



Addiction

"What is addiction, really? It is a sign, a signal, a symptom of distress. It is a language that tells us about a plight that must be understood." Alice Miller

1. Introduction

We all have the capacity to develop an addiction. However, while some addictions, like running or knitting, are harmless, others such as alcohol, drugs and gambling will impact negatively on the addict, their family and the community.¹ This is deeply concerning as more and more people are becoming dependent on drugs and the age at which such dependence begins is getting lower. The positive results of interventions aimed at helping addicts are not assured. However, in order successfully to address the issue it is important to regard it as a medical rather than a criminal/moral one.

While substance abuse is the most common or obvious addiction, there are various other destructive behaviours such as gambling; compulsive spending; and pornography and sex addictions, all of which impact negatively on the well-being of the individual addict and those around them. "The compulsion to continually engage in an activity or behaviour despite the negative impact on the person's ability to remain mentally and/or physically healthy and functional in the home and community defines behavioural addiction".²

2. Substance Dependence

Substance dependence refers to patterns of substance use that result in significant negative impact on social relationships with family and friends, work performance, participation in the broader community, and a deterioration in general health. It is characterised by a lack of control over consumption; general preoccupation with the substance of choice; and a failure to acknowledge these and to seek help. Substance dependence is typified by physiological

dependence and addicts experience symptoms of withdrawal if they do not get the next 'fix'. Addiction is fuelled by the need to avoid the experience of withdrawal as much as by the need for the 'high'.

Fr Stephen Tully, who has worked extensively with addicts in Durban, emphasises that "South Africa is battling an ever-growing drug epidemic, with statistics indicating that millions of South Africans are regular users of narcotics. The cost of overall substance abuse runs to tens of billions of rands annually and fuels inter-personal violence such as murders and assaults".³ Furthermore, the majority of addicts fall into the 18-30 age group, and the choices they make will impact on the next generation. The need for successful interventions is urgent.

3. Dependence-Causing Drugs

3.1. Marijuana

Marijuana, or dagga, is a commonly used, potentially addictive substance that is popular as a recreational drug. Presently, there is discussion regarding the legalization of marijuana for medicinal purposes in the treatment of chronic pain.⁴ In addition at least two court cases are under way in which applicants are challenging the law against possession of marijuana. One case centres on the use of the drug in the Rastafarian religion, while the other is based on a constitutional freedom argument.

3.2. Heroin

Pure heroin is the most harmful and addictive of drugs and the consequences of its use may be fatal, especially if the health of the addict is compromised in any other way as well. Heroin was considered a high end of the market drug due to

its high cost, but if it is mixed with other substances the cost comes down and this has broadened the market. Treatment for recovering addicts is difficult and should be medically supervised on an inpatient basis.

3.3. Nyaope/Whoonga

Nyaope, also known as Whoonga, is a cocktail of drugs which is unique to South Africa. It is as addictive as heroin and can result in almost immediate addiction. It usually consists of heroin and dagga and may be mixed/cut with anti-retroviral drugs, milk powder, rat poison, bicarbonate of soda or pool cleaner.

3.4. Cocaine

Cocaine is made from the leaves of the coca plant grown in South America. It is also known as 'coke' and usually appears as a white powder, but it can also be crystallised into a hard resin known as 'crack'. It is widely used as a recreational drug. It is a rapid-onset stimulant that enhances the mood, but this is short-lived and can be followed by depression and cravings for more of the substance. It is an addictive drug.

3.5. Mandrax

Mandrax was originally a sedative prescribed for insomnia and similar conditions, but its medicinal use was discontinued because of its addictive properties. It consists of various chemicals which are made into tablets; these are commonly crushed and smoked together with marijuana. South Africa has the highest incidence of mandrax use in the world due to its relative cheapness. It is highly addictive, but its use has declined with the availability of tik, nyaope and whoonga.

3.6. Tik

'Tik' is the local slang name given to the stimulant drug, crystal methamphetamine, which is known as 'crystal meth' or 'ice' elsewhere. It has become increasingly popular amongst school children, especially in the Western Cape.⁵ It is cheap, easily available and highly addictive. It can also be an appetite suppressant, which is appealing to some teenage girls and young women. Drugs such as tik play an important role in gang-related violence.

3.7. Ecstasy

Ecstasy is relatively new synthetic, designer drug often used at 'raves'. It relaxes the mood and combats fatigue, so is a drug of choice for dancing long into the night. However, it can cause severe dehydration, and users need to drink a lot of

water. Users may develop a tolerance for it and then increase the dose so as to achieve similar results.

As Ashley Potts points out in an interview with Marelise van der Merwe,

"it's not what the drug is, it's your relationship with it. One can have a much worse addiction to a so-called 'milder' drug. Just because it's alcohol or cannabis or gambling or even food, [...] doesn't mean it's 'better' than, say, tik or nyaope. It can still ruin your life when you're not looking."⁶

4. Alcohol and Addiction

Not everyone who consumes alcohol will become addicted; some people are more susceptible to addiction than others.⁷ However, alcohol (along with tobacco) is the most accessible addictive substance, as it can be legally obtained by any person above the age of eighteen. At present public comment is being sought regarding the raising of the legal age for the purchase and consumption of alcohol from eighteen to twenty one. There would also be increased regulation regarding the sale of liquor in close proximity to various social institutions such as schools and churches.

Saturation drinking of alcohol by teenagers is rife in spite of existing legislation, and this makes the efficacy of raising the age of consumption questionable. It might well drive the purchase and consumption of alcohol further underground. In any event, the enforcement of these regulations would require considerable policing and it is unclear how this would be achieved. And no matter what regulations may be made and enforced, people over the legal age, be it 18 or 21, will remain able to buy any amount of alcohol despite being addicted to it.

The abuse of alcohol is extremely dangerous. It lowers one's inhibitions and impairs judgement, thus contributing to traffic fatalities, domestic violence and a range of violent crime. Abuse of any addictive substance during pregnancy impacts on the well-being of the unborn infant, but alcohol abuse is probably the biggest problem in this regard. New-born babies whose mothers continued to use alcohol and drugs during pregnancy may experience withdrawal after the birth. Foetal Alcohol Syndrome is common among infants born to mothers who have continued to drink during pregnancy. These children's

intellectual development is compromised, they are difficult to teach, and they struggle to learn. The Syndrome is irreversible, but it is entirely preventable. This has major implications for policy regarding health, education and social welfare. Presently, social and health policy is focusing on the first thousand days of life of each child-that is from conception to the age of two, and considerable efforts are being made by both government and private organisations to raise awareness about the harm that drinking and substance abuse can do to the developing baby.

Other negative health consequences arising from addiction include serious infectious diseases such as HIV, other sexually-transmitted diseases, and Hepatitis B, all of which can be contracted from sharing intravenous needles. Alcohol abuse may result in liver disease and various cancers. Suicide is common among drug users, and there are numerous deaths as the result of intentional or inadvertent overdoses.

5. Addiction as a Crime

Richard Nixon was the first to launch a “drug war that framed drug users not as alienated youths whose addiction was caused by inhabiting a fundamentally inequitable society, but as criminals attacking the moral fibre of the nation, people who deserved only incarceration and punishment”.⁸ This was the time of the Vietnam War; the civil rights movement, the Kent State shooting; opposition to the draft; the Cold War, and the threat of nuclear war. Such an approach ignored drug use as a sign of social alienation, and this policy has dominated policy on drugs the world over ever since. Possession of an addictive substance is regarded as a crime. Little distinction is made between those using/purchasing an illegal substance and those selling and profiting from it.

Furthermore, there are doubts about the usefulness of criminalizing people for what is essentially a medical issue.⁹ The social commentator Ivo Vegter argues that “on the contrary: every attempt to criminalise these activities has had harmful consequences to public health, economic development, human rights, crime, and the environment”.¹⁰ Criminalisation also discourages addicts from seeking help and results in a further disconnect from broader society and their increasing marginalization.

Notwithstanding the above, addiction can and does result in crime. Addicts may commit petty

theft in order to feed their addiction. Families of addicts may return home to find that appliances and other valuables have been stolen and sold, and there are also instances where social security money is stolen, particularly Child Support Grants and Old Age Pensions. Such thefts impact severely on the vulnerable. Cape Town Major Patricia de Lille’s “I have a drug problem” campaign speaks eloquently to the impact of addiction on others. Ashley Potts points out that for every one addict there are seventeen other people who experience the consequences of this addiction in some way.¹¹

6. Addictive Substances and Human Trafficking

Women and girls who have been trafficked for the purpose of prostitution may have little access to food and drink, but have unlimited access to drugs and alcohol. They become addicts and are dependent on the trafficker and the ‘profit’ from prostitution pays their drug debt. Addictive substances are used as a means of control and introduce a never-ending cycle of exploitation and debt bondage.¹²

7. Treatment versus Punishment

Both speakers at the roundtable discussion emphasized the importance of a medical rather than criminal approach. There is a need to develop and promote appropriate measures to restore both the addict and those most affected by the addiction. Services can be provided on both an inpatient and outpatient basis and need to involve family, friends, and people who matter in the life of the addict. Some addicts do require inpatient care but public facilities are few. Recently the ‘Napier Centre for Healing’ was opened in Durban. The Centre will “provide residential rehabilitation for those struggling with addiction to drugs and alcohol. It will demonstrate a practical, affordable and accessible model of rehabilitation to address the drugs and alcohol crisis afflicting South Africa”.¹³ Alternative therapies such as aroma therapy, reflexology, acupuncture and meditation, as well as exercises such as yoga and Pilates, can all play a role in recovery from addiction. Activities such as gardening and cooking can help the addict re-enter productive activity.

The Cape Town Drug Counselling Centre runs a six-week outpatient programme which includes group therapy, lectures, individual counseling and referrals to medical and psychiatric services, as well as many of therapies mentioned above. The Centre stresses the importance of after-care and sustained contact. It concentrates on assisting clients to better understand and deal with the

circumstances that contribute toward their addiction. It recognizes that many addicts experience personal and social alienation and have few prospects in terms of education and employment opportunities. Many addicts have difficult home lives, and gang membership provides a sense of belonging and identity. However, there is considerable peer pressure to use drugs and to engage in crime. "The emphasis is on shifting roles from the problematic (Victim, Persecutor, Enabler) to helpful roles (Survivor, Limiter, Supporter)".¹⁴

8. Stigma

Success in overcoming addiction depends on the sustained use of outpatient services and the support and understanding of 'significant others'. Addicts still face a great deal of stigma while in recovery, when they are no longer using drugs or alcohol, and it is helpful to use terms such as 'recovering' or 'a person in recovery'. While the term 'addict' may be medically correct it can be experienced as derogatory. Addiction does not define the whole person. Courage and determination are needed to recover from addiction and this should be recognized and respected.

9. Compassion

Fr Tully spoke of the healing nature of real compassion which enables recognition of the sufferings of others. In his book *The Wounded Healer*, Henri Nouwen writes that

"the authority of compassion is the possibility of man to forgive his brother, because forgiveness is only real for him

who has discovered the weakness of his friends and the sins of his enemy in his own heart and is willing to call every human being his brother. A fatherless generation looks for brothers who are able to take away their fear and anxiety, who can open the doors of their narrow-mindedness and show them that forgiveness is a possibility which dawns on the horizon of humanity...who points to the possibility of forgiveness and helps others to free themselves from the chains of their restrictive shame, allows them to experience their own guilt, and restores their hope for a future in which the lamb and the lion can sleep together".¹⁵

10. Conclusion

There is a need for proactive social policy, supportive structures, and family involvement in the treatment process. Organizations offering services to those addicted to substances must offer accredited programmes and be properly registered. Early intervention services; developing the capacity of families to deal with a family member who is an addict; and sustained support services are key. Those who feel connected to family, friends and the community are less likely to develop harmful addictive behaviours. Addiction is both preventable and treatable and therein lies much hope.

**Lois Law
Researcher**

¹ On 17th November the Catholic Parliamentary Liaison Office held a Roundtable Discussion on 'Addiction'. Fr Stephen Tully from the Denis Hurley Centre and Mr Ashley Potts of the Cape Town Drug Centre spoke.

² <http://americanaddictioncenters.org/behavioral-addictions>

³ Napier Centre Flyer, 16th November 2016

⁴ The Medical Innovation Bill, tabled by IFP MP Dr Mario Ambrosini as a Private Members Bill, is making its way through Parliament.

<https://www.thedailyvox.co.za/why-mario-ambrosini-hoped-to-legalise-medical-marijuana-in-sa/>

⁵ <http://www.health24.com/Mental-Health/Tik-is-your-child-at-risk-20120721>

⁶ Daily Maverick, 21st April 2016

⁷ <http://drugabuse.com/library/alcohol-abuse/>

⁸ <http://www.theatlantic.com/health/archive/2012/03/the-war-on-drugs-how-president-nixon-tied-addiction-to-crime/254319>

⁹ <http://www.health24.com/Lifestyle/Street-drugs/News/Street-drug-nyaope-classified-as-illegal-20140403>

¹⁰ Daily Maverick, 21st November 2016

¹¹ Presentation at the Roundtable Discussion on Addiction, 17th November 2016

¹² Presentations and Discussion at the SACBC Human Trafficking Conference, April 2016

¹³ Napier Centre Flyer, 16th November 2016

¹⁴ Presentation by Mr Ashley Potts, 17th November 2016

¹⁵ *The Wounded Healer: Ministry in Contemporary Society*, Henri J. M. Nouwen, 1979