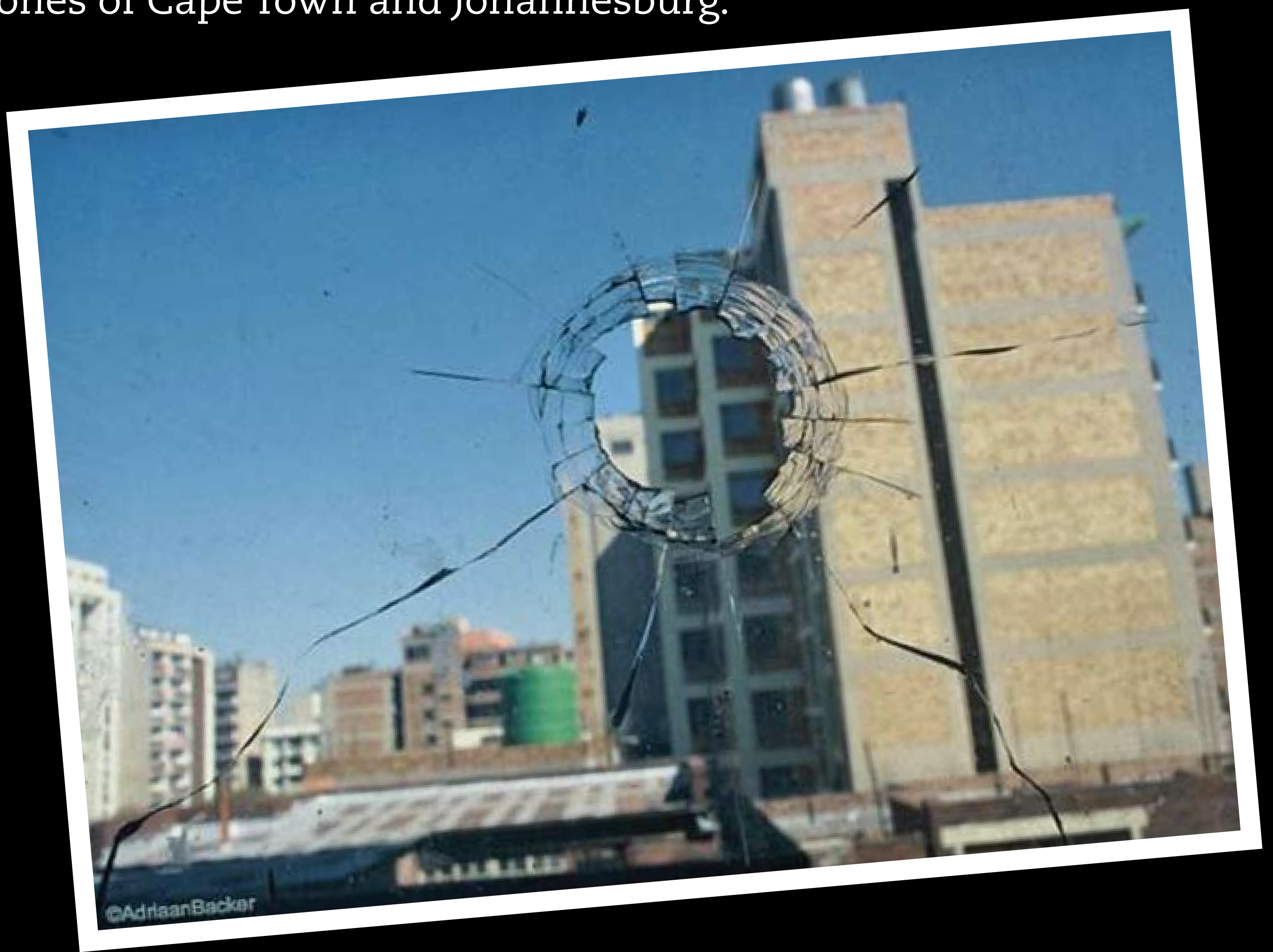
INTERNATIONAL

THE DARK SIDE OF TABLE MOUNTAIN

The car flags have been removed, the vuvuzelas are silent. The 2010 World Cup party is over and South Africa has returned to daily reality. And, reports **John-Peter Kools**, it's a reality of poverty, HIV, 'tic' and heroin in the deprived zones of Cape Town and Johannesburg.



Downtown Johannesburg. A dense and overpopulated concrete jungle, probably a million inhabitants packed together in a couple of square miles, with immigrants from all over Africa, street hawkers, barbers and live chickens in six-foot rolling cages on the pavement. In Hillbrow, the inner city residential neighbourhood of Jo'Burg, lampposts are adorned with adverts for 'Quick Same Day Abortions' and healers specialising in 'removing witchcraft and recovering stolen property'. The district is full of sleazy bars, corrupt policemen, high levels of crime and violence and a wide range of drugs available day or night.

In an empty square on Prospect Road, in the centre of Hillbrow, a neatly painted iron fence runs around the courtyard. It's a striking contrast with the rest of the surroundings: scorched pavement, bricked-up flat entrances, broken windows covered with blankets and plastic garbage in the trees. About 30 shabby figures are hanging around the square. Two black women are silently sitting on a tree trunk in the middle of the ground. Both of them are injecting. No one pays any attention to them.

Soon we are surrounded of a group of drug users who want to tell their stories. Quite a lot of them talk loudly, incoherently and speak with wild gestures. Time to move over. A group of five men and a woman walk with us around the corner to called Bishops Park. Lying in the shadow of two 20-storey blocks of flats, it's the main dealing zone in the locale. According to the users, the new heroin and cocaine stash is regularly thrown from one of the upper floors. "When it is too crowded, especially in the evenings, the police come and just fire a couple of rounds of rubber bullets to chase the crowd away." At the moment, it is reasonably quiet.

The group that accompanied us, four African men, a black woman and a white lad, all of them of some indeterminate age between 25 and 40, tell me about their life in Hillbrow. One of them has a soiled bandage around his hand "from a bite two weeks ago".

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Their homes vary from the overpopulated Hillbrow apartments shared by several families, the squatted flats "with no electricity, water, elevator doors, that kind of thing", or on the street in a park or under a fly-over. Although they use other substances like crack, methamphetamine and cannabis – all of them are hooked on heroin.

"You have got no idea how many people use heroin here in Hillbrow. It could be ten thousand," says one woman. They get their money to support their habit through day-to-day hassle, car washing, as a car 'guard', a bit of selling. borrowing and petty crime: the usual business.

"Money isn't our problem," according to Musa, the man with the bandage. "A bag of heroin costs you 20 rand (£1.50) but it's poor quality. Enough to keep you hooked, too bad to make you even nod."

Another one, Seth, the white boy, says that he injects heroin. They others smoke on foil or combine it with cannabis, but they are familiar with injecting. Kwame, an inhabitant of Hillbrow since he fled from Liberia's civil war, says: "It is a myth that Africans do not inject. I have nothing against it, I just don't do it." Others agree. In desperate need they might take a syringe. "Syringes are easy to get. At a pharmacy they cost 4.5 rand, or for 2 rand you can buy a syringe from a friend." Two rand for a used syringe? "Yes, that's how it goes. Of course we know about diseases, but it just happens this way."

It's not an ideal state of affairs in a country with one of the biggest HIV epidemics in the world. "That is exactly the reason why I went to that place with my syringes," says Charles Rossouw, a qualified pharmacologist. A couple of years ago Rossouw decided to distribute syringes in Hillbrow. "I just thought something needed to happen. I simply bought a box, threw some petrol in my car and drove 60 miles down to Hillbrow. I did that weekly for a couple of months. Until my money was gone."

In the mean time Rossouw has started an initiative to support drug users and is currently working on an assessment of the drug situation in Hillbrow. He has seen a recent rise in injecting, including African drug users. "And nobody is doing anything for those guys."

Tafelsig, Cape Town. 850 miles away at the other side of the country. Different setting, same story. A community at the rear end of an endless sandy plain of shack-lands and matchbox houses,

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developed during Apartheid to 're-allocate' the non-whites after removal from the city of Cape Town. These communities have been flooded by drug use, mainly with 'tic', locally produced methampetamine, and more recently with heroin.

"Look at my own street. Every second house is affected with drugs," says Nicolette Sass. "Number 50: two sons using heroin. Number 52: tic. That man over there, down in the gutter: once a drinker nowadays he is a 'ticker'. That woman has a son on tic, he's now in jail for violent robbery. Over there they have got a grandson in the house who sells everything, from clothes from the washing line, meat from the freezer, to buy drugs. Look what's hanging around in our street. Young children, stray dogs, gangsters and merchants. Can you imagine how a place like this is at night?"

Nicolette laughs out loud. She knows the place inside out. She's worked in the city's Pollsmoor Prison, in community HIV care and now works for Cape Town police ("but in other areas, my goodness, not here"). She is standing in the opening of her house and looks around as a young woman from next door comes towards her. "Auntie Nicky, can I come in for a minute?"

Felicia is 23 years old. She tells us about her methamphetamine use, about the high, the boys. And about HIV. "HIV comes from 'tic'. You start to use at the age when you are becoming sexually active, if you know what I mean. I was 17 when I started with tic. We have nothing to do but to walk around, put some money together, buy some tic and play cards. We take our 'lollies' (a glass smoking pipe) and share the tic. Boys, girls, and you know how it goes. Tic is a warm bed." She is silent and goes to Nicolette in the kitchen.

A bit later, Felicia is returned home with a packet of fried fish, Nicolette is astonished how fast things have developed. "With tic, suddenly you hear of ordinary young people, boys, girls, all on it. And nowadays a new trend among young people that they call 'unga'. You know what that is? That's heroin! Heroin! On top of all that tic misery we already have."

On a plot around the corner, where Nicolotte says "the gangsters used to dump the dead bodies", the city has built a community health centre and initiated a public drug treatment facility. It provides outpatient treatment and supports clients with self-management strategies, teaching them how to reduce and take control of their lives. "It's great," says Nicolette, "but it is a drop in the ocean. Any idea how many people live in this area? Millions."

"South Africa reminded me of the UK," says Bruce Trathen, "but 30 years behind." Trathen is a psychiatrist who has worked within treatment services in his native UK. But nowadays he spends most of his time in South Africa, which he started visiting in1995.

"At that time, the behavior of the white population seemed reminiscent of my parents' generation: heavy drinking and smoking, club drug use in the younger population, some use of barbiturates and very limited heroin and cocaine use. Cannabis was more widely used among the black communities. It was just like the UK in the 1960s," says Trathen. But he has seen this evolve over the last decade.

He says economic and cultural globalisation have led to the "homogenisation" of drug use patterns throughout the world, including areas that were previously largely untouched by illicit drug use. The UN Office on Drugs and Crime currently estimates there are around 180,000 heroin users in South Africa.

"It must have been around 1999 when we suddenly saw a sharp rise of heroin use in Cape Town," state Charles Parry, head of the substance unit of the Medical Research Council (MRC) in Cape Town and widely seen as one of the lead experts on substance use in South Africa.

"We thought it was sparked by a shift in transit routes to the US and Europe, but later we realised that small local markets had started developing. In 2002 we noticed a sudden increase of domestically produced methamphetamine. That's when we realised that things were really getting seriously out of hand."

According to Parry, South Africa has developed fairly advanced drug epidemic. "We have a very full range of available drugs and use is spreading among various populations and communities. Affluent people and middle class people, poor and very poor people, and across the various ethnic communities in the country." The conclusions from MRCs latest biannual epidemiological report underline Parry's concern: 'Drop in mean age', 'shift in use from crack cocaine to heroin', 'increased use of methamphetamine by Black/African females', 'increased in heroin use among black Africans'. There seems no

doubt: the diffusion of drug use in South Africa continues unabated.

While the drug situation in the country as increasingly serious, it is not drug use itself that is the main concern. It is the causes and the symptoms of drug use like crime, violence, poverty and pressing health issues such as HIV.

One of the main risks of the current drug epidemic is that it will drive up HIV infections. "Although one saving grace is that the population tends to smoke its drugs rather than inject," says Parry, "we also hear stories about increasing numbers of injectors in African communities. And there is also the issue of drug-related sexual risk." Parry is clear on the urgency to respond quickly. "Ignoring these issues is simply not an option any more. If we are not able to respond adequately to current drug issues, along with injecting behavior and unsafe sex, we will not tackle HIV."

But whereas drug use prevalence has developed so rapidly, policy remains largely unchanged – and health services for users are virtually non-existent. Bruce Trathen says: "Policies are still based on the concept of a drug-free society. There is a well-developed abstinence-based model based on residential care, but there is little support for a harm reduction rationale. And harm reduction is exactly what this country needs."

However, an important step towards a more comprehensive approach, including harm reduction services for drug users, has been made by the health clinic for gay men in Cape Town. It started the first needle exchange in South Africa.

"Twenty minutes after Bill Clinton delivered an inspiring speech in Vienna about how US funding should support syringe exchanges, we sent out a press release saying that we would start such a service," says Glenn de Swart, director at Health4Men.

"We have no funding for it, but we bought some needle disposal boxes and started an exchange at our health clinic. There is a dire need for this service in our community. Plenty of gay and bisexual men inject, also black men. We must undertake harm reduction in order to address HIV and other diseases. We are simply dealing with the reality of what's really happening in our city." It's an attitude that will hopefully inspire many others in South Africa.

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■ **John-Peter Kools** is a consultant on drug use, HIV and harm reduction. He is involved in a project run by the Dutch Trimbos Institute on developing harm reduction services in South Africa