TAKING STRAIN: THEORISING DRUG USE IN THE CAPE FLATS

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**ABSTRACT**

In the Western Cape Province of South Africa, illicit drug trade, substance abuse and gangsterism continue to produce deleterious physical, emotional and psychological effects on residents in the Cape Flats,\(^1\) as well as contributing to high crime rates, violence, sexual abuse, injury, traffic accidents, and increasing dysfunctional family and community life. The preponderance of both governmental and private drug abuse clinics and counselling centres in the Western Cape, signals the seriousness of the problem in this locale. Yet the drug problem in the Western Cape is reported to be worsening and has led to substance abuse being regarded as a major health and social problem. In particular, of all patients seeking treatment for drug use, adolescents make up the highest percentage, and report an increasing consumption of methamphetamine ("tik") as their main substance of abuse. This article derives from a qualitative study of a community in the Cape Flats. Rich data was elicited from three sources: viz. walkabouts and field note taking, observations (video), and semi-structured interviews with 13 members of the community in the Cape Flats. Underpinned by Social Disorganisation Theory (SDT) and General Strain Theory (GST), this article attempts to understand how the strains within the following two contexts impel illicit drug use in the Cape Flats, viz.: 1) the physical and social environment of a community; 2) family and interpersonal relationships.

**Keywords:** drug use Cape Flats; illicit drugs; gangsterism; substance abuse as a health and social problem.

**INTRODUCTION**

Globally, approximately 246 million people, or 1 out of every 20 people between the ages of 15 to 64 years, used illicit drugs in 2013. These figures are more serious when considering that 1 out of every 10 individuals, or 27 million drug users, are drug dependent or have a drug use disorder (United Nations Office on Drugs and Crime [UNODC], 2015: ix). Internationally, cannabis continues to dominate drug use, and cannabis use disorders are reported to be increasing in Europe, North America, Oceania, and Africa. Amphetamine type substances (ATS) and new psychoactive substances (NPS) are becoming more prominent, particularly in Asia. The continent of Africa, vulnerable due to health, security and, development issues, is being further destabilised by increased drug trafficking and related forms of organised crime (Fedotov, 2015: iii). Gopal and Marimuthu (2014: 28) assert that such poorer countries are increasingly experiencing illicit drug use as a crucial national health issue, including South Africa, whose concern with illicit drug use is "espoused in the National Drug Master Plan (2013-2017)".

In the Western Cape, the illicit drug trade, substance abuse, and gangsterism continue to produce deleterious physical, emotional and psychological effects on residents in the Cape Flats, as well as contributing towards high crime rates, violence, sexual abuse, injury, traffic accidents, and increasing dysfunctional family and community life (Parry, 2005: 34-35; Plüddemann and Parry, 2012: 1; Dlamini, 2013:2). The preponderance of both governmental and private drug abuse clinics, intervention centres, rehabilitation centres, drug counselling centres, and training centres in the Western Cape, signals the seriousness of the problem in this locale. Yet the drug...
problem in the Western Cape is reported to be worsening (Western Cape Government, 2015: 11; Chetty, 2015: 58; South African Community Epidemiology Network on Drug Use [SACENDU]; 2014:1; Department of Social Development, 2006: 4), and has led to substance abuse being regarded as a major health and social problem in the Western Cape (Corrigall, Ward, Stinson, Struthers, Frantz, Lund, Flisher & Joska, 2007: np; Myers, Fakier & Louw, 2009: np), underscored by the concerns of inhabitants, business, government, religious, and civil society agencies.

This article derives from a qualitative study of a community in the Cape Flats, which uses three data sources, viz. walkabouts and field note-taking, observations (video), and semi-structured interviews with 13 members of a community in the Cape Flats. Using the sociological perspectives of Social Disorganisation Theory (SDT) and General Strain Theory (GST), an attempt is made to understand the particular dynamics of illicit drug use and gangsterism in the Cape Flats. It is proposed that although Social Disorganisation Theory provides a macro-perspective that social disorder arises from structural breakdown, a more complete sociological analysis must include an explanation on an individual level, which GST includes. GST asserts that there are several strains in a person’s environment that increase the probability of negative emotions, such as anger and frustration, predisposing an individual to possible criminal responses. Underpinned by SDT and GST, this article attempts to understand and theorise how the breakdown of the following structures and strains within the following, impel illicit drug use in the Cape Flats, viz.: firstly, the physical and social environment of a community; and secondly, family and interpersonal relationships.

The article begins with an overview of research about the gangster and drug problem in the Cape Flats, followed by a description of the methodology employed, then a discussion of the theoretical framing underpinning this study, viz. Social Disorganisation Theory (SDT) and General Strain Theory (GST), and finally, an analysis and discussion of the data (voices of the participants). The causes and consequences of gangsterism and illicit drug use in the Cape Flats are presented in the next section.

**A ‘TIKKING’ TIMEBOMB**

Of the reported general national increase of patients admitted for drug abuse treatment from 2014 to 2015, the Western Cape recorded the highest increase (3444 in June 2015 to 3524 in November 2015), 15 percent of whom were addicted to “tik” (SACENDU Report, 2015: 1). Plüddemann, Myers and Parry (2008) found that most admissions were adolescents, over 60 percent of who reported consuming methamphetamine as their main substance of abuse, a pattern also reported in SACENDU (2015). The use of “tik” in the Western Cape appears to reflect the global trend in ATS and NPS. The Western Cape Flats has emerged as having the highest levels of crystal methamphetamine use of any other community in the world. “Tik” is one of the most dangerous illicit drugs and produces side effects, such as psychosis, aggression, depression, and weight loss, and is associated with sexual risk behaviour, increasing exposure to sexually transmitted infections, and HIV (Plüddemann & Parry, 2012: 1). Cognitive impairment, loss of memory, inability to concentrate, and brain damage (Zweben, Cohen, Christian, Galloway, Salinardi, Parent & Iguchi, 2004: np) are frequent. Given the scenario of teen substance abuse, the negative consequences are dire for addicted school-goers who often quit school, thereby increasing unemployment and other social problems (Plüddemann et al 2010b), and impeding their long term educational, financial and personal wellness (Ferguson & Boden, 2008: 975).
Reasons for gangsterism and drug use
Current research is replete with reasons for the rampant gangsterism and drug abuse in the Cape Flats – disrupted communities due to apartheid, poverty (Peltzer, Ramlagan, Johnson & Phaswana-Mafuya, 2010: 2222), high unemployment amongst youth, dysfunctional families (Jedrzejczak, 2005: 688), peer pressure (University of Utah, 2016; Evans, Powers, Hersey & Renaud, 2006), lack of positive engagement (Lundberg, 2016), low self-esteem, protection from bullying (Davids, 2005), poor role models, attitudes towards women, and media influence (Giovacchini, 1999).

The inequitable distribution of economic resources continues to exist even after the demise of apartheid, and exacerbates the problem of drug use by children (Peltzer et al, 2010: 2222; Cooper, 2015: 71). In 2012 (Census 2011), the population of the Western Cape was as follows: Coloured 48.8 percent, black African 32.8 percent, white 15.7 percent, Indian / Asian 1 percent and other 1.6 percent. Of the individuals treated at drug treatment facilities in the Western Cape, 76 percent were male, and 71 percent of patients were Coloured (SACENDU, 2013). This does not de-emphasise the number of patients from other race groups, but highlights the disproportionate number of patients from within the Coloured population. Chetty (2015: 56) argues that the “current cycle of violence and crime” cannot be separated from the injustice of South Africa’s discriminatory apartheid legacy, and that illicit drug use is a symptom of such “social engineering” which must be perceived sociologically. Roder ([sa]: np) considers the Cape Flats the “dumping ground of apartheid”, where the apartheid government’s relocation strategies (like District Six), destroyed cohesive family units, made young people feel inferior, and due to a severe lack of resources and opportunity, created discontent and contempt, values espoused by gangs. Other sociological factors exert a strong influence, in particular – the gangs themselves implement their own set of values that continue to perpetuate the subculture of gangsterism, violence and drug abuse (Dos Reis, 2007: 60-6), the physical and social environment (Lundberg 2016), family contexts (University of Utah, 2016); Jedrzejczak, 2005: 688), and peer groups (Loke & Mak, 2013: 3881).

In terms of the influence of the physical and social environment, Lundberg (2016) states that in communities characterised by disorganisation and lack of activities for children after school, risk for deviance is increased.4 Certainly for many children in the Cape Flats, the physical and social environment is one of abject poverty (Swardt, Puoane, Chopra & Du Toit, 2005:101-102), with higher risk of gangsterism and drug use. A drive through the lacklustre flats of the Cape Flats, or places, such as Khayelitsha and Nyanga with its sea of shacks makes one aware of this possibility. With high unemployment rates of 50 percent, and gang violence, which results in an average of four murders per weekend in some areas (Wainwight, 2014) it must impinge negatively upon the lives of children in various ways.

Family and interpersonal contexts are important predictors of illicit drug use risk and deviance. Drug using parents are poor role models who increase the likelihood that their children will become drug users or abusers also (University of Utah, 2016). Accordingly to the main family factors influencing narcomania were: the atmosphere of the family, strength of family ties, the sense of family happiness, structure of authority in the family, and alcoholism. In families with warm and loving relationships, drug use by children was rare. Drug addicts often had weak family relationships, lack of authority from the father, pathological behaviour in the family, as well as the consumption of alcohol (Jedrzejczak, 2005: 688). Children also displayed signs of depression and anger-hostility (Teicher, Samson, Polcari & McGreenery, 2006: 997). Positive, loving relationships with parents, gives children a sense of belonging, well-being, and safety, while negative interaction with parents can produce risky behaviours, such as sexual

The physical effects of illicit drug use, particularly by mothers, are also quite devastating. Osterling and Austin (2008), in a US study, reported that children, affected by exposure to drugs in utero, produce poor development physically, intellectually, emotionally, and socially, and are also more likely to be maltreated. Both forms of abuse (in utero substance abuse, and child neglect) are symptomatic of many families in the Cape Flats. According to IOL (2012), the phenomenon of “tik” babies in the Western Cape (babies addicted from birth to crystal meth due to the mother’s habit) is increasing. The Western Cape also has one of the highest rates of Foetal Alcohol Syndrome in the world (May, Gossage & Brooke, 2005:1190).

With a large number of gangs in the Cape Flats area, and the lucrative drug trade, a serious concern exists about the youngsters who continue to be recruited into a life of seeming wealth, status, and security, but actually become enmeshed in a culture of drug addiction and gang loyalty. Standing (2005:14), however, contests the popular narrative of gangs found in official documents and media reports, and asserts that research on gangs is insufficient and ambiguous. Nonetheless, it is evident that these problems have cascaded from first generation (in the 1960s) to second and even third generations of gangsters and drug addicts, and continue to produce serious social consequences particularly for the children and youth of the Cape Flats.

METHODOLOGY

Context
The study was located in a low income area of the Cape Flats. A primary school identified as a high poverty school due to its ‘no fee’ classification formed the central contact point. It was located in the heart of a poor community dominated by triple-storied municipal flats and council houses. Participants were drawn from this area and consisted of a teacher from the local school and members of the surrounding community.

Data collection, participants and ethics
Permission and ethical clearance for the study was obtained for the project from the Cape Peninsula University of Technology, the Western Cape Education Department, and by informed letters of consent from participants.

Rich data was elicited from the following sources: 1) semi-structured interview with a teacher; 2) interviews with 7 members of the community; 3) a video interview of five drug users/gangsters in situ and, 4) personal walkabouts and observations. The first contact was the principal; he was initially contacted telephonically, and emailed the letter of information and letter of consent for perusal at his convenience. Subsequently he gave his official consent in writing to approach a teacher in his school. After interviewing the teacher, the sports coach was interviewed at the school who was a self-rehabilitated drug user. His network of relationships in the community ensured safe access/passage when meeting drug users and other community members.

The following describes the participants in the study. Pseudonyms have been used to maintain confidentiality.

- Mariam: a 35 year old South African, Muslim female, a grade four teacher.
- Gerard: a 50 year old South African, Coloured male from the Cape Flats, former drug addict and current sports coach at the local school.
- Aaishah: a great grandmother, 65 years old.
• Shazia: a 41 year old South African Coloured female, works at the school library. One of her three daughters is a drug addict.
• Justin: a 40 year old South African Coloured male, former gangster and drug addict, an innovative community developer.
• Five other community members, Coloured males: Vincent, Desmond, Mark, Chris and Brandon.
• Three youth sports coaches: working in the community project, named Bheki, Alex and Prince.

Trustworthiness
Trustworthiness of the study was established using Shenton’s (2004: 64) criteria of credibility, transferability, dependability, and confirmability.

Credibility was obtained by the following: semi-structured interviews, personal walkabout and observations (field notes and videography); basing questions on the literature; having the instrument validated by an academic consultant; piloting the interview, and probing for deeper information from interviewees. The voices of the participants were audio recorded and transcribed verbatim, and the transcript checked for accuracy against the audio recording. Theoretical validity was ensured through a review of current research and as the basis of analysis. Transferability was not the aim of the study, but coherence was found between participant responses and previous research as reviewed in the literature. Dependability was increased by reporting in detail the processes employed in the study to make the methodology accessible to other researchers. Confirmability was obtained by allowing the voices of the community members to predominate, for the purposes of obtaining acute, honest, deep and rich data (Cohen, Manion & Morrison, 2011; Henning, Van Rensburg & Smit, 2004:8).

A lack of the actual children’s voices may be regarded as a limitation of the study, but the difficulty in obtaining parental permission and sensitive nature of asking vulnerable children personal questions militated against it. The descriptions by the adult community members of the childrens’ situational contexts in the neighbourhood were accepted as credible since responses corroborated one another.

Data analysis
Cohen et al (2007: 461) suggests that the data may be organised and presented in diverse ways, according to a “fitness for purpose”. One of the ways was to analyse the data according to the questions which were the drivers of the research, and collate across a number of data sources (Cohen et al, 2007: 467-468). This was done by cross tabulating the names of the participants against the themes (prompted by the questions) and inserting relevant data, which produced sequential mining of data, identifying further themes, comparison of different respondents, and focussing on the pertinent issues (Cohen et al, 2007). Several themes emerged, but given the scope of this paper, emphasis was given to the environment (physical and social contexts), and family/ interpersonal contexts.

THEORIES OF ILLICIT DRUG USE
The study drew on the salient aspects of Social Disorganisation Theory (SDT) and General Strain Theory (GST) to understand illicit drug use in a community of the Cape Flats. SDT proposes that social disorder arises from structural breakdown in society, and as such offers a macro-level analysis to problems of crime and deviance. GST provides a framework to analyse individual responses or ‘strains’ that impel deviance. Since each theory on its own cannot provide a complete understanding of the problem of illicit drug use, to bridge the macro-micro
divide the salient aspects of these two theories were used to provide a more comprehensive analysis of the phenomenon of illicit drug use in a selected community in the Cape Flats.

Early sociological theories of illicit drug use were influenced by the structural-functionalist conflict and interactionist paradigms, which although diverse in thought, pose the central idea that societal forces, such as inequality, poverty, and other structures predispose the emergence of harmful and deviant behaviours such as illicit drug use. Seminal theorists of such ideas were Thrasher in 1927, and Shaw and McKay in 1942 (Social Disorganisation Theory [SDT]) in Chicago. Thrasher postulated economic instability led to social disorganisation. Conventional institutions, such as the school, church, and most importantly the family structure break down thereby neglecting the youth and forcing them into the street (Wood & Alleyne, 2010: 102). Unable to provide for the people’s needs, the conventional institutions fail to exert control on the populace. Without support from parents and other social institutions, youth looked towards gangs to fill this void. Thrasher’s postulations, while appearing plausible, were limited to immigrant populations.

Shaw and McKay attempted to explain the unequal distribution of crime across spatial locations, providing a structural rationale for the higher concentrations of crime in some areas. They postulated that in lower socioeconomic areas characterised by residential instability, diverse ethnic populations were more likely to experience social disorder (Steenbeek & Hipp, 2011: 834-836), and that gangsterism, crime and deviance are transmitted in the manner that other cultural traditions are. Families do not have much authority over their children, and youth fall prey to deviant behaviour of the gangs who provide a satisfying alternate social support system, which socialises one generation to the next in the norms and culture of gangs. In Shaw and McKay’s SDT model, the environment is regarded as more significant than ethnic identity in predisposing one to crime (Steenbeek & Hipp, 2011).

Inherent in such theorising however, lurks the danger of further entrenching stereotypes of racial and cultural groups, and a suggestion that the individual is helpless within such socially disorganised communities. This is a flaw of grand universalising discourses, which fail to take into account unique local experiences and realities. Indeed such meta-narratives may have run past their sell-by date as suggested by Martin and Dennis (2010) and Hammersley (2012:5) who lean more to micro-theories that resonate with postmodern and post-structural theorising. One may also ask: are behaviours, such as illicit drug use and crime, causes of social disorganisation, or symptomatic of it, or why do many youth not become illicit drug users? Although these questions are grey areas for SDT, Steenbeek and Hipp (2011:835) explain that SDT has re-emerged recently as a major theoretical view of deviance and does provide plausible explanations for social issues.

Several researchers assert that the high prevalence of gangsterism and illicit drug use in the Cape Flats is a function of the widespread social inequality and dysfunctional communities created by apartheid (Chetty, 2015:56; Standing, 2005:12-13). Plüddemann et al (2010b:4) report a higher percentage of persons classified as Coloured admitted as patients to drug treatment centres in the Western Cape. These facts hearken towards the structural deficiencies of the South African society caused by apartheid. Therefore, SDT will question why these areas demonstrate such drug use trends, or what factors exist to predispose more people to illicit drug use there than in other areas? While a structural or macro-level analysis may provide some insight, it ignores individuals within the structure. It also implies that only some type of external intervention (like the government) can produce positive changes in socially disorganised societies. A more complete sociological analysis must include other social learning theories. Therefore, the study also draws on Agnew’s General Strain Theory (GST) as a framework at an individual level (Agnew, 2001).
GST proposes that there are several strains in a person’s environment that increase the probability of negative emotions, such as anger and frustration, pressurising the individual to take action, of which criminal action is a possible response. Strains may be objective (an external event or situation) and subjective (the individual’s emotional response to the event or situation). Since individual emotional responses differ, it explains why individuals react differently. The reaction to strain is regarded as a coping mechanism that may lead to engaging in crime, such as illicit drug use (Agnew, 2001: 321-323). GST suggests several strains that have low and high risks for propelling a person toward criminal behaviour. The following high risk strains are relevant to the study: economic strain, which may prevent achievement of specified goals; parental rejection – which undermines many of the child’s ambitions and dreams, values and needs, and threatens his/her activities and identity; discipline that is harsh, or inconsistent, and uses insults, threats, verbal and physical punishment especially by parents on a regular basis; child neglect and abuse; negative school experiences; abusive peer relations (like bullying); experiencing racial prejudice and discrimination. In all cases where the individual is subject to an aggressive/deviant example, the risk for criminal behaviour is increased.

VOICES OF THE RESIDENTS IN A CAPE FLATS COMMUNITY
The data reveals that the Cape Flats’ communities have very specific social and economic circumstances, such as exposure to a gang and drug culture, poverty, unemployment, and tragic socio-familial circumstances that combine in various ways to facilitate and perpetuate the likelihood of illicit drug trade and drug abuse in these communities. In this section, the voices of the participants are foregrounded to experientialise for the reader the actual realities of the context in which children are growing up in the Cape Flats. These voices are juxtaposed against particular research studies from the literature to deepen the understanding of the data which speaks to the prevalence and social dynamics of drug use in the Cape Flat communities. SDT and GST are used as theoretical frameworks to analyse the responses of the participants within each of the themes. The voices of the community members are presented under specific themes derived from the data, viz. the environment (physical and social contexts), and family and interpersonal contexts.

Environment
Within a person’s physical and social contexts, several environments or domains, such as community, family, school, and peers may increase the risk of deviant behaviour, such as illicit drug use and developing an addiction (University of Utah, 2016; Chetty, 2015: 55).

Gerard, a self-rehabilitated drug user, recalls how he was exposed to gangsterism from his childhood, a reason that necessitated him living with his grandparents. “...my mother was away at a young age and my father was a gangster, and he was shot dead in Elsies River, and so my grandparents took me over and I stayed with them.”

Gerard’s experience typifies the community and family experience of many youth in the contexts in the Cape Flats, where many children are raised by grandmothers. The data reveals a prominent gang culture, violence, and absence of father figures in this community. Gerard grew up in Manenberg, a district in the Cape Flats, which he asserts was “also a place full of drugs and gangsterism”, and he was “friends with the Hard Livings since he went to the same school”. Gerard’s description indicates that the experience of drugs and gangsterism in the community and such peer association is automatic, and that membership is taken for granted. In probing further about his description of the drug situation in his youth (35 years ago, using his current age to estimate), he asserted that the situation has become worse. “Those days it was over
small things, over girlfriends, over walking on the wrong side of the road”, but currently it was over turf wars, where young children are killed for encroaching on their “turf” of other gangs.

Such patterns of drug trade and abuse have permeated into primary schools, and that at a local school the principal had caught a child with marijuana. Gerard explained that in each of the flats adjacent to the school there are drug merchants who influence children of 8 to 9 years to smoke dagga and to sell drugs; they soon graduate to stronger drugs, such as tik and whoonga.8

The prevalence of the drug culture in this debilitating environment was confirmed by other participants. Shazia, the librarian at the school, lives in the area and often recognises the learners who are loitering around the flats after school and smoking without being afraid of her. She expresses that “it’s hectic, it is a problem because they not shy because they openly doing it”. She confirmed that children smoking dagga are about 8, 9 and 10 years old! Mariam, a teacher in the school also has to contend with the social problems that beset her learners, declares that “in our community there are drug problems, there are gangsterism that’s rife, alcohol abuse”.

Aaishah, an elderly member of the community and great grandmother lives in a flat with six others. She has a daughter who is addicted to drugs. This daughter has five children and a husband who is also a drug addict. Two of her older sons, aged 16 and 18 years, are also on drugs. The daughter and older children are unemployed and live with Aaishah in her one-bedroomed flat. Aaishah’s response expresses a sense of despair: You know it’s very hard to explain what it is to have somebody in your family it, to use drugs because it change its life, your life also, the children’s life. When they got this drug they very aggressive...” She was quite emphatic that drugs are “a big problem in the community, the drugs and stealing”. To feed their habit, several drug users resort to stealing money or things they can sell. Gerard confirms that theft is common in the community as youth may “steal washing off the lines, they steal bins, they do whatever they want to do...”

Justin also describes how he was involved with gangsters and drugs from the age of 11 years. Justin, whose father died in a work-related accident, had to move with his mother to another district in the Cape Flats, which had just been developed, where he became involved with gangsters called Americans when he was just 10 years old. Justin glamourises his past life, but inherent in his description is an atmosphere in which gangsterism and drugs pervade, thus exposing children to that type of life at an early age. “We would engage in how we going to rob people, if you wanna kill someone - what we going to do, business drug dealing. I soon became involved. I never went to prison, I think I was too clever to go to prison.”

Later Justin describes how his intelligent planning gained him the trust of senior gangsters, and access into the inner circle. This indicates that crime is organised and has deep roots in the underworld, and a hierarchical structure of crime bosses and foot soldiers (eNCA, 2013: np).

A walkabout in the community was conducted with Gerard, who was well known to the residents. The flats, dull brown in colour, were separated from the school by an alley, fenced on both sides. Gerard approached a group of five men, and gained permission to allow me into the circle. They were willing to talk to me and had no objections. One of them was stuffing the neck of a broken bottle with cannabis and a white powder unwrapped from a piece of paper. I asked what they were doing, and Vincent replied: “Smoking drugs...smoking drugs...its mandrax. ....It’s only weed and mandrax...”

The walkabout and observations revealed that drug abuse was common, confirming the descriptions by Gerard, Justin, Aaishah and Shazia. The conversation with the drug users confirmed that cannabis, mandrax and tik are easily available in the Cape Flats. A SDT perspective reveals that a person’s physical and social contexts or environments can increase the
risk of deviant behaviour, such as illicit drug use and developing an addiction (University of Utah, 2016; Chetty, 2015:55). This resonates with Lundberg’s (2016) assertion that in the neighbourhood where children have no positive engagement after school, the risk for deviance is increased. The fact that the users smoke drugs undaunted, in the open, without fear of being arrested, also illustrates that children who are live in the flats are exposed to drug use as a normal feature of the environment, a situation which concords with the observation by Swardt et al (2005:101-102) that the risk of gangsterism and illicit drug use is especially heightened in impoverished environments.

When enquiring as to how it makes them feel. Marks suggested that “All the problems is gone”, to which Vincent added “Yeh, it takes the stress” suggesting that I should try it, which evoked laughter from everyone. Vincent volunteered more information – that the tablet cost R40, and declared: “That’s cheap....and this is a drug that don’t make you go steal or rob!”

The statement about smoking to relieve “stress”, while humorous at that time, has a deeper significance – that it appears to enable the drug user to forget the distressing conditions of poverty, unemployment, and other social circumstances, at least temporarily. This resonates with Agnew’s GST, that particular “strains” may predispose certain individuals towards deviant behaviour as coping mechanisms. Although Vincent regarded the cost of ZAR40 for a mandrax tablet as cheap, the cost of just one tablet a day multiplied by 30, equals ZAR1200. For the unemployed individual using drugs, from a GST perspective, the particular strains would be the addiction of the drug itself, and the need to get money to support the habit. The strain could impel criminal behaviour, especially if on more dangerous drugs. When requesting clarification of what it meant that certain drugs make one rob or steal, Vincent stated that to “smoke that drug, that life was not worth it” to which Brandon added, “That one it make you kill!” Asked for an explanation Brandon stated that drug addicts on tik are so desperate that they would rob or kill someone for money just to satisfy their addiction. If a drug user is unable to get money to buy the drugs, the individual may act in particular ways to obtain that money, a response that, according to GST, may impel crime, such as stealing, which according to SDT, would be more likely in the environment where structural controls have broken down.

Vincent explained how he had been a drug user from a 13 year old boy, and that his drug taking began when he dropped out of school, where he “started to become a gangster. Smoking drugs with the other brothers... see what the other brothers do...do what they want to do”. Vincent and Chris describe their long habits of drug use, precipitated by dropping out of school and being influenced by gangs at an early age, a condition that is recurrent in the Cape Flats. Shazia and Justin had referred to children dropping out of school due to incapacity arising from a lack of help at home, and an inability to perform or get specific help at school. On one hand there is a structural deficit (a SDT perspective) that is perpetuating illicit drug use and detrimental consequences, and on the other hand, the child within the system is subject to severe strains that propel him or her in a particular direction, as suggested by GST. Justin suggested that children do not get help to learn to read both at home and in school in the early grades. He also suggested that pregnant mothers using crystal methamphetamine, cause neural damage to the unborn child, which goes undetected until the child is struggling in school, and then one “can see the effect of the child that parents that abuse crystal meth and all of that”. According to Justin, the frustration caused by a lack of help to read in early grades builds up and leads to embarrassment in later grades and the youth drops out of the system, seeking affirmation in gangs where he is valued rather than ridiculed.

Desmond by way of reminder stated that we were in “Americans” turf, boasting that “here where you stand, nobody will do you nothing now”, suggesting that they will protect me from other gangs, and “even the cops”. The earlier conversation with Justin, and the claim by
Vincent and Desmond that we were in ‘American’ turf, emphasises the gang identification. Kellerman (2014), part of a NGO that works with youth in the Cape Flats, asserts that a relationship exists between poverty and the tendency of children in these areas to become members of a gang. The gang identity provides the sense of belonging, status and security, a type of family identity, which is largely absent in the lives of these children. This resonates with the claims of SDT that youth fall prey to deviant behaviour of the gangs who provide a satisfying alternate social support system which socializes one generation to the next in the norms and culture of gangs. The gang membership promotes illicit drug trade and drug use, and provides a means to survive in a landscape of poverty – once children become involved, they are embroiled in a way of life which is hard to break.

Thus the voices of the community members’ in this study experientialises the reality of the physical and social context of the Cape Flats for the reader. Children and youth exposed to a community that regards drugs, firearms, and crime favourably, are more likely to engage with these. Such an environmental context also impinges on the dynamics of the family and interpersonal relationships, which further aggravates the drug problem in the area, and has ramifications for the scholastic and career progress of the children and their emotional, intellectual and psychological well-being.

**Family and Interpersonal Contexts**

In the families of those experiencing problems of gangsterism and drugs, the data indicates that parents are poor role models, family units appear disintegrative, and interpersonal relationships are often volatile and irregular. Aaishah explains her life with a husband who was a drug addict: Aaishah:... my husband was a... he used drugs night and day. He didn’t work......Now the problem is this the matter is this if a child sees his mother’s drinking, his father is using drugs then what’s gonna happen to him?

She is keenly aware of the negative role model her husband is to her children. Aaishah later explains that at some stage of her life the situation was too much for her and she asked him to leave. She then raised her children on her own. Mariam, a teacher in the school in this community, regards the absence of the father and mother in many homes, and children being raised only by grandmothers, as “dysfunctional”. The data reveals that such dysfunction occurs both on the physical and emotional levels. Shazia also explains that many children live with their grannies because they are neglected by mothers, who have “boyfriends” who “couldn’t care about the kids”. Absent fathers, preoccupation of the mother with a boyfriend, and lack of interest by the new partner in the children, means that the child is neglected by important adult figures. Both Shazia and Gerard feel that the grandmother cannot effectively discipline the child. Gerard suggests that the grandmother cannot “walk after that boy every five minutes” and that she cannot monitor what the children do, even if they lie to her that they are off to play, but “at the end of the day he’s standing smoking or doing whatever he wants to do”.

Shazia describes a typical scenario which paints a rather tragic portrait of mother-child interactions: “The mother is a drinker. When it’s six o’clock its dark then the mother realises, “Oh I don’t have fish oil!” Now that child must go look by every house for fish oil to go into the pot.” Shazia has personal experience of this in the area where she lives. Shazia is angry with such mothers who “can all provide for their habit” but not their children’s wellbeing. She also suggests that a child who does not get the mother’s attention “goes somewhere else”, meaning that this may cause such children to take the shelter of drug lords and gangsterism.

Gerard also suggests that many children coming to the soccer club do not have fathers or mothers. Gerard asserts that “there’s no love at home”, which impel children towards gangs and illicit drug use. The children, Gerard suggests, have deep anger and resentment because when
they go home, “there’s nobody there for him and he knows also if ‘I go home now there’s no food for me’.” That impels them to drop out of school and join a gang, because “they want to belong to a gang where they can get new takkies [sneakers/shoes], new jeans, a t-shirt and they feed them”. Justin who grew up in the same circumstances of poverty and absence of a father confirms what Gerard described, that “It was all about identity you know, wearing nice clothes.... but also the thing for me was being part of a family, because obviously then my mother was a single mother. We were very poor”.

Justin describes various factors that combined to accelerate his decision to join a gang and take to alcohol and drugs. The lure of wealth and good clothing provided by the gang was attractive to him. Initially it was his father’s death, then moving with his mom to another area, his poverty stricken life, his mother’s decision to develop a relationship with another man, and, being bullied by peers led him to choose the life of gangsterism and drugs. He states that “at that time I was angry”, and had to “learn to survive” on his own, and therefore “he chose then a gang life”. A remarkable observation Justin made in retrospect about his gang friends, was that all of them came from homes without fathers, and that “no one believed in them”, a theme that recurs throughout the study. GST suggests that particular strains evoke anger and frustration for an individual which propels him or her towards possible criminal responses, which are more likely within a context of social disorder.

The social conditions described thus far are exemplified in the life of grandmother Aaishah. Aaishah’s daughter is a drug addict and is extremely neglectful of her children. According to Aaishah, she was a “good child at first” but changed once she became addicted to “tik”.

Aaishah: “She can’t even buy a half a bread for her children. Nothing! I must support them since I pay my pension till I’m paying again my pension. I must pay my rent. I did pay TV licence, everything. If I haven’t got money, there’s sometimes I sit on the stairs. I haven’t got light money, I haven’t got bread money. What must I do”?

The neglect by the daughter and Aaishah’s desperation is obvious in the conversation above. Aaishah states that the daughter collected a grant for her children, “but you don’t see what she does with the money”, and suggests that she is using it to buy drugs. The financial burden falls on Aaishah whose main source of income is her pension. Sometimes she and her daughter get casual work from a chain store in which they thread cards with string holders, but the income is insufficient. Aaishah also explained that she has to cook, clean the home, wash the clothes, and especially make sure the grandchildren have clean clothes, a bath, and are ready daily for school and crèche. She describes how there is no physical or financial help forthcoming from anyone in her household. Furthermore, the interpersonal relationships between Aaishah and her daughter and with her teenage grandchildren is extremely volatile. Conversations have deteriorated into constant arguments: “Yes, yesterday I talk I tell her I’m not deaf. If you want to talk to me then you must talk right with me, don’t shout. I can’t even say something for her I’m... We can’t even talk like mother and daughter”.

Arguments have escalated into physical assault, as Aaishah explains: “now a month or two months ago I soema [slang, mixture of English meaning, “somehow” or ‘just’] took the broom and hit her ‘n hou’ [a blow] in here [pointing to her forehead]. She made me so cross.

Aaishah finding these exchanges unbearable got a restraining order (interdict) against her daughter, but when then police arrived, she had a change of heart about getting her daughter
arrested, despite the violent interaction and not buying basics for her children. Aaishah also described other instances of verbal abuse and violence by the daughter against the children:

“...if they don’t listen, when she call them and they don’t respond to her, then she swearing and going on, the children don’t like that. Woo... they don’t they...woo... they don’t want to go with her. There’s times when she say to her husband, “You better take this pigs, it’s your pigs!” and wooooo she’s terrible”.

The smaller children are exposed to being sworn at and insulted by their own mom. Aaishah describes other situations where her teenage grandsons demand food and money. “He’s waiting for me to buy bread and so they don’t even... they get cross if I don’t want to buy bread and stuff, they don’t know where the money come from...”

Once, after returning from collecting her pension, she faced a particularly violent situation. In a fit of anger a grandson threw out all the contents of a kitchen cupboard, swore at her and slammed the cupboard door, breaking it off its hinges. Probing the reasons for his anger, Aaishah explained:

Aaishah: “For food”
Interviewer: “Because you didn’t have”? 
Aaishah: “He said yes soema your mother’s dinges [slang for ‘things’ connotation referring to female sexual organs] and everything he swear at me. I said, Yes swear. I don’t worry because you rude man!. You can’t go out and go use. If they haven’t got money for drugs, ooooh, I can forget about it”!
Interviewer: “They get upset with you”? 
Aaishah: “Yes, swear at me and throw my stuff and whatever. I said, Just go on, just go there’s the house”.

In this exchange, the youth’s anger seems provoked because he was unable to access any money from his grandmother, which he could use to buy drugs. This provoked verbal abuse against his grandmother (‘your mother’s dinges” (things) – meaning “your mother’s vagina”). It appears that this verbal abuse is a recurrent scenario. Aaishah also describes a situation where one of the grandsons broke her flat windows in his fury. When she attempted to challenge his behaviour, he threatened to assault her. “He says, ‘hey soema, if you don’t keep your mouth... ‘Se hy vir my, [he says to me] ‘I’ll throw you with this stone in your face’.”

What emerges from the responses of the participants is that the home environment of several children in this area is unstable and volatile. The data reveals that parental substance abuse, and the resultant lack of correct parenting severely incapacitates the functioning of the family and has dire consequences for the children’s physical, emotional and educational wellbeing. The physical effects are alluded to by Shazia: “the mothers don’t care about the after effects on their children. They can be pregnant and then they still on drugs but yet they do not know the teacher of my experience...struggling with their child...”

Her experience with children suggests that children born of addict mothers have learning difficulties, possibly from neural damage the child sustained during pregnancy. The learning difficulties become more obvious with time. Justin also suggests that the drug addict mothers have increased the risk of their children being born with brain damage.

The data suggest that family conflict, parental neglect, and lack of home management are important factors impacting drug abuse risk. Weak family relationships, the absence of direct parenting because fathers and mothers are either incapacitated due to addiction, incarcerated, or
simply irresponsible, verbal and physical abuse, and poor parental role models, emphasises the assertions by researchers that the type of family environment is pivotal in the drug habit risk of children (University of Utah, 2016; Teicher et al 2006:997; Jedrzejczak, 2005: 688; Ralph et al, 2003:199; Eddowes, 2002:111). This is even more serious when one considers that the children described in this study are also growing up in an external environment already saturated with gangsterism and illicit drug use – a case of being practically bombarded with debilitating scenarios all around. Shazia’s observation that pregnant mothers continue to use illicit drugs is supported by the IOL (2012) report on the increase in “tik” babies in the Western Cape, and the findings by Osterling and Austin (2008), that such children present impaired physical, intellectual, emotional, and social capacities. SDT asserts that the lack of parental support is a cause of children seeking belonging elsewhere. Yet it is not automatic that all children subject to debilitating physical and social environments and dysfunctional family contexts will become illicit drug users or gangsters. SDT is unable to explain this. GST provides a possible answer to this. Within the contexts that children find themselves, they are faced with several external, physical, emotional, and psychological stressors or ‘strains’ that pressurise them to respond in particular ways. In other words, it is how the individual processes and responds to the strains that determines the risk of deviant behaviour. GST asserts that high risk strains, such as poverty, parental rejection, harsh discipline that uses insults, threats, verbal and physical punishment by parents on a regular basis, child neglect and abuse, and exposure to aggressive/deviant examples increases the risk for criminal behaviour, and in this case, gangsterism and illicit drug use. In Aaishah’s situation, many of these factors are present. Her life exemplifies the descriptions given by the other participants, and engenders an understanding of an extremely caustic domestic environment in which her grandchildren are growing up – a microcosm of the circumstances that many children may be subjected to on a daily basis in this area, strains that will affect them on physical, emotional, and psychological levels, increasing the drug use risk.

For the area of the Cape Flats in this study, the data suggest that such susceptibility appears to be increased due to the absence of parental care and parental intervention, proper parental role models, and often vitiated home environments. This is also exacerbated by the prevalence of drugs and easy access to individuals in the environment who promote a drug culture.

CONCLUDING THEORETICAL INSIGHTS
The purpose of the above sections were to expand, through the research data, the understanding of particular structures and strains that predispose youth in a community of the Cape Flats towards illicit drug use. Through a theoretical analysis, these strongly emerged as: a debilitating physical and social environment, and dysfunctional family contexts. Given the ravages of South Africa’s apartheid past, the claim of Social Disorganisation Theory that social disorder is a consequence of residential instability, poverty, and inequitable distribution of resources, is certainly relevant to understanding the preponderance of illicit drug abuse in particular geographic locales, such as the Cape Flats. However, it does beg the question why not all the youth have become gangsters and drug users. To bridge the macro-micro sociological understanding of illicit drug use, General Strain Theory provides a possible explanation – the data suggest that family conflict, parental neglect, and lack of home management are strong factors increasing the risk of illicit drug use. It can be understood that many children in this community are subject to extreme strains within the home environment. In particular, the strains which tip the scale towards them seeking shelter in a gang culture of illicit drug trade and drug abuse appear strongly to be dysfunctional home environments. An
environment where direct parenting is absent, a secure environment of love and care is minimal or missing, where food and clothing are not regularly provided, and the presence of negative adult role models, impels several children to obtain these elsewhere. GST proposes that particular strains in their home environments generate anger, frustration, and hostility, which propel them towards criminal responses. The reaction to strain is viewed by GST as a type of coping mechanism that may lead to criminal behaviour, which becomes easily facilitated by the external environment of gangsterism and drugs. That there is no positive alternative in the environment outside the home, as Lundberg (2016) asserts, is also a risk factor. An absence of positive engagement is problematic, but it becomes even more serious when one considers that the children described in this study are growing up in an external environment already inundated with gangsterism and illicit drug use.

In this study the data reveals many high risk strains in the home environment that may facilitate children’s negative choices of illicit drug use and other crimes. One cannot even begin to imagine the extreme horror that many children are subjected to on a daily basis in a context that appears stacked against them, where so-called noble choices based on some philosophical moralising appear untenable or even sentimental. The data has revealed that for several members of this community, unemployment and poverty is rife, lack of food and clothing is common, verbal abuse, harsh interactions, parental rejection and neglect are regular, and aggressive drugged adults are common. Coupled with bullying by peers, and opportunistic gangsters who prey on the vulnerability of children, this presents an extremely devastating environment for children to grow up in.

The voices of the participants were analysed through Social Disorganisation Theory and General Strain Theory. The former argues from a macro-perspective that social disorder arises from structural breakdown: the other provides an explanation on an individual level that there are several strains in a person’s environment that increase the probability of negative emotions, such as anger and frustration, predisposing an individual to possible criminal responses. Thus, the SDT framework provides an understanding of how particular structures in the environment create social disorder, and adding to a more complete sociological analysis, GST allows an understanding of the individual response within a debilitating social and physical environment.

The study thus contributes deeper theoretical insights into the economic, environmental, familial, and psychosocial strains that impel individuals towards illicit drug use in the context of the Cape Flats, and provides a further base from which relevant intervention may be developed.

ENDNOTES:
1. The Cape Flats, Western Cape, South Africa, is located south the city, and is made up of several low income suburbs. The specific suburb in which this study was conducted is not identified for confidentiality.
2. Monitors alcohol and other drug (AOD) use in 75 programmes across all nine provinces in South Africa (November 2015 update)
3. Derives its local name from the crackling noise the crystals make when lit and smoked
5. The No-Fee policy is a Department of Education initiative that ranks schools according to the level of poverty in the surrounding area. The No-fee Schools policy does away with school fees in the poorest 40% of schools nationally for learners from Grade R to Grade 9. http://www.etu.org.za/toolbox/docs/government/schoolfees.html
6. The official race classification of Black, White, Coloured and Indian are used by the government as demographic indicators.
7. Name of a well-known gang in the Cape Flats
8. Whoonga, a highly addictive drug, is made up of a mixture of low grade heroine and other additives, such as rat poison. (see http://www.kznhealth.gov.za/mental/Whoonga.pdf).
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