Chapter 7

Remaking oneself: Seeking rehabilitation at SANCA

> I cannot live like this…like a machine whereby you have to insert money in me so that I can play – Boy

> If I can get in there I will say thanks God… I want those people to change me. Not to [necessarily] change me, but to remind me what I am living for – Boy

Introduction

After recognising the negative impact nyaope had on their social status and lives, Boy and Kgeleke sought to work on themselves, so that they become the type of person they aspired to be. For Boy this entailed being rehabilitated from nyaope use, thus saved from having to deal with *down* on a day to day. For Kgeleke, it involved going to school to obtain a formal college qualification, which he noted to be important if he was to live a decent life he aspired for himself, which includes being formally employed. What is similar from both Kgeleke's and Boy's intentions to live a better and nyaope-free life is that they both sought to approach formal institutions for assistance so to turn these desires into reality. For Boy it was SANCA and for Kgeleke, a college. Based on Boy's and Kgeleke's expressions about the damage their over a decade long nyaope use has had on them, I state that their desires carry and can be understood as expressions of wanting to remake oneself anew. I say that the pain and suffering that their nyaope use brought into their bodies and lives presented a moral breakdown to them (Zigon, 2009a; Zigon, 2011). That is, their rather unpleasant long-term experiences of nyaope use has forced them to reflect on the kind of person they want to be in the social world, and therefore aspire to remake themselves into new persons, as according to the standards they set for themselves. That is, into a person who has control over their body and mind, a person who lives a progressive life, and has a new positive identity, of which through it they can regain their dignity back that their nyaope use damaged.

Nyaope use restricting personal progress: The story of Boy

Apart from telling me how his nyaope use negatively affected his sense of dignity and value in his home and in his neighbourhood, Boy also spoke with me about how using nyaope has been a destruction and a barrier against progress in his life. He provided this as another justification why he wants to quit nyaope. He wanted to "live a normal life like other people". Boy acknowledged a "normal life" to be a kind of life he was living before he started using nyaope, whereby he was employed and was involved in romantic relationships. "But now I cannot even approach a girl because she will say, 'yoh, nyaope' ", he said. Boy added that he feels sorry for those boys who had not lived such a life, "those boys who drop out of school and immediately start to use nyaope", because they have not experienced such a life he once lived before, that includes being formally employed and dating, and probably will not, because of nyaope:

> Before starting to smoke nyaope I had my life under control... Now my life is messed up, like a knotted and broken tape, which I now have to fix... Smoking nyaope is like taking one step forward, two step back, one step forward, two step back [demonstrating]. It is the same as going backwards but you cannot see it...If I had not started smoking it I would probably have my own house and cars by now [pauses] A wife and children.

Boy's above expression reveals a moment of moral breakdown. Such reflections on his history of using nyaope leading to his current state of life forced him to seek for change and reflect on a kind of person he wants to be going forward (Zigon, 2009a; Zigon, 2011).

Boy's hope on SANCA in becoming a new person

Gaining access to a rehabilitation centre and therefore the relevant medication and treatment for his nyaope dependency was important to Boy's aspiration of living "a normal life" and thus into becoming new kind of a person that he aspired to be, such as a man who has his own house and family. This is reflected by the following expression by him: "If I can get in there I will say thanks God... I want those people to change me. Not to [necessarily] change me, but to remind me what I am living for".

The statement indicates the amount of hope Boy has on SANCA and its inpatient treatment programme that he wanted to be part of, in helping him to gain control over his body, mind and life in general, under the conditions he saw himself living for nyaope and being under its control, like a machine, whereby he has to intake nyaope in order for his body to be able to function. "I cannot live like this…like a machine whereby you have to insert money in me so that I can play" he said.

Boy's hope for transformation through SANCA aligns with what I heard from a conversation between two young men at the waiting room of SANCA treatment centre in Rockville, on the day of my interview with Richard. These men I call Thuso – in his early 20s, if not late teens, recovering from using crystal myth – and Nako, 30 a year old who uses over the counter drugs. As Nako and Thuso were talking about their drug use experiences, Thuso mentioned that he has just returned from "rehab", after spending six weeks there as an inpatient. He said the programme helped him gain his sanity back "…They have helped me a lot [because]…when you are using [drugs] it is the same as being insane. You do the same thing and expect different results". On the other hand, Nako, who was there to sign himself for a place into a rehabilitation programme, believed that the programme has a potential to make one "become human" again, because "when you are using you become evil, the devil. You can even kill a person for money". The conversation between Nako and Thuso further indicates how much of a hope many young people around Soweto place on SANCA in assisting them to free themselves from the chains of drug dependency, to claim one's consciousness, agency and dignity back, thus remake themselves anew.

SANCA and its role in the issue of drug use in South Africa

SANCA is a non-governmental organisation that was established in 1956. The National Lottery Distribution Trust Fund and the Department of Social Development primarily fund the organisation[5]. Its main objection is the prevention of alcohol and drug dependence (National Drug Master Plan 2013-2017, 2013: 129). SANCA offers out and inpatient programmes to people who might need assistance concerning their drug/substance ab/use through its centres and satellite offices.

[5] Sancanational.info

The outpatient programme is mainly suggested for people who are still at the experimental phase of their drug/substance abuse. It is sixteen weeks long. During that period, the individuals or 'clients' go through drug testing, individual and group sessions, and in some instances, it might lead to inpatient referral. The inpatient programme is six weeks long. Unlike the outpatient programme, 'clients' of the former go live at the rehabilitation centre. During my interview with Richard, he informed me that in the first seven days of the programme, 'clients' are placed at a "sick bay", where they are "monitored" by doctors and nurses, to help them deal with the physical withdrawal symptoms. Thereafter they are moved to the section where individual and group sessions are conducted. In some cases, family therapy sessions are done there, aimed at addressing the family-related root causes behind certain individual's drug/substance use.

SANCA has about thirty centres nationally and over seventy-six satellite offices[6]. Most of the centres are located in Gauteng, and one of those is the Soweto treatment centre, in Rockville, which was one of my fieldsites. SANCA Johannesburg formed the treatment centre in 1980 due to the escalating problems of substance abuse in Soweto. The centre has however since gained autonomy from SANCA Johannesburg and it now runs independently under the affiliation of SANCA National. According to its website, the role of the centre is "...to rehabilitate those who are abusing drugs, alcohol, and inhalants..." inclusively so, regardless of a person's class, age, gender or race[7].The services that SANCA Rockville treatment centre offers includes assessment of drugging history, drug testing, medical examination, and therapeutic services such as individual; couple; and family therapy. Others are statutory services (court referrals, admission to the inpatient rehabilitation centres and aftercare programmes).

During my interview with Richard, who is a social worker at SANCA Rockville treatment centre in charge of conducting assessments, individual therapy sessions and the aftercare programmes, we spoke mostly about the role of the aftercare programme in the process of drug 'rehabilitation'. He told me that SANCA Rockville works with a huge number of people who use nyaope, who together with those who use heroin; make about seventy to eighty percent of the participants of the aftercare

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[6]Sancanational.info

[7] sancasoweto.org.za

programme. The aftercare programme takes six weeks to be completed. As from 2019, individuals only attend once a month. Initially, they attended once a week. The services that are provided in that six weeks of attendance include individual and group sessions and the individuals also become informed of any job or skills development opportunities what are offered by SANCA's stakeholders. Furthermore, family integration is facilitated. However, Richard stressed that the main purpose of the aftercare programme is to help people maintain sobriety and "... to also help them refocus...some when they use they tend to neglect their future plans...so we help them to realign them [selves] and to focus... The main thing is to help them maintain sobriety and to prevent relapse" he said.

The goals of SANCA's aftercare programme, based on what Richard has said, relates to the intentions set by the Johannesburg major Herman Mashaba through his war against drugs, of fixing the "broken lives" of youth who use drugs like nyaope, by making them sober and productive citizens through drug rehabilitation and the offering of jobs (Mashaba, 2019).

Other drug rehabilitation institutions available

Apart from the drug rehabilitation services that are offered by SANCA, there are other institutions that serve similar purposes in Soweto. I would like to refer here to the three out of five rehabilitation clinics were opened in some regions which fall under the City of Johannesburg, by the Mayor Mashaba, in 2018. Amongst those clinics, two of them are located in Soweto; one is the Tladi Community Based Substance Abuse Treatment Centre and the other, Eldorado Park Community Based Substance Abuse Treatment Centre. The establishment of these centres comes after Mashaba declared war on drugs in 2016, following his inauguration as mayor. These clinics form part of the City's strategy to eradicate drug abuse and other drug-related issues.

Ethnographies on drug rehabilitation centres and drug treatment

Globally, there is a huge pressure placed on countries to adopt the harm reduction approach to deal with drug ab/use. There are however ethnographies that have been done on drug rehabilitation centres and drug treatment, of which some criticise the harm reductionist strategies of drug treatment as having some moral intentions of

changing drug users into a new kind of person who is morally disciplined, in more control of their lives and can be able to engage better in the world.

Zigon for instance conducted a study in Russia about a Russian Orthodox Church drug rehabilitation programme in St. Petersburg. There, drug addiction is often described as a disease of frozen feelings. The image suggests that drug users have no emotional world at all, meaning that they are emotively incapable of relating to oneself, the world and the people around them, as the result of their drug use. As such, the staff of the programme reported to Zigon that many of the therapeutic activities provided are orientated towards allowing and teaching the rehabilitants how to emote properly (2010: 326-7).

The therapeutic programme incorporates Orthodox aspects and (semi) secular therapeutic techniques (Zigon, 2011: 46). It is said to mainly function to assist the rehabilitants to have the ability to manage their emotional worlds, and to do so in a manner that they are able to become more social persons (Zigon, 2010: 332). With this regard, as the rehabilitants are under the process of rehabilitation, they are said to be in the course of thawing (Zigon, 2010: 326-7). However, Zigon argues that the course of rehabilitation can be understood not as a process of "thawing" so that a person becomes able to begin to feel their emotional world. Rather, as a process of remarking an individual into a kind of a person, who on one hand is capable of controlling their emotional world, and on the other, do so in a way that is more socially appropriate. In fact, Zigon refers to secular and semi-secular rehabilitation and therapeutic programmes around the world to be regimes of self-transformation, and the Orthodox Church drug rehabilitation programme to be no different. He refers the programme's intentions to be ultimately directed towards creating a new moral person: a "normal person" who can live a "normal life", through "stepping over oneself" and by "working on oneself" (Zigon, 2010: 328). These are similar to Boy and Kgeleke's intentions.

Bourgois did an ethnography, this time on drug treatment, in the early 2000s, which was the period where the methadone maintenance programme established in the United States of America was the largest bio-medically organised and federally controlled drug treatment modality in the country (Bourgois, 2000: 167). In the 1980s and 1900s, the National Institutes of Health declared methadone maintenance to be

the better and effective resolution in treating heroin addiction, which was treated as a disease (Bourgois, 2000: 172). Bourgois however criticises the methadone maintenance programme in the country, of which about 115,000 heroin addicts were part of at that time. He refers to the programme as serving an underlying purpose of being the tool of the state to instil moral discipline into the hearts, minds and bodies of the heroin addicts who are perceived as "criminals", "deviants", and "sociopaths" in society (2000: 167;169), who reject sobriety and economic productivity. Bourgois does so by basing his critique on Foucault's work, referring to methadone maintenance as a concrete example of biopower at work – an entrenched institutionalised form of social control to discipline bodies. Indeed, formal institutions such as these which houses or services the 'sick', 'ill', 'deviant', 'lost' or 'insane' people in society has received similar criticisms by many other scholars too. From the South African perspective, Gillespie did this, but about prisons in post-apartheid South Africa, arguing that in this era, the institution's duty, as a "benevolent moral institution" is presented to serve as a place where anti-social behaviour is to be corrected through rehabilitation, so to produce good and productive citizenship (2008: 70; 74).

Becoming a new person: The story of Kgeleke

Kgeleke shared the same goal with Boy, of becoming a new kind of person, according to the aspirations he set for himself. However, unlike Boy, Kgeleke identified going to school than a rehabilitation centre as a way in which he can remake himself. Kgeleke started to use nyaope in 2008, after he was introduced to it by a friend of his, whom I happen to know. He referred back to this moment:

> That boy [nickname of the individual]…I was at the container [where Kgeleke worked as a mechanic]… [He] fetched me there. He asked me to accompany him somewhere. When we arrived, he showed it [nyaope] to me… I smoked it once. He told me that I would wake up okay in the morning at 3 am. By 3 am indeed I woke up… I was now waiting more of it… I blame that boy, well not entirely, as I am also at fault. But I blame him.

A year before this incident, in 2007, Kgeleke was attending at a college in Soweto to complete his secondary schooling, after he dropped out of high school while in grade

9. Whilst in college, Kgeleke also studied a module in motor mechanics. Kgeleke chose the module because he wanted to build upon the knowledge and skills he has of fixing vehicles. However, Kgeleke never finished his studies. He dropped out of college on the same year that he started to use nyaope.

Apart from leading him into dropping out, Kgeleke mentioned other negative impacts his nyaope use sequentially had on him. One of those is self-neglect. Kgeleke stated that in 2010, he secretly smoked nyaope and he did not appear as if he used the drug. He recalls "I bathed…I was clean and I dated". Changes however began to occur in 2012; a period where Kgeleke noted his nyaope use to have led him to pay less attention on himself. He has come to realise nyaope is not good for him, mentioning that it has become all he lives for; has reduced his sense of dignity and has withheld him from pursuing his dreams. Such reflections represent incidences of Kgeleke's moments of 'moral breakdown' (Zigon, 2009a; Zigon, 2011) with regards to his nyaope use. Now Kgeleke aspires to go back to school, to complete his studies in motor mechanics as he realises this to be a gateway towards living a "decent life" he imagines for himself, a life whereby he has a formal qualification, formally employed and earning a "decent salary" of about sixteen thousand rand per month. This is a goal Kgeleke did not mind to spend a year on "I can handle *down*…One year is long, but during that period, you can gain a lot... I want when I enter [the potential workplace] for people to say 'yeah, you are educated'…I do not expect to get rich quickly out of this…I will get rich as I gain knowledge. I just want to earn a decent salary…" he said.

Conclusion

This chapter is about Kgeleke and Boy's aspirations of working on themselves to become a new kind of a person, as per the ideal self they had in mind. Generally, this is a person who has control over their body, mind, life, and with a new positive identity, that makes one to be worth respected. In the chapter I have said that their intention to remake oneself comes as a result of a 'moral breakdown' (Zigon, 2009a; Zigon, 2011). That is, moments of their reflections of the events of pain, non-progressive life and suffering caused by nyaope use – that surpasses ten years for both of them – which subsequently forced them to rethink on the kind of person they want to be in the social world, going forward. Both Boy's and Kgeleke's long term experiences and aspirations does reveal the impact that nyaope use can have on the person, of occupying a

negative, low status in society; living a static life. As a result, their life experiences also indicates the major task that the different levels of government, the State and organisations such as SANCA have to play in offering help to people who would like to quit addictive drugs such as nyaope. The extent of severity of nyaope withdrawals which makes quitting nyaope to be a daunting and difficult task one cannot possibly achieve on their own raises the importance that having access to the relevant drug treatment is to the users. However, integration into society is also important, as although a person can become 'rehabilitated', they can also fall back to using nyaope again, if they return under the same conditions that caused them to use nyaope in the first place. Therefore, both my participants' current situation and aspirations additionally show how complicated the issue of nyaope use is, which does not distinctively exist in isolation from other social factors, but in relation to them.

Chapter 8

CONCLUSION

This research report is an eight-chapter long ethnography that is dedicated to further advance the knowledge and understanding of nyaope use in South Africa, from the anthropological perspective. It is the product of four-month long ethnographic fieldwork that mainly involved engaging with people who use nyaope in their own natural environments. For this ethnography, I immersed myself with a group of young nyaope users who call themselves *bomtsubi* and individuals from this group, who make up the majority of my participants. Nyaope use is explored and spoken about here in relation to 'morality'. I adopted Zigon's understanding of morality not as being universal but what tends to vary from one situation to the next, together with his term 'moral experience' to refer to nyaope use as such an experience. This is to make a point that, nyaope use cannot be simply be defined on the basis of binary oppositions between good or bad, right or wrong, choice and constraint, structure and agency (Zigon & Throop, 2014: 10), according the established moral norms set by formal and informal institutions and those carried by public discourse. What I argue is, nyaope use, and other drug-related behaviours of the users such as stealing for money for the drug, are far more complicated than being the case of choosing to do what is 'wrong' over what is 'right', as determined by moral entrepreneurs. This ethnography has expanded what we know about nyaope use and users by unveiling this complexity, through viewing their actions from their perceptive and moral standings. In doing so, it has offered other alternative moralities in comprehending the use of nyaope.

The first chapter of this research report served as an introduction about the study. It discussed 'nyaope' in terms of what it is, with regards to its physical and chemical composition. It talked about the impact its use has on the youth who use it, in Valleydale but also in the rest of South Africa. Furthermore, it covered the reputation and status both the drug and the users have in the country. I discussed how both have come to present a threat to societal values, state of safety and health, thus a cause of concern, together with the actions that have since been taken by the State and its various levels to resolve this. Whilst I do this, I discussed how my interest in researching about the use nyaope amongst the youth came about, and the questions this report sought to answer.

Chapter 2 specifies the theoretical framework and research methodology of the research report. It specifies and identifies phenomenology as an appropriate theory to base this study on, as it is based on understanding the use of nyaope through the users' own life experiences, in relation to morality. I shared the methods I used to conduct the study, the challenges I encountered before and during fieldwork, and my fieldwork experiences. As a reflection on the latter, I introduced a new term I coined, 'inference solicitations,' and what it means.

Chapter 3 talks about nyaope as a drug and nyaope as a body, indicating how the two are related, informing each other, in the context where there exists so much uncertainty around the drug nyaope. It indicated how, due to the uncertainty about nyaope, people who use the drug have come to embody it, through being called 'nyaope' by the public, who use their bodies (of the users) as a representation of the drug, to unmask its mysteriousness. Furthermore, it makes the point that the rumours about the drug nyaope simultaneously influence how people who use it are perceived and treated in the community. I have identified the behaviour and the bodily appearance of the users, together with the rumours about nyaope as conditions that have created the underlying moral panic towards nyaope in South Africa: a condition whereby the drug and its users are perceived as threats in society, in need of a remedy.

Chapter 4 showed the important role that communal relationships amongst people who use nyaope have through the group of young individuals in Valleydale who call themselves the *bomtsubi.* I have indicated how the group offers support towards meeting the shared goal of obtaining a next fix for individuals who use nyaope, through practices of '*striker*', and thus, protection and care against nyaope withdrawal symptoms. *Striker,* which is based on combining the money one has with that of others to meet the minimum amount needed for a joint, serves an important role to the *bomtsubi*, by enabling them to meet the regular need of a smoke of nyaope so to avoid or relieve themselves from the tormenting experience of nyaope withdrawals or *down.* More especially when one does not have a sufficient amount of money to afford their own joint. The practice of *striker* forms part of the key aspect of *looking out* for each other, which I highlight as a crucial moral principle of the social life of the *bomtsubi.* It guarantees mutual survival under living in harsher conditions of occupying a generally

negative identity in the community, suffering from nyaope withdrawals, and to counter the struggles of having to hustle for money on a daily.

The use of nyaope can have a negative impact on one's sense of personhood. These are the main findings reported in Chapter 5, which details the extant of a damage that nyaope use has had on my participants' sense of self. I share instances from their experiences that revealed how they felt they had lost respect and dignity due to being known as a user of nyaope or because of standing out as such, because of having certain physical attributes that makes one to be identified as 'nyaope'. I make the statement that nyaope use has had a greater negative impact on my participants' personhood, as reflected by their articulations, because what it means to be human is socio-centric to them.

Chapter 6 has discussed how and why my participants use 'sickness' to refer the moment of experiencing nyaope withdrawals as such. I have argued that my participants do so in order to make it possible for people who lack the personal experience of how *down* (nyaope withdrawal symptoms) feels like to be able to comprehend what they go through every day. I have also shown how the state of being 'sick' from *down* is used as a moral justification to explain why some individuals go to greater lengths of stealing for money for nyaope.

Chapter 7 has shared instances of how some of my participants sought to remake themselves anew after having a moment of self-reflection on their long-term nyaope use that stretches to more than ten years. After realising the damage their nyaope use has had on their social status and life, they sought to change this by wanting to enrol into a drug rehabilitation centre and a college with a motivation to live a nyaope-free and "normal life", coupled with earning a "decent salary" and having a positive identity in society, which will make them earn the respect of those around them.

In this report, I have emphasised looking into nyaope use as a 'moral experience' as a necessity towards advancing our knowledge about nyaope use. By saying so, I do not imply that people should totally abandon their own moral norms and judgments around the drug and nyaope use. Rather, I suggest putting these aside for a moment and start to view the behaviour from the standpoint of people who use the drug. The report has revealed the advantages of applying this approach, by indicating how doing so allows us to see the complexity in nyaope use, therefore widening our perceptive

and knowledge about the circumstances and behaviours of the users. It has for instance shown that people who use nyaope might act in a manner that is characterised as wrong and illegal as according to the general moral norms and law in South Africa, not because they choose to do 'wrong' over what is 'right', but because of the result of trying to deal and manage their nyaope dependency and harsh social circumstances. Furthermore, through the approach, this report has indicated the value there is within the social group of people who use the drug in the form of providing support to ensure mutual survival, and therefore reasons why such groups exist, even though they might be perceived as having no place in society.

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