

VALIDATING THE IMPLEMENTATION OF SUBSTANCE ABUSE POLICY IN SOUTH AFRICA: THE VOICES OF EAST LONDON CITIZENS

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ABSTRACT

This study employed a purposive sampling technique to examine the implementation of substance abuse policy in South Africa with the participation of East London citizens. The study applied a qualitative approach and paradigm that allowed for the description and exploration of the circumstances surrounding substance abuse as discussed by sixteen participants engaged in in-depth interviews and a focus group discussion. Demographically, the participants' age ranged from 42 to 59 years with a mean of 50.1. The gender distribution was skewed with eleven male and five female participants. Among the participants were fourteen blacks and only two whites. The participants were recruited through a purposive sampling technique. The data were analysed manually through thematic analysis. Inter alia, the study revealed the limited success of substance abuse policies; poor intergovernmental policy implementation; a paucity of qualified human resources and politics and corruption serving as stumbling blocks to proper policy implementation. This study revealed a need to strengthen the monitoring and evaluation of substance abuse policies in South Africa.

Keywords: Substance abuse, policy, government, politics, power dynamics.

INTRODUCTION

Despite a plethora of substance abuse policies globally, substance abuse continues to be one of the most devastat-

ing health risk factors facing mankind (United Nations Office on Drugs and Crime (UNODC), 2016). Diverse pieces of literature highlight that, despite international conventions, commissions and

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unprecedented measures implemented by researchers and governments, global trends in substance abuse increased from 5.3% to 5.5% between 2015 and 2017 (UNODC, 2017). African countries are particularly prone to this scourge, with alcohol abuse being the most prevalent (Dumbili, 2015; Tshitangano & Tosin, 2016). Statistically, alcohol is the most abused substance in South Africa with 31.5% of South Africans experiencing an alcohol-related problem.

After the advent of the 1994 democratic dispensation, the South African Government implemented national policies, Acts and legislation to stem the rising tide of substance abuse (Geyer & Lombard, 2014). These include the National Drug Master Plan (NDMP), which is a detailed policy document that was introduced as a holistic approach to building a drug-free community (Howell & Couzyn, 2015). The NDMP was composed by the country's Central Drug Authority and approved by parliament in line with the Prevention and Treatment of Drug Dependency Act (No. 20 of 1992) as amended, as well as the Prevention of and Treatment for Substance Abuse Act (No. 70 of 2008) as amended (Department of Social Development and Central Drug Authority, 2013). This document and its operationalisation have been revised four times in recognition of the responses set out by the UN conventions and other international bodies. The first National Drug Master Plan of 1999-2004 (NDMP1) was thinly concerned with reducing the illegal drug supply and demand through a community development approach and action-oriented programmes (Department of Social Development, 2013). The NDMP2 of 2006-2011 was committed to implementing a holistic approach to minimising drug

abuse, harm and dependency, as recommended by the NDMP1.

The NDMP3 of 2013-2017 focused on regulating the reduction of harm, demand and the supply of drugs/substances. Functionally, the NDMP3 incorporated and appreciated the NDMP2's challenges, recommendations and outcomes. Many researchers believe that while the NDMPs 1 and 2 lacked a health and rights-based approach, the NDMP3 was a balanced and progressive plan, as it incorporated such an approach (Bala & Kang'ethe, 2021).

Primarily, the NDMP3 bridged governmental departments and other stakeholders to work synergistically and collaboratively against substance abuse (Pedersen, 2016). The NDMP3 emphasised the application of multiple integrated strategies rather than focusing on the criminalisation of substances and abusers. The NDMP3 sought to eliminate biological, psychological and economical collisions of substance abuse amongst South African citizens (Mokwena & Fernandes, 2014). In addition, the NDMP3 intensified the use of recreational and diversion programmes to eradicate and prevent substance abuse (Department of Social Development and CDA, 2013). This single plan also acknowledged the importance of creating job opportunities as an approach to reducing substance abuse. Most importantly, it harmonised and enforced laws and policies to govern drug and alcohol peddling.

The current National Drug Master Plan of 2019-2024 (NDMP4) acknowledges the recommendations made by the NDMP3 and emphasises seven strategic goals, which are to reduce the demand for and supply of drugs in communities and related measures; promote effective law enforcement response to drug-related crime; counter money laundering and

promote judicial cooperation; ensure the availability of and access to controlled substances exclusively for medical and scientific purposes and prevent the diversion thereof; identify and control new psychoactive substances; promote governance, leadership and accountability for an effective, coordinated and multi-sectoral response; strengthen data collection, monitoring, evaluation and research evidence to achieve the goals and to stimulate robust and sustainable economic growth aimed at reducing poverty, unemployment and inequality (Department of Social Development, 2020).

Although the NDMP4 seeks to prevent the criminalisation of drug-related crimes, the drug-related death toll increased from 205 164 in 2013 to 292 388 in 2017 (a 42% increase) (Shelly & Howell, 2018; Fellingham, Dhai, Guidozzi & Gardner, 2012). It is in this light that the Department of Planning, Monitoring and Evaluation (2019) highlights that the inadequate allocation of resources to address substance abuse threatens the effectiveness of the NDMP4. The majority of towns, particularly in the Eastern Cape, do not have NGOs that focus on addressing substance abuse (Bala & Kang'ethe, 2021) but the Department of Social Development offers such services to a large number of communities (Bala & Kang'ethe, 2020) but has insufficient professionals and offices to deal with the problem effectively.

The Drugs and Drug Trafficking Act of 1992 has long facilitated the restriction and interdiction of the illegal manufacture and supply of drugs (Western Cape Government Report, 2015). Operationally, this Act prohibits people from manufacturing substances unless for medical purposes and only if they are registered to do so. Even then, the drugs must not

be dangerous or have undesirable consequences (Tshitangano & Tosin, 2016). Ironically, illegal drug manufacturing and trafficking have increased uncontrollably to unprecedented levels in South Africa with upper governmental echelons and policy facilitators complicit in the illegal manufacture and trafficking of drugs exacerbating the problem. In support of this contention, on 6 May 2019, Eyewitness News reported that several members of the South African Police Service (SAPS) were involved and that SAPS was one of the most corrupt institutions in Africa concerning drug dealings and trafficking (Clement, 2019). Cases of South African police officers collecting bribes from drug peddlers have been reported (Jordaan, 2020), which has implications for the effectiveness of SAPS in addressing substance abuse.

The National Liquor Act No. 10 of 2003 provides for measures to reduce the harmful outcomes of substance abuse in tandem with regulating the registration, distribution and social responsibility involved with liquor retail at all levels (Eastern Cape Liquor Board, 2015). Paradoxically, South Africa has more illegal or unlicensed taverns that serve liquor than licensed outlets (BusinessTech, 2017) and within every 10 metres in townships and rural areas, one is likely to find an illegal tavern that sells liquor (Bala, 2017). Apparently, these taverns do not adhere to the legal guidelines set by the government. Many of these taverns are suspected of selling alcohol to children under the age of eighteen and are open for business 24 hours a day, which negates the efficacy of law enforcement agents. Unfortunately, such uncontrolled alcohol sale facilitates children and youth in South Africa imbibing illegally (Tshitangano & Tosin,

2016). This has dire ramifications on the ethics and morality of society in general.

An array of NGOs such as the South African National Council on Alcoholism and Drug Dependence (SANCA) were instituted to supplement the government's efforts in the fight against substance abuse (Tshitangano & Tosin, 2016). Nevertheless, the government and these NGOs do not appear to be winning the war and new and more potent drugs such as nyaope/whoonga, "tik" and Flakka are increasingly available and ravaging South Africans (Bala, 2017). Ad hoc literature also highlights that in 2020 the new synthetic drug known as Wiz was found circulating in Durban and in 2018 a marijuana-like drug was found in Pretoria.

Political and power dynamics have been found to also serve as stumbling blocks to the success of the anti-substance abuse policies in South Africa (Fellingham, Dhai, Guidozi & Gardner, 2012). Corruption and misuse of project funds among leaders and line managers have facilitated the increase in drug trafficking in South Africa. Diverse pieces of literature have revealed that South Africa is burdened by the prolific theft of project funds, which delays the progress and effectiveness of substance abuse policies (Hlongwane, 2018). This study sought to analyse and validate the implementation of substance abuse policies in South Africa.

Problem statement

Despite an overwhelming proliferation of illegal substance production, demand and abuse, countries have not relented in their campaign to tackle the challenges and international conventions, commissions and policy have been promulgated to fight global trends in substance abuse. Under the auspices of the African Union,

various African countries have developed policies and implemented plans and strategies to address substance abuse (Nelson, 2016; West African Commission on Drugs, 2013). South Africa has developed various policies that have embraced the aforementioned broader policy scopes, inter alia, the National Drug Master Plan (NDMP) was produced as the major policy document to facilitate the fight against substance abuse in South Africa. This plan is supervised and facilitated by South Africa's Department of Social Development. Other policies and Acts include the Drugs and Drug Trafficking Act of 1992, the Prevention of and Treatment for Substance Abuse Act, No. 70 of 2008 and the National Liquor Act, No. 10 of 2003 that complement the NDMP. Despite numerous interventions, the challenge appears to be getting out of hand in South Africa (Bala, 2017), which implies that there are shortcomings in policy operationalisation and implementation. Therefore, this paper sought to evaluate the successes and failures of substance abuse policy in South Africa.

METHODS AND STUDY SETTINGS

Research approach and design

The study utilised a qualitative research approach to explore the implementation of substance abuse policies through participants' subjective understanding thereof (Brannen, 2016). The research approach allowed the researchers to collect data through close observation and interaction with the participants during meetings held by an anti-substance abuse committee (Silva, 2017). The researchers remained cognisant of human heterogeneity and valued everyone's opinions

about the implementation of substance abuse policies (Rubin & Babbie, 2016).

The case study design was employed to generate data about the implementation of substance abuse policies. The case study technique allowed the researchers to make direct observations about the phenomena under investigation and collect data from only a few participants. Practically, the case study allowed the researchers to analyse the information within a particular setting (Yin, 2018). The case study strategy focused on a small geographical area and participants whose number was determined by the saturation principle (Grinnell & Unrau, 2011).

Population and sampling

The research population for this study comprised selected government institutions and NGOs operating in the city of East London in the Eastern Cape Province of South Africa. The organisations were the Department of Social Development, Buffalo City Municipality (BCM), the Department of Education, the Department of Health (DoH), Masixole High School, Umtiza High School, BOSASA John X Merriman Child & Youth Care Centre, the Koinonia Recovery Centre, the South African National Council on Alcoholism and Drug Dependence (SANCA), the National Institute for Crime Prevention and the Reintegration of Offenders (NICRO), the Eastern Cape Department of Education (ECDoE) and the South African Police Service (SAPS). Participants were selected through a purposive sampling technique. Patton (2015) avers that purposive sampling is to select information-rich individuals, groups or organisations based on what is being studied (Gentles et al., 2015). In addition to selecting experienced and knowledgeable participants, it

is crucial to select people that are available and willing and that meet the defined criteria (Bryman, 2016).

Data collection and instrument

The data were collected through in-depth interviews and a focus group discussion. In-depth interviews allowed the researchers to elicit the participants' experiences and opinions (Kumar, 2014). The one-on-one, in-depth interview technique with key informants was applied to gain detailed information from knowledgeable individuals. Brannen (2016) opines that in-depth interviews are the most efficient method of obtaining information when conducting a qualitative study because they are generally unstructured. The focus group discussion (FGD) allowed eight individuals to discuss the theme of the study while the researchers served as facilitators that guided the discussion with a prepared interview schedule (Kumar, 2014). The interview schedule contained unstructured questions to facilitate the collection of qualitative data from the participants (Rubin & Babbie, 2015). The interview schedule used appropriate language to explore the participants' in-depth insights.

Data collection procedure

The researchers requested permission from purposively selected organisation managers to conduct the study. These organisation managers assisted the researchers to recruit participants who were willing to share pertinent information. Specifically, employees working with substance abuse issues in the selected organisations were recruited. The various organisations accommodated the researchers with offices to conduct interviews while the FGD involved seven (7)

participants with two (2) researchers and one research assistant coordinating. The FGD were conducted in the South African Police Service boardroom in East London and involved members of the anti-substance abuse committee. The interviews were recorded with the permission of the participants and then transcribed.

Data analysis

The data generated for this study were analysed through thematic analysis. Nyumba, Wilson, Derrick and Mukherjee (2018) posit that thematic analysis seeks to unearth salient themes in a text at different levels while thematic networks aim to facilitate the structuring and depicting of those themes. The researcher facilitated the formation of themes and sub-themes through the application of codes. During the process, unnecessary data were eliminated to produce relevant patterns. The themes and sub-themes were validated by capturing the participants' verbatim responses to questions (Tshitangano & Tosin, 2016). The thematic analysis was strengthened by listening to the audio recordings and transcribing them to extract the relevant data. The themes were arranged to correspond to the study's objectives and questions. Braun and Clarke's (2006) six steps were followed in the formulation of the themes that were derived manually from the sentiments expressed by the participants. In doing so, the participants' views and opinions were interpreted by the researchers. The process of data coding and the analysis were performed manually.

Ethical considerations

The researchers adhered to protocols, rules and regulations to prevent any harm from befalling the participants. The

researchers explained to the participants what their participation in the study would involve and their rights and how the information that was shared would be utilised. The participants were made aware of the nuances of the research. The data collection tool with relevant research questions was submitted to the University of Fort Hare Research Ethics Committee to facilitate the acquisition of an ethical clearance certificate. The research was approved and an ethical clearance certificate KANO41SBAL01 was issued.

FINDINGS

Participants' demographic data

The required data were collected from sixteen participants between the ages of 42 and 59 years, which is considered to be the middle-aged group. The findings revealed a skewed gender parity with males (11) outnumbering their female counterparts (5).

With regard to race, there were fourteen (14) black and two (2) white participants; a significant racial disparity. With regards to marital status, thirteen (13) participants were married and three (3) were single. With regards to education, fifteen (15) participants had tertiary level education and one (1) had secondary school education. With regards to occupation, the participants occupied various ranks in the different institutions.

Main themes

The limited success of substance abuse policies

The study established that the substance abuse policies in South Africa had achieved periods of only limited success.

The participants confirmed that the implementation of the NDMP2 and NDMP3 has stabilised alcohol consumption (Geyer & Lombard, 2014). The NDMP, in conjunction with the Department of Health, has facilitated free and accessible drug rehabilitation programmes. The participants shared the excerpts presented hereunder.

“Regardless of the endless fight against substance abuse and its increase, there are small achievements and successes that needs to be appreciated. As the Coordinator of School Health programme, we have implemented Care and Support for Teaching and Learning policy and tried to reduce substance abuse among learners in schools, as well as involving learners’ parents” (KIP3: Department of Education, Senior Education Specialist).

“It might not be appreciated and highlighted in literature but there is a progress and bits of achievements. We have worked with many rehabilitation centres to assist people abusing substances and we have achieved positive results” (KIP10: NICRO, Social Worker).

These responses indicate some notable progress and achievements in addressing substance abuse. Different government institutions have worked separately to implement diverse programmes to reduce substance abuse.

Poor intergovernmental policy implementation

The findings indicated poor intergovernmental policy implementation to address substance abuse, with the participants lamenting the lack of collaboration among

institutions. The participants attested that the policies encourage working synergy among government institutions but practically, the synergy is poorly conceptualised. The verbatim responses presented hereunder support the aforementioned findings.

“Appreciably, various governmental institutions have visited our local schools in trying to address substance abuse among the learners. However, these institutions enjoy weaker collaboration in the process of policy implementation. Sometimes different institutions would visit the same school on separate times to implement same or similar programmes”.

“Different institutions operate under different policies, hence there is poor intergovernmental policy implementation”.

These responses indicate weak collaboration between institutions that does not promise meaningful progress in the fight against substance abuse.

The paucity of qualified human resources

The data revealed a paucity of qualified human resources to effectively implement substance abuse policy. The participants revealed that the majority of the professionals who are responsible for implementing substance abuse policies are not specifically trained to deal with substance abuse issues. These results were corroborated by the sentiments expressed by the participants that are presented hereunder.

“There are few practitioners trained to specialise on substance abuse

more especially among government institutions. Therefore, this poses a challenge of practicalising the policy. On the other hand, practitioners in governmental institutions are versatile in that they are inundated with implementing different policies which affect their concentration and effectiveness of substance abuse policy implementation”.

“I have observed that there are a few professionals who are well equipped in substance abuse field. Many people who specialises in substance abuse are in the private sector and NGOs”.

These sentiments reveal that substance abuse policy implementation suffers acute deficits on account of inadequate human resources to expedite its implementation.

Corruption in the management of substance abuse campaigns

Political and power dynamics were found to be significant stumbling blocks in the implementation of substance abuse policies in South Africa. Corruption and embezzlement among high-ranking officials in the government have allowed increased drug trafficking within South Africa. The power dynamics appear to have adversely affected the allocation of funds meant to address substance abuse. The participants’ responses presented hereunder attest to the foregoing assertion.

“The level of corruption from national, provincial to local levels has a huge impact on the implementation of programmes against substance abuse. Despite budgetary allocation,

the money never reaches where it is meant to be used”.

“It is always easy to blame practitioners on the ground but honestly we operate without budget to deliver proper interventions, because we don’t receive any funds. Hence, we just do unplanned awareness campaigns”.

These responses indicate why South Africa is not winning the war against substance abuse and that corruption and the embezzlement of funds interfere with the allocation of funds to successfully implement substance abuse campaigns.

DISCUSSION

The findings revealed a paucity of success in implementing substance abuse policies in South Africa. This has placed pressure on law enforcement agencies to aggressively address the problem (Geyer & Lombard, 2014). To this end, the NDMP4 2019-2024 acknowledges several national strategies that include the Health Sector Drug Master Plan and the Anti-Substance Abuse Programme of Action that contributed to the success of the previous NDMP (Department of Social Development, 2019). The South Africa Police Service Annual Report 2018/2019 highlights that 236 clandestine drug laboratories were dismantled in South Africa in that year (South Africa Police Service, 2019). This was an appreciable effort to curb the emergence of new illegal drug operations. In the past years, drug seizures at international airports have increased, which calls for more vigilance and aggression by law enforcement agents. This implies a need

to strengthen interventions geared towards curbing drug entry into South Africa. The problem of the country's porous borders must be addressed (Department of Social Development, 2019). The School Safety Programme has contributed significantly to curbing substance abuse among the youth (South African Department of Basic Education, 2013).

This study also revealed poor intergovernmental policy implementation against substance abuse. The NDMP4 2019-2024 corroborates the abovementioned findings by indicating that success in the fight against substance abuse in South Africa is hindered by the lack of a multi-sectoral approach and collaboration among organisations that aim to address substance abuse (Tshitangano & Tosin, 2016).

The World Health Organisation (2003) has long lamented the limited collaboration among agencies responsible for substance abuse and drug peddling prevention. Protogerou, Flisher and Morojele (2012) posit that the lack of practical intergovernmental interventions has made South Africa a drug capital. Setlalentoa Ryke and Strydom (2015) posit that to control substance abuse, South Africa needs to build strong multidisciplinary collaboration at all levels. Various literature sources have highlighted the importance of improving collaboration among relevant entities to address substance use disorders (Goldstone, Bantjes & Dannatt, 2018).

The analysed data revealed a paucity of qualified human resources to effectively implement substance abuse policies. The study conducted by Dwommoh, Sorsdahl, Myers, Asante, Naledi, Stein and Cleary (2018) also found a significant lack of qualified human resources to address substance abuse in South Africa.

Goldstone, Bantjes and Dannatt (2018) recommended further training among practitioners who are responsible to prevent and address substance use disorders in South Africa. The South African Government needs to ensure relevant training and education for professionals working with substance abuse disorders (Oladeinde, Mabetha, Twine, Hove, Van Der Merwe, Byass, Witter, Kahn & D'Ambruoso, 2020). Scholars have emphasised the importance of substance abuse education among relevant practitioners (Polydorou, Gunderson & Levin, 2008). Several scholars have expressed the necessity of providing adequate resources if interventions to fight substance abuse are to yield significant results (Michaud, Bélanger, Mazur, Hadjipanayis & Ambresin, 2020).

Corruption in the management of substance abuse campaigns was found to be a significant stumbling block in the implementation of substance abuse policies in South Africa. Hlongwane (2018) asserts that corruption in South Africa has an adverse impact on the effectiveness and efficacy of policies that address substance abuse and several incidences of individuals in authority being involved in malpractices surrounding substance abuse and the misappropriation of funds have been identified. Perhaps this explains the unabated increase in drug trafficking, manufacture and peddling (Geyer & Lombard, 2014). Bala (2017) revealed that drug peddlers operate freely in South Africa because they can bribe law enforcement officials. This revelation has not escaped the media. For example, on 4th April 2019 at 22:11, News24 broadcasted that there was severe corruption and an interdependent link between the police and drug peddlers (Tshitangano & Tosin,

2016). Cases of the police being suspected of clandestinely visiting drug sales operations to collect bribes have been reported (News24, 2019). In 2010, South Africa's former national police commissioner was found guilty of bribery involving drug traffickers (Fox, 2015). In the same vein, on 21 November 2018, SABC News reported that a soccer legend and sports analyst was arrested for allegedly manufacturing drugs. News24 emphasised that these dynamics had influenced the intensive increase in the use and trade of heroin in the country.

IMPLICATIONS

Substance abuse continues to increase in South Africa despite the plethora of policies and programmes that are formulated. Diverse pieces of literature have evaluated and confirmed the potential of South Africa's substance abuse policy to be effective. This study explored the factors that prevent the effective and efficient implementation of substance abuse policies, and the government must therefore strengthen its methods of policy monitoring. The findings also imply the need to recruit qualified human resources who are trained on the effective implementation of substance abuse policies.

RECOMMENDATIONS

The government needs to strengthen the monitoring and surveillance of substance abuse in the country while also strengthening substance abuse policy implementation. Moreover, the government needs to recruit qualified and trained human resources to handle substance abuse if the proper operationalisation of policies

is to yield the desired outcomes. Experts and researchers in the field of substance abuse should be involved in the process of policy development.

CONCLUSION

In conclusion, it is crucial to validate the implementation of substance abuse policies to acknowledge any positive achievements and identify shortcomings. This will help to strengthen the strategies and result in a reduction of substance abuse and reduced peddling. Identifying shortcomings will help when formulating relevant strategies. Further, the validation of policy implementation is necessary to provide data for future policies.

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DECLARATION OF INTEREST STATEMENT

We hereby declare that no financial or other interest could have raised a conflict.

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