confines of the household. Instances of addict youth living sporadically between their extended family, the streets and “friends” (often exploitative “others” such as fellow addicts and pimps) were not uncommon. Anti-Drug Forum Chairman Sam Pillay, spoke at a Drug Abuse Report Back in April 2007, about the extent to which children would

go to get their hands on drugs...

*“A 14-year-old girl sells her body to support her habit. A 19-year-old youth slapped his grandmother when he didn’t get money for his next fix on time. Even worse, a young couple, Natrisha Pyarilal and Pranesh Surjoo, murdered grandmother Bhanmathie Somaru, 57, so they could steal her household goods to support their habit” (Tribune Herald Issue, 3 June 2007: 4).*

The burden of addict youth is also the burden of the community at large. Criminality and violence has strengthened its stranglehold within the household and without. It is no wonder then that households where parents themselves were embattled with substance-abuse problems presented a bleak indictment of the vicious cycle of multi-generational addiction and its concomitant violence. Recent research (Singh, 2007: 161) on substance-abuse related crime and youth reveals the following grim facts...

*In South Africa the number of drug related crimes increased from 52 900 in April 2002 to 84 001 in March 2005 (South African Police Service 2005: 1). According to the Medical Research Council (MRC) latest research on substance abuse and the youth revealed the following (South African Government Information 2006: 1): 25 percent of those in drug treatment centres are under 20 years old; one in five HIV patients met the criteria for alcohol abuse or substance dependence; such dependence is also central to other problems such as risky sex, family violence and academic failure. Almost six out of every 10 people arrested in 2005, tested positive for an illegal drug, with the figure rising for crimes such as house breaking and 80 percent of teenage drinkers have been drunk at least once.*

“Sugars” has permeated the essence of life in Chatsworth and is a threat not only to the youth but also to family structures – an already contested and exhausted terrain in post-apartheid townships.

## GIRLS, YOUNG WOMEN<sup>8</sup> AND “SUGARS”

Most of the youth who attended the centre were young Indian males. Staff at the centre explained that girls and young women addicted to “sugars” found an association with the centre stigmatizing as well as intimidating with the overwhelming number of boys in attendance. The trend, they say, is that girls only came to the centre



as a last resort, namely when they were “kicked out of home” or when they became pregnant and ran away from home. Also, they could sustain their addiction over a longer period of time than the boys as many turned to prostituting themselves to pay for their next “hit”. Young girl prostitutes working in particular areas of Chatsworth (one area being 2 roads away from the CYC) were visible during the day, prostituting at this point. Expensive cars often arrived to pick them up or drop them off. The road on which the centre is situated is flanked by a sports field before which is an overgrown embankment. This enclave is notorious for the nefarious activities of such “working girls” (some of them “sugars” addicts) and their clients who are visible at all hours of the day and night. A trend of partners “smoking” together – the male introduces his girlfriend to “sugars” and so she too becomes an addict, was not uncommon and pregnancy among female sugars users subsequently posed an additional challenge to the young women. The following case study of 21 year old Rose, exemplifies the crises facing youth and the drug culture of post-apartheid South Africa. Her life story shows the impact of the township environment, in this case both Chatsworth and the Cape Flats, and the harsh realities faced by communities overwhelmed by poverty and overrun by drug-lords.

### Case Study 6

*Rose is a young Coloured<sup>o</sup> woman who was brought into the CYC for counseling when she ran away from home. She was put into a nearby place of safety until her mother could be brought in for counseling as well. Rose has been using cocaine, heroine, sugars and alcohol since she was 15 years old. Her mother, Bev is a single mother of 3 children (Rose, her younger brother and sister). Bev divorced Roses' father but maintains a good relationship with him “for the sake of the children”. She runs a tuckshop at a nearby school which is her only source of income. She has a cardiac problem and suffers from high blood pressure. She says that Rose has been troublesome from a very young age but she will not give up on her “...she just needs extra love and help... she has so much potential, it just needs to be realized..”. Rose has spent the past five years living with her mother in Chatsworth, her father in Cape Town and her*

*aunt in Stanger (south of Durban). When her behaviour took a turn for the worse, her father offered to take care of her and send her to school in Cape Town. Unfortunately this did not help the situation because her father is a drug dealer and Rose was exposed to drugs and violence as is the norm in the Cape Flats. He suffered 3 heart attacks since Rose moved in with him because of her volatile nature. Bev said that Rose kept company with addicts and dealers and often endangered her life. She also ran away from home and anyone who wanted to help her. Having had the freedom of the life with her father Rose found it very difficult to adjust to her mother's strict rules. Bev complained that Rose's “fast” behaviour included wearing revealing clothes; going out with a different man every night and coming home very late (if at all); disappearing for days at a time; going “up and down in the taxis”; lying and being manipulative to get what she wants; stealing things from home and prostituting herself to support her addictions. Rose's behaviour was affecting her studious siblings who feared for her but were also ashamed of her actions. Her brother was paranoid about her being killed and was extremely anxious when she disappeared from home and her sister was very disappointed that Rose did not turn to her when she had problems. Bev said it was very difficult as a mother to listen to what men in the street had to say about her daughter. She had heard a man in the neighbourhood who was getting married that weekend, brag to his friend about what he had done with Rose the night before. “It is difficult to hold your head up high when everyone sees your child in a certain way...but I go up to these people and tell them that she has a problem and instead of talking bad about her, we should be helping her...she is my child...she has feelings...” Bev said that Rose felt depressed in her sober state and that this also made her reach for drugs. She explained how Rose kept receiving “filthy” SMS's from men which her sister would constantly delete, but these were the things that deepened her shame and led her to be self-destructive. She was anxious for Rose to be tested for HIV/Aids and Hepatitis B.*

Together with the psychologist, Rose and Bev decided that it would be best if Rose lived with her aunt in Stanger until they could place her in a rehabilitation clinic. Her aunt literally “locked her in the house” until she “dried out” – this had

happened several times before. Rose was obliging because she felt that she needed to be in an environment where there were no temptations. Her aunt was a housewife and would be her constant companion and monitor all her movements. Rose summed it all up... "It is too hard to stay clean in Chatsworth when your next door neighbour sells "rock" and the biggest "sugars" dealer in Durban lives across the road..."

### CONCLUSION

Missing out on migration allowed me the opportunity of traversing a world that was so familiar yet also greatly "other". This preliminary study of sugars addiction among Chatsworth youth had raised some provocative sentiments on the symbolic value of migration as well, in a completely unexpected way and among what I considered a completely divergent sample. While the information and case-studies presented in this paper focuses on "sugars" addiction among youth within the township of a post-apartheid context, it also reflects the alienation and substance abuse realities of the youth and their families in a milieu of social change heralded by the combined effects of a new democratic government and global economics. It is through the combined effects of both that South Africa's borders have become easier to cross and to allow citizens from countries such as Tanzania and Zanzibar to engage in illicit activities that are substitutes for honest wage employment. Widespread talk and evidence from the South African Police Services attest to the increasing involvement of citizens from countries north of South Africa's borders in drug trafficking within the country – exacerbating local involvement in an already overtraded market.

The data obtained through fieldwork at the Chatsworth Youth Centre, with the Anti-Drug Forum volunteers and other key participants such as psychologists, social workers and administrative staff enabled an interplay of multi-perspectives on the social and substance abuse particularities of this once "Indian" township. The ethnographic accounts underscore the inevitable cycle of crime, prostitution, violence and self – destructive behaviour. Variables such as socio-economic change, lacking social welfare resources for youth, an inherited substance abuse culture and the role of taxis and resident drug dealers in abetting the proliferation of the

drug have impacted on this vulnerable community with devastating consequences. Each of these factors require further in-depth investigation, analysis and action. The aim of this paper is to propose and stimulate further anthropological research on the issues surrounding township youth and youth identities, as well as other areas of concern in Chatsworth, specifically changing household forms, changing familial relationships, parent and child prostitution, and sexually transmitted infections.

### NOTES

1. An *insider* as a previous resident of Chatsworth, living in the same area now considered the hub of the "sugars" pandemic – yet an outsider to the present social ills afflicting youth in this community
2. CYC is the R12-million (about \$US2 million) centre built on the appeal of Nelson Mandela, in response to the tragedy that struck the community in March 2000 when 13 teenagers died in a teargas attack at the Throb nightclub. It was built to help address social problems that affect the Chatsworth community and is a welcome commodity giving youth a space in which they can confront issues affecting their lives and pursue activities targeting youth development
3. ADF was formed by a group of volunteers and concerned individuals and is chaired by Sam Pillay. The 5-day rehabilitation programme is offered by the Art of Living Foundation. The ADF works collaboratively with all the different role players in government and its programme for "sugars" addiction has been lauded and adopted by a range of organizations nationwide
4. The Art of Living Foundation is a volunteer-based organization that implements courses in yoga and meditation among youth, as one of its many global service initiatives
5. Police records reveal that 80% of the reported crime (in Chatsworth) emerges from units 7, 9, 11 and Shallcross which borders with two of the biggest and most notorious squatter settlements, viz Bottlebrush and Welbedacht (Refer to Singh and Singh, 2006: 151)
6. Commuter mini-buses that are the most widely used form of public transport in South Africa
7. A single mother with a heart ailment suffered a mild heart-attack when her daughter could not be found
8. For the purposes of this study I have used the term *girls* to refer to youth below the age of 18 and *young women* to refer to youth between the ages of 18 and 25.
9. Racial classification referred to in South Africa, meaning mixed racial descent.

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**KEYWORDS** South Africa; household; sugars addiction; substance-abuse; Indian township; youth

**ABSTRACT** This paper is about youngsters missing out on migration to South Africa's industrial hub in the Pretoria-Witwatersrand-Vereeniging (PWV) area to find work - because of a range of factors and their subsequent entrapment in substance abuse that arises out of this failure. The substance, widely known as "sugars", has brought about widespread addiction among the youth of Chatsworth, a previously "Indian" working class township outside of Durban, Kwazulu-Natal. The purpose here is to highlight the substance-abuse realities of youth in Chatsworth from a range of perspectives, including the youth addicts, counsellors of the Anti-Drug Forum and parents of the addicts. The research is meant to stimulate further anthropological enquiry into youth and substance-abuse in Kwazulu-Natal, a neglected area of research in local academic circles. The fieldwork is based on youth and their caregivers visiting the Chatsworth Youth Centre, who were seeking assistance from the Chatsworth Anti-Drug Forum. It addresses: the impact of "sugars" on the youth and their families; the role of taxis in facilitating drug abuse among the youth; the physical and emotional cost of "sugars"; household conflict and violence; and the impact of "sugars" on girls and young women specifically. Also included are brief insights from counselors at the Chatsworth Community Care Centre concerning trends in the community relating to the youth, changing household forms, drugs and prostitution.

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