

Substance Abuse among Indian Youth in Durban: Their Rehabilitation through Extended Family Intervention and Support

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ABSTRACT This is an ethnographic paper based on interviews with victims of drug abuse, as well as with parents and well-meaning community members who had an interest in their recoveries. The interviews generated information on aspects of joint and extended familial support, caring and co-responsibilities. In each of the interviews it was evident that familial support was severely limited in attempting to rehabilitate victims of substance abuse. Their solace lied with a community-based organisation that depended upon personal, individualised approaches to their clients as well as unconventional methods of rehabilitation, which often depended upon use of local colloquial and social interactions. These methods, as the case studies reveal, were effective, not only in assisting individuals to recover but also in creating a greater sense of community by both victims as well as observant community others who recognised the need to meaningfully ameliorate a growing scourge.

INTRODUCTION

Literature on joint and extended family support among People of Indian Origin (PIOs – henceforth referred to as “Indians”) most often depicts issues surrounding cyclical patterns of fission and fusion, characterised by obligatory patterns of support and subscription to normative values (Jithoo 1978; Jain 1993; Kuper 1960). Understanding and analysis of joint and extended family systems are generally restricted to the supportive roles that kin play towards one another, especially on economic, marital and disciplinary issues that occur under the common roof of cohabitation. Co-responsibility and mutual interests, based upon principles of patriarchal and hierarchical male control in household decision making, still serve as the cardinal issues in research on Indian extended family systems. This characterisation often ignores the continuation of roles and responsibilities towards family members even when they are not resident in the same property. In Chatsworth, where much of this research was done, the design of low income municipal housing, especially in apartment style hollow-block buildings, emanated from a specific political agenda among apartheid strategists - to constrain upward socio-economic mobility among Indians. It was specifically designed to preclude the persistence of joint and extended families, widely viewed by colonists since the 19th century as the backbone of

economic success among Indians. Municipal housing in Durban restricted family occupation in each living unit to four members only and without the option of a yard that could have given them opportunities to expand or grow vegetables – a feature that is common among Indian households even in urban areas. Under these circumstances what should have been conventional joint or extended families became disaggregated units that were dispersed over wide areas. However disparate they were, closeness and co-responsibility hardly seemed to have waned over the years. In this paper the role of extended family members in nurturing their younger generations and protecting them through explicit demonstrations of affection and counselling is brought out through case studies based on personal interviews.

As unemployment and hope for Indian working class youth diminishes through shrinking economic opportunities and equity preferences implemented particularly in favour of African youth, despair consolidates itself through feelings of hopelessness, often manifesting in forms of escapism through drugs, smoking of cigarettes and alcohol. It is usually the extended family or household unit that becomes the pillar of strength to its members who tend to lose sight of the benefits of a straight and unwavering life. In most Indian neighbourhoods, but more especially in the working class townships of Chatsworth and Phoenix, the problem of substance

abuse has risen significantly over the last two decades for a range of reasons. While unemployment is one of the major contributors to the problem, the ready availability of numerous types of new drugs and their varying concoctions, has become an enticement to many youth who begin consumption through experimentation, gradually developing a dependence upon it. There are always inherent dangers in trying to approach known abusers of drugs on one's own for the sake of research, unless one is known to them. But in situations where a safe environment for discussions can be arranged under controlled conditions, the opportunity to meet and acquire information in uninhibited ways, can provide circumstances that generate a relatively free flow of information from affected parties. The narratives from these discussions confirms the tensions that bedevil household relations in the process of dealing with members engaging in substance abuse, and brings out equally the role that extended household members play in attempting to rehabilitate those who are affected – either as victims of drugs or as victims by virtue of being family members who feel embarrassed and stressed by it.

METHODOLOGY

Substance abuse and its effects on Indian youth are often easily visible and equally open to observation and scrutiny in public and private spaces. There is a tendency among them to portray appearances of bravado and protective inclinations over the spaces they occupy, akin to Whyte's (1955) notion of "street corner societies". Interest in the issue of substance abuse began consolidating within the researcher when reference in casual conversations to young Indian youth taking to drugs became too frequent to ignore. Reference was often made to individuals passing by in the course of conversations either as being under the influence of drugs or who are regular consumers of it. After several conversations with such consumers, all of who were known to the researcher, it became apparent that their habits were known to their families and that there were regular attempts by them to wean these victims off the practice. Such attempts were often complimented, in ad hoc ways, by well-meaning friends and extended family members, to add to the pressure of trying to change their inclinations towards substance

abuse. The researcher's experiences in the field bore significant resonance with Whyte's experiences in his place of research: "If people accept you, you can just hang around, and you'll learn the answers in the long run without even having to ask the questions" (Whyte 1955: 303).

Observations and casual conversations with six known substance abusers began in April 2012. Four of them were from one area and the two of them from a neighbouring suburb. Their willingness to talk to the researcher stemmed from his acquaintance with them and their relative trust in him. The researcher's purpose was to note the times that they grouped together in their regular spaces and how they proceeded to entertain themselves through conversations, and eventually leading unto acquiring their substances for consumption. It was apparent that while in groups they pooled money together and bought the drugs to share collectively. While they tended to create a semblance of discreteness under trees or in secluded areas behind fences or buildings, there were equally boisterous attempts to let local people know what they were doing. Youthfulness and a determination to flaunt the law in public or in open and visible private spaces tended to attach to themselves a sense of self-aggrandisement and a somewhat undeclared claim of "being in charge" of the spaces and the surroundings that they dominated.

More information was gathered on individual consumption through two other methods viz. known users who took to substance abuse on their own and maintained it that way, and through a community-based organisation in an Indian dominated working class township viz. Chatsworth. More structured interviews were done with individual consumers as well as with parents of consumers of drugs. This approach provided broader and more in-depth insights into the impact of substance abuse on both individuals and families, as well as on the rehabilitative approaches that were used in different instances for their respective victims. Interviews were conducted on the streets, in a coffee shop, at several homes and at the Anti-Drug Forum (ADF) in Chatsworth. In some of the instances, wherever it was possible, information was cross-checked and verified through individuals close friends and relatives who were known to the researcher and felt that the researcher could be trusted.

SOME CONVERSATIONS AND FOLLOW-UPS IN MIDDLE CLASS SUBURBS

In middle class Indian suburbs substance abuse, especially through drugs among male youth, is known but seldom discussed with the openness that is found in working class Indian townships. Issues of family pride, public image and personal status are crucial in their standing within the extended families and community. Any association with the abuse of substances that are totally banned by law, including abusive levels of alcohol intake, can be seriously detrimental to their social standing among their kith and kin, as well as to their neighbourhoods and the social circles to which they belong. Aspiring towards greater heights in education, business performances and professionalism in middle class Indian suburbs have become normative expectations – but within the context of respectable law abiding behaviour – at least publically. In situations where deviations from this norm occur, immediate family, friends and neighbourhood alliances generally readily assist in dealing with the problem.

The mobilisation of assistance may present itself in various forms, although it is severely taxing to whoever chooses to become involved. Money, time, stress and a determination to keep the issue away from wider public knowledge, are at least four of the issues that become the overarching factors in attempts to wean victims out of their self-destructive paths. In the instance of a 21 year-old university student, a son of a prominent legal personality in Durban, knowledge about his drug habit was known to his friends at least four years prior to him being caught and publically shamed through his arrest. While in his final year in high school (Grade 12 in 2008), he boasted with friends about his consumption of sugars and encouraged some of them to at least try it. His regular consumption of it continued undetected by his parents and siblings until one day in 2011 he was arrested and had his picture published in a local newspaper. While the community was abuzz with the gossip about his arrest, his parents did their best to blame it on “bad company”, and it being only a recent experimentation on his part. His friends were adamant however, that he was taking sugars over at least a four year period. These issues however, were secondary to the need that

the parents, extended family and close friends saw in ensuring that he was rehabilitated as swiftly as possible. Friends and family comforted the parents on an almost daily basis for up to 3 months, and simultaneously counselled the victim of drug abuse as often as they could. Their strategy was not to leave either the parents or the victim alone at any particular time. The mother, a housewife, always had a family member with her for the period of three months lest her disappointment cum depression turn into suicidal feelings. The victim on the other hand had to be accompanied by other friends at all times including the times he stayed at home. He was stopped from going out alone or with friends who were unknown to the family. But trusted friends were encouraged to be with him at his home as often as they could be there with him. Their purpose was to ensure that he was hardly ever alone and that he was he was always kept occupied to steer his mind away from the drugs that defamed him. His additional forms of help were going to an *ashram*, being counselled by a professional counsellor, and being provided with the latest electronic games that keeps him occupied at home with his friends. The victim himself felt he was “...simply going through a phase...a situation that I would not like to return to...I know how much I hurt and embarrassed my parents and I would not like to repeat that...I am almost finished with my degree, so my parents can see my sincerity in wanting to recover.”

In another situation the victim himself was not so fortunate with such support and back-up with either an extended family or a wide enough network of friends who had the time or effort to comfort and counsel him. An officer of the court and himself a son of a deceased attorney, he was married and divorced after having one child with his ex-wife. As one of two children, he was always with his parents, until marriage separated him for a while and then forced him to return to their home after he got divorced. At the age of 32 he was unable to either fend for himself or resist the temptation of taking drugs to deal with his loneliness. His mother died in 2009, and his father got progressively ill, then bed-ridden, and finally died in 2011. Living in a mid-town apartment block in a busy area, made his habits difficult to hide, forcing neighbours and members of the public who knew him to talk about his unusual behaviour. Some of his questionable acts

showed out in him appearing in public with only his boxers on, and talking in tones that were not his usual self. He began missing much of his work in court and borrowed excessively from friends, neighbours and family who could lend to him. He had fallen back on his rent by four months and hardly had any food stocked in his flat. Several of his neighbours also complained that he was often doing weird things like burning books in the flat and throwing them out of his window and into the driveway, grabbing a neighbour's domestic help and threatening to throw her over the third floor balcony, and presenting a weird and threatening appearance that tended frighten children as well as adults. Through the grace of his family they took turns to send food for him every few days. His married sister, working and living in Johannesburg (700 km away from Durban), drove to Durban to see him, pay his rent and stock up his groceries and meat. But she made a special appeal to his landlord "...not to let him know that his rent is paid...He must work harder to fend for himself." But her stay overnight with him convinced her that he desperately needed medical treatment, forcing her to acquire a court interdict to have him admitted to a hospital psychiatric ward. But this had to be a state funded hospital because private care was beyond their reach. When this was done she returned to Johannesburg and monitored his progress from there. He was relocated to another hospital with better facilities and was released after six weeks. However, this time around people who knew were more cautious to associate with as freely as they used to or lend him money as they did previously. Several people had complained that they were not paid back by him and that he was in fact still not entirely free of the habit of substance abuse.

In each of the cases above the victims were from reasonably well established families where there was almost immediate help from family and friends in ways that were significant to them materially and psychologically. While the habit was attended to extensively by the family, neighbours and friends, each of the two neighbourhoods varied in the ways they viewed substance abuse in their areas. In the former instance, an upper middle class neighbourhood made up of free standing individually designed homes where the equivalent of "street corner societies" are hardly in existence, both vehicle and pedestrian traffic is minimal. The possible existence of drug

distribution networks are likely to be easily detected and phased out of the area through community pressure alone. In the latter case however, a busy mid-town working class and lower middle class area, the existence of groups of youth networks and associated anti-social behaviour is visible and seldom confronted. Their modus operandi often revolves around several strong and assertive individuals with statuses of local strong men, inhibiting neighbourhood residents or business people from confronting them. These situations present themselves as "realities" that have to be lived with, often making the public complacent about anti-social elements they believe make-up the tapestry of life around them.

PERSONAL VERSIONS OF SUBSTANCE ABUSE

In Chatsworth, a partly lower middle-class to mainly working class state subsidised housing complex, developed to accommodate at least 250 000 people, the problem of substance abuse is considered to be wider and more visible than in wealthier middle class areas. While joint and extended families still prevail under conditions that were initially designed by the state to inhibit them, broken marriages, single parent families, ad hoc arrangements emanating from desperate situations among indigent people, have become frequent forms of household arrangements. Unemployment and poverty are endemic problems in Chatsworth and is understood to be the basis of the extensive problem of substance abuse in the area. But the problem also goes beyond this segment of marginalised people, who often tend to shy away from assistance that community based organisations offer in terms of counselling and rehabilitation. There is virtual consensus among residents in Chatsworth that the problem is enormous and spreading in ways that could amount to a catastrophe in time, if not acted with urgency. In a random sample of 20 individuals, 10 women and 10 men, there was a positive unanimity to the question: *"Do you think drugs and alcohol are a problem in Chatsworth?"* Answers abounded among them that the problem is either "very serious" or "beyond control", and that the distributors were the ones most responsible, but that they were the least affected by the effects of the drugs.

Consumption of drugs such as sugars, rock cocaine and XTC have become the new forms of escapism for those who are inclined towards substance abuse and who have long histories of its consumption. In the case of TH, a 35 year old carpenter, drugs were a regular intake for him since the age of 13 years. Having been born and raised in Chatsworth's Unit 5, most notorious for its gang violence as well as problems with drugs and alcohol in the township, he stated that he had to do drugs in order to get acceptance among his peers and other more senior men around them. At the age of 13 years he started with *dagga*, and only thereafter moved on to cigarettes by the age of 15, and started drinking alcohol from the age of 17 years. He left school at the age of 16 years (having dropped out in his pen-ultimate year that is, Grade 11 (then standard nine), to find employment and "...to earn money and to be among the boys in my district." He emphasised that "... one had to be strong to survive. Only a handful of the youngsters were serious about life among us. Most guys were stuck with taking dagga and drinking alcohol. It was clear they were going nowhere and they had no future. They didn't realise that they could only be strong in their lives for a short period. They thought fighting and making a name for themselves that way was everything....Many of them are now finished, they can hardly fend for themselves or stand up defend themselves...." TH moved on to some of the more contemporary drugs such as XTC, cocaine and sugars, none of which were taken within a foil wrap – which is allegedly very potent in that form. His saving grace was through assistance from his 34 year-old wife, his mother, and her youngest sister. TH rented an outbuilding in Chatsworth's Unit One, in order to escape the harshness of the environment in Unit 5. His wife, an enduring and persevering woman, stood by him despite his bad habits. She attended the interview as well, and happily exclaimed: "*I stood by him every step of the way; and at no stage did I think about going astray from him.*" And his mother and her three sisters, particularly through the caring attitude and resources of her youngest sister, constantly counselled him to wean him off drugs. Initially, she arranged for him to attend rehabilitation classes in the upper class area of Hillcrest's Crisis and Trauma Centre. This helped only partially. With the assistance of the Chatsworth Anti-Drug Forum

(ADF), he was able to steer clear of drugs for at least nine months (prior to the interview on 11 July 2012), although he still drank alcohol and smoked cigarettes. His work had improved and he claimed that he was bringing in money for both their benefits in ways he had not done so previously. The furniture in their dwelling was renewed and the food that they were eating improved significantly. For the first time in the history of their marriage they were able to build up a bank account without having to draw from it and then have it closed. TH felt indebted to his mother and her three sisters, his wife and the ADF. Unlike the Crisis and Trauma Centre (for which he had much praise but felt it failed to reach out to him), the ADF was run by people he could identify with, and their approach was appealing because the counselling was personalised and he was able to relate to and understand them.

In another instance, in a father and son interview, there emerged a unique and different aspect to the role of the family in helping the victim to realise the folly of his ways. The father, a 56 year-old ex-teacher and the son, a 21 year-old university student, worked together to rid the latter of the festering problem of drug intake. In a cordial and friendly meeting, father (RC) and son (SC) contributed to the interview in a pleasant and convincing manner – especially in their verification and endorsement of what each one was saying to the questions that were asked of them. SC became a victim of drug abuse at the age of 18 years. His initial contact with drugs was out of an attempt to experiment. But this gradually developed into a regular habit as he increasingly partied, drank alcohol, went to clubs in the weekends, began gambling, going out more with girls, and sometimes not returning home when they were out for a good time during weekends. While his parents did not mind him going out with friends, they grew increasingly weary of his habit of sleeping at odd hours and for longer periods as well – something that he did not do previously. The type of drug that he took did not openly expose his intake of it, forcing his parents to give him the benefit of doubt about his sobriety. SC described how he and his friends often put over a table several thousand rands at a time to buy cocaine – which give them no more than "...only a temporary rush of feeling high – and in an instant thousands of rands used to just disappear." One

among his friends was from a wealthy business family who often made the biggest contribution in money towards the purchase of the drug and did not expect anything in return from them. They eventually became dependent upon him to boost the amounts they could purchase so that they could sit as a group and enjoy the effects of it. The years 2009 and 2010 were his worst years. He eventually opened up to his parents, claiming that his “... *conscience was hurting too much*.” His parents appreciated his honesty and sat him down to work out ways in which they could help him. His father had also immediately contacted the ADF, who were willing to help them. In the process of trying to recover, SC had two relapses, the second of which was the decisive one for him. SC recalled in persuasive flashes how his speech and hearing challenged elder sister turned out to become a role model to others like her in the world, by attending lectures, learning how to lip read and taking down notes, and finally qualifying as a chartered accountant – the only such one in South Africa. Her success brought a leading international publisher in Britain to dedicate an entire chapter in a recent book on teaching and learning methods for those who are speech and hearing challenged. SC’s mother, a teacher, continuously cried, because of the disappointment and the fact that he was her only son, and one of two children. Thoughts about his mother crying hurt him too much to want to continue. But his father kept on encouraging him by talking to him, trying each time to distract him from drug-taking. Hence, by the time of his second slip, SC’s mind was “*bombarded with thoughts about my family and the pain I was putting them through. Just thinking of my mother crying so much, and the disappointment I became to her, simply pushed me away from the guys who I was doing drugs with. I thought about my sister and how she beat all odds to get to where she is, and I thought about my father who has always been so kind and loving towards me. I just thought – how could I let them down like this? And I just walked out and never went back there. I am now clean for the past one year and a bit.*”

In both cases above, the presence of family members was indicative of the support that each of the victims received. In the former instance, it was through the collective support of his wife, mother and her three sisters, coupled with the

assistance from the Careline Crisis and Trauma Centre, and significantly boosted with the help and direction of the ADF, that he was able to steer clear of friends whose companionship coerced him into taking drugs. However, TH still appeared to carry a chip on his shoulder, constantly reminding me in the interview about how fearless he had to be while growing up, and how fearless he still was as a “product” of a tough neighbourhood, Unit 5. While he ululated about his growing distance from drug intakes, he was equally happy to state that he was still a cigarette smoker and drinker of alcohol. He felt that he still needed both substances to keep his balance to help him keep away from the more harmful drugs that he once took, although he claimed: “*I smoke cigarettes and drink alcohol in great moderation nowadays. My wife will tell you about this*”, searchingly staring into her face for a nod of approval. However, a casual conversation with the Director of the ADF a week later revealed that TH overdrank alcohol the weekend after the interview, forcing his wife to call and complain about his slip and accompanying bad behaviour. There was an acceptance between TH’s wife and the ADF counsellors that he was still in precarious territory with respect to his level of recovery, and that the possibility of a relapse was still strong.

In the second instance it was SC’s immediate family, the ADF and the power of his own conscience that pushed him into realising his misdemeanours. Both his parents were manifestations of the highest love for him and his sister showed exceptional courage as a speech and hearing impaired person by completing her degree in the minimum required time and went on to become a Chartered Accountant in South Africa – a rare achievement in a field that has a record of high failure rates and low annual intakes of new graduates to its ranks. The stupendous achievements of his parents and only sibling and their disappointment in him going astray worked on his mental state in a way that rocked his complacency about being disciplined and motivated towards his expected goals and achievements. The compelling force of his life in a close-knit family and his sheer determination eventually extricated him from a life of decline to a life of burgeoning hope. SC passed the six modules for which he registered in the second semester of 2011, and had passed four out of the five for which he had registered in the

first semester in 2012. His successes in academia provided him with a sense of renewed hope about his future, and turned his father into an optimist about his approach to his methods of upbringing with respect to his two children. SC presented an image of a youngster fresh out of a battle of life with a winning smile that was convincing about his recovery and transcendence from drug taking.

PARENT VERSION OF SUBSTANCE ABUSE

Parents' views about the impact of drug abuse on both their children and family life appeared to be as authentic as the views of the victims themselves. Their willingness to present themselves for interviews with me stemmed from the confidence they had in the ADF leadership and their *modus operandi*. Three separate parents had availed themselves to talk about their respective children's levels of addiction and the impact it had on their day to day lives. Each of the parents willingness to talk about their experiences stemmed from at least three common factors that they felt were their contribution to their neighbourhoods and the common problems of substance abuse wherever it exists viz. an indebtedness to the ADF for the service that they rendered to them on a personal level; the need for people to talk about substance abuse in order to raise awareness about its destructive effects; and the need to talk to about their experiences as a form of release to their pent feelings.

The first of these three parents was a husband (SK) and wife (JK) team, who were 66 years and 53 years old respectively. They have four sons, two of whom were married and the younger two who were still staying with them. SK was a retired medical technologist who worked at a local hospital and JK worked at home. The couple agreed to represent their two sons because they felt that they were not inclined to talk the truth about their respective situations. They spoke about their 25 year old son, GK who was a matriculant (12th grade), and who worked as a casual at a major chain store branch in the mainly lower middle-class suburb of Kharwastan, as well as their 18 year old son who was still at school. Both have been victims of drug abuse and both have been counselled in more than one institution. The youngest son was not as much a topic for discussion as GK was. But he

was caught in school with *dagga*, sold to him in school by people who are "professional runners" from the outside using school children to market their products. His reprimand appeared to have worked up to the time that the interview had taken place, but SK and his wife were still uncertain about how long their youngest son would be able to keep to his discipline. They grew suspicious of him when he started using a lot of perfume and frequently washed his hands at home to remove the stench of *dagga* from it. He often feigned illness or complained of headaches – using either excuse to close his bedroom door to sleep. They felt that after he was warned about being imprisoned for possession of *dagga* the fear it had brought to him caused him to refrain from continuously taking it. But It was their third son, GK, who was their major source of concern at the time of the interview. GK began taking drugs since he was 18 years old. From *dagga* he took to sugars when it was first introduced and became heavily addicted to it. His two elder married brothers began accusing their parents of not doing enough to control and care for them, which eventually led them to take GK to the ADF for an assessment and counselling. This was after he had created a serious nuisance of himself by stealing household goods to sell it in the neighbourhood in order to support his drug habit. SK labelled his son "a thief", because he stole from wherever else he could just to buy sugars. He was first taken to NICRO (South African National Institute for Crime Prevention and the Reintegration of Offenders), where the approach was "standard and somewhat impersonal". It did not work for GK because he did not find their officials or programme appealing enough. Hence his habit persisted and his parents found it more increasingly difficult to cope with. Only after being introduced to the ADF did they experience some relief, until eventually GK did stay away from banned substances. The ADF worked for him because he was able to identify with the institute. They were local people who understood how to link up to local victims of drug abuse – in that they spoke in the local accent and counselled and appealed to them in ways that were highly personalised and persuasive to them. But he continued to smoke cigarettes, they suspected *dagga* in the weekends, and drank lots of beers. They noticed two distinct types of reactions from GK when he consumed either *dagga* or beer –

dagga keeps him quiet but makes him eat a lot, while beers makes him talk loudly and too much and sometimes abusively, because he tends to swear a lot when he talks, making him appear schizoid. The problem became worse when he was not working. His parents' saving grace was the fact that he worked mainly at night, forcing him to remain sober and keeping him out of the company that adds to his anti-social habits. Both SK and his wife expressed serious problems of exhaustion with their two sons at home, becoming increasingly afraid of the effects that such stress will cause them. They feel continuously depressed about what their sons are putting them through and are growing increasingly concerned that at the rate they are living their lives they are unlikely to transcend the boundaries of indigent working class people that are characteristic of Chatsworth.

In the second the instance, SP, a 48 year old father of two children, chose to represent his son because he was unavailable on the day scheduled for the interview. His son was reportedly appearing for a job interview. SP was a cardiac patient who had a stent put into his heart in 2003, and his arteries are still showing signs of increasing cholesterol deposits. He has been employed as a store-man, in charge of warehousing for a shipping company, over the last ten years. His 24 year-old son, RP, was unemployed since leaving school seven years ago, with only sporadic periods of short-term work that earned him very meagre payments. RP started alcohol at the age of 18 years, and added smoking and then sugars to his habits. SP blamed it on his unemployment, which caused boredom and which in turn led him, together with other local friends to begin experimenting with drugs as a form of escapism. Out of sympathy SP ensures that his son always has pocket money and is kept as busy as possible with his television and computer games at home. However, the lure of friends and the enticement to take drugs becomes inescapable when they find it too cumbersome to remain at home and do nothing. RP was constrained by an alleged limitation in that he was not too academically inclined and therefore did not show any interest in furthering his studies. SP described RP as "a very big hearted and helpful boy who spends a lot of time at home, with his TV and computer games – then nothing really bothers him." But when he leaves

home, he seldom answers his phone because he is afraid of being caught out with where and with whom he is. At times when his drug taking becomes unbearable to the family, SP sends him to his (SP's) mother's home to distract and separate him from his drug taking associates. As long as RP is with his granny he tends to behave by cutting down his smoking and drug habits. His granny continues to encourage him by talking to him and counselling him, making "him feel good, wanted and worthy." But as soon as he leaves his granny, the old habits are allegedly brought back into play. SP is however, grateful to the ADF for their support in helping RP cope with his drug habits, which at the time of the interview was not completely under control. But significant progress had apparently been made and there was much hope that he would be weaned out of the habit within a few more months (interview: 12 July 2012).

In the situation of single parents, the issue of social control and discipline may appear to be more difficult through the absence of a married partner. The problem also appears to be more precarious when the parent is the sole breadwinner in the home and the number of offsprings is no more than one. Ensuring that there is an income in a home, that there is always food in the cupboards and ready for those whose well-being is of importance to the parent, that accounts are paid in time, and above all there is discipline that ensures a level of integrity for a single parent household, is a multi-task responsibility that is agreeably no mean task. In the third instance of a parent agreeing to be interviewed as a form of appreciation to the ADF, AR, a 55 year-old woman from Unit 5 in Chatsworth, was a single parent with a 25 year-old son. She was separated from her husband, worked as a consultant for a call centre in Umhlanga, and was committed to raising her son, DR, in the best way she could. He was a matriculant who went on to do a diploma in information technology. But he had a bad habit of smoking while in school, although she was not sure whether he started taking drugs also while he was still in school. She found out that he was taking sugars when one day the police had called her after arresting her son. He was allegedly near a dealer's house in Chatsworth when police were raiding – his response was to throw away into the nearby bush the drug that he had

with him, and run away as quickly as he could. But the police knew that his friend was waiting for him in a parked car close by, and arrested him in order to rat on DR. They eventually arrested DR, but could not charge him without evidence. But they were compassionate enough to advise his mother to introduce him to the ADF for counselling. DR's history with sugars spanned over three years, during which time he lost weight and showed little interest in spending time with his mother – either at home or in going out with her to visit family. AR's parents and brothers got to hear of DR's problems, urging her youngest brother to admit him to a private rehabilitation clinic, at a significant cost to himself. While this was helpful up to a point, it was the ADF that made the more tangible difference to DR's recovery. But it was also complimented by the love and affection of both sides' of DR's parents families. While AR's mother accommodated DR and continuously counselled him and showed him love and affection, his father's family always saw to his needs as well – by giving him money and lending him their motor vehicles when he needed it. They all demonstrated a sense of belonging to him and “made him feel wanted and like a person worthy of recognition.” At the time of the interview (12th July – on AR's birthday and her day off from work given as compassionate leave), DR was free from drug abuse for almost a year and four months. AR spoke proudly of his recovery, waxing lyrical about the time he spent time with her everyday after work, and the talks he had with her about “the silly things that young boys are doing in the neighbourhood like stealing and selling such goods just for the sake of buying drugs.” AR also recalled a conversation she had with a neighbour who complained about her son and threatened to throw him out of the house because of his stealing from the home to support his drug habit for eight years. AR's advise to her was not to give up because “he would get worse on the streets.” Her reference was her son DR – who was then working very well in full time employment, had new friends, met a girl whom he was dating, and was spending increasingly more time with her at home and with their extended families.

CONCLUSION

Each of the sections above illustrates the varying ways in which members of extended families were ever willing to help victims of substance abuse when the need arose. At least three issues, emerge out of the information that is presented here viz. that extended household members living disparately did not necessarily constitute an inhibition in rendering assistance to family members whenever it was necessary; that community based organisations such as the ADF are more useful to victims who are resident to the area because of the relative ease with which they are understood and the ways in which counselling is approached; and that the cumulative impact of extended family assistance coupled with “outside” help such as that of the ADF has a significant impact on the healing process of the victims. This suggests that a combined approach by more than immediate nuclear family members is more effective when respected elders and community members claw at the self-destructive habits through drug abuse by particularly youngsters who could otherwise have bright futures with careful nurturing and guidance. For instance in the cases of SC and DR, the evidence amply demonstrated the need for confidence to be shown in them, and that a bit of effort from their own sides could positively turn around their lives in the most promising ways possible. Each of their narratives showed the complexities in the effects of drug abuse, family and community based care, and the individual's will to rise above their shortcomings. In each of the cases sighted above the challenges were glaringly phenomenal, but the will to overcome appeared greater.

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