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South Africa's National Drug Master Plan: Influenced & Ignored¹

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Key Points:

- The fourth South African National Drug Master Plan (2018-2022) is due for release in 2018. Previous versions have been influenced by internal and international political pressure and have ignored recommendations and effective responses to drug related harm due to the influence of special interest groups. A 'war on drugs' approach continues to dominate the policy landscape in South Africa.
- The Central Drug Authority, made up of representatives of all spheres of government, is mandated to develop, implement and monitor the National Drug Master Plan. Provincial and local drug action committees are tasked with implementing and reporting on the plan, but this is seldom realised.
- The 2013-2017 Plan appeared to build on lessons from the 2006-2011 version, but was compromised by lack of details, lack of accountability and by paying lip-service to harm reduction and a more balanced approach. In reality the criminal justice response continued to dominate.
- Unprecedented calls by the CDA Executive Committee for harm reduction to be included in the 2018-2022 plan and consultations with people who use drugs ahead of development may result in a more balanced and effective document and policy landscape. However, history has shown that the current drafts of the 2018-2022 Plan are likely to be compromised and rendered ineffective due to external influence and lack of political will.

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- In reality, the CDA and current structures are unlikely and unable to ensure the implementation of the plan in a hostile landscape. Resources are unlikely to be diverted from the criminal justice system into community development and without significant independent resources, the CDA is not in a position to fulfil its mandate.
- In order to bring about meaningful change there will need to be a significant shift in the current dominant understanding of drugs. Only once the ‘war on drugs’ approach is exposed as a war on marginalised communities and a distraction from critical social issues are we likely to see a shift towards responses to drugs that do not perpetuate the subjugation of communities.

Introduction

The fourth South African National Drug Master Plan (NDMP), for the period covering 2018-2022, will be released in 2018. The plan, developed by the Central Drug Authority (CDA), is intended to ‘outline the contribution and role of various government departments at national and provincial level in fighting the scourge of substance abuse.’¹ Theoretically the document is mandated to provide South Africa’s national, overarching policy framework with which to inform the country’s response to the use of drugs on all fronts – including the broad strategy for the reduction of the distribution and supply of drugs, as well as the interdepartmental framework for the resolution of substance use disorders and the mitigation of harm related to the use of substances in general.

While these sentiments are laudable and in line with international best practice at the most general level, read in the context of the pragmatic realities of governance in South Africa, it seems however that the CDA and indeed the NDMP have been unduly influenced by both international and local political and moral agendas, the result of which is that both the integrity of the process and outcome have been compromised. In addition, and as has been shown previously, the recommendations of the CDA and the policy directives of the NDMP have largely ignored and even contradicted by various government departments and stakeholders. As a result, the ‘war on drugs’ approach (which both in South Africa and beyond is one that finds its pragmatic realisation as a war on often marginalised people) may have been abandoned at the level of policy, but is still very much a reality on the ground. Both the development of the NDMP 2018-2022 and the recommendations of the CDA can therefore be seen as seemingly meaningless – window dressing at best – when predicting the impacts of South Africa’s response to drugs and drug use on the lives of people who use drugs, and the communities they live in. We aim here to sound a warning knell, that unless there are significant changes to the current processes, the new NDMP (much like the previous versions), will be influenced, ignored, and have little impact.

The Central Drug Authority and the National Drug Master Plan

The CDA was established by and receives its mandate through the Prevention and Treatment of Substance Abuse Act, Act No. 70 of 2008, article 53. The CDA is made up of representatives from 21 government bodies and up to 13 other members who ‘are able to make a substantial contribution to the combating of substance abuse.’ Guided by a steering committee and operationalised by a secretariat, the CDA is responsible for the development, coordination, and evaluation of the NDMP, which is itself to be developed and presented to Cabinet every five years. Other tasks delegated to the CDA include the organisation of a biennial summit on substance abuse, the establishment and maintenance of a repository of information needed to inform, monitor and evaluate the NDMP, encourage the development of Departmental Drug Master Plans (which themselves are to be in line with the NDMP), ensure that there are relevant performance indicators pertaining to the NDMPs uptake and use, and submit an annual report outlining its ongoing activities.

Moving down from the national level, each province is furthermore required to form a Provincial Substance Abuse Forum, which is responsible for interpreting the NDMP at the regional level through the development and implementation of a Mini-Drug Master Plan that is in turn implemented by Local Drug Action Committees. Inversely, the Provincial Substance Abuse Forum is required in terms of the Act to submit a report to the CDA by the last day of June each year documenting their activities.

These reports, along with reports from each of the government departments as it pertains to their focus, are then synthesised into a situational analysis describing current initiatives aimed at reducing the demand and supply of substances defined in the Act, as well as reducing the harms associated with the use of substances. This report must be presented to the Minister of Social Development by the last day of August each year. The minister is then expected to present the report to Parliament within 14 days. As such, each departmental, provincial and local response to substance use should be informed by the NDMP, and in turn, the performance of these responses should be evaluated against the backdrop of the NDMP by the CDA.

With this structure in mind, it should therefore follow that changes in the NDMP will be reflected in the responses to substance use across departments, and that such changes will find reflection in the way that communities experience and are impacted by drug policy. As we argue, however, this is rarely the case, with the gap between what is said and what is done having rarely been narrowed.

The National Drug Master Plan 2013-2017

The NDMP (2013-2017) – the third of South Africa’s National Drug Master Plans – was seen to be a vast improvement on previous iterations, as it explicitly sought to address the obvious governance gaps that were identified and apply the lessons learned from attempts at implementing earlier versions. It furthermore explicitly engaged with harm reduction as a strategic governance framework, departing from in form from previous versions. Indeed, as Geyer and Lombard (2014) noted in their analysis of the NDMP (2006-2011), the content of this plan primarily supported supply reduction efforts pragmatically realised through criminal justice processes, and demand reduction through detoxification and rehabilitation.² Moreover, it paid scant attention to harm reduction, an essential component of ‘any sensible drug policy,’³ instead aiming to ‘eliminate’ drug use through punitive measures.

The 2013-2017 NDMP appeared then to be a more progressive document, outlining a response to substance use that was more balanced and aligned more closely with international trends towards a health and rights-based approach. However, as Howell and Couzyn how,⁴ closer analysis reveals a flawed document that is impossible to implement, avoids accountability, lacks detail, ignores economic requirements of implementation, and has limited impact. Presented as a ‘holistic and cost effective’ set of strategies that embraces an evidence based and balanced approach, it is in fact a ‘wolf dressed as a sheep’.⁵ Pienaar and Savic furthermore argue that the plan ‘problematizes’ the use of substances utilising the terms ‘use’ and ‘abuse’ interchangeably, while further exposing the ‘evidence based’ approach spoken to in the Plan as little more than an attempt to sound credible while presenting opinions and judgements as ‘evidence informed,’ while admitting the data is not available.⁶ As predicted by Howell and Couzyn, the term of the 2013-2017 plan was dominated by a criminal justice response. Arrests for drug-related crimes increased from 205 164 in 2013 to 292 388 in 2017 (42%). While the data on treatment levels at a national level is more limited, from what has been reported it seems that in contrast, patient numbers have remained steady or have increased marginally, by approximately 2%.

The 2018-2022 NDMP

These and other concerns have over time been communicated to the CDA, and it seems that there now a number of indications that the new NDMP will be a far more progressive document than the previous versions. Among others, the primary reasons include:

- The executive committee of the CDA have submitted two letters and a clarifying response⁷ to the South African Medical Journal calling for: supply, demand and harm reduction, with an emphasis on the need for harm reduction including opioid substitution and needle and syringe programmes; decriminalisation of cannabis as a step towards possible legal regulation; the move away from the ‘war on drugs’ approach is informed by evidence-based consensus;
- There have been unprecedented consultations with people who use drugs, and the input received was used to inform the development of the draft plan. This included a consultation with people most impacted by drugs, a first for South Africa;⁸
- Draft versions of the plan have been circulated to key experts and their opinion and the data provided has been integrated into the plan as appropriate;
- Draft versions, currently with limited distribution for the purposes of stakeholder comment, indicate a document that holds various departments accountable for their deliverables, includes harm reduction as a key component;⁹
- There is a clear distinction between substance use and substance use disorders, with one of the key indicators being the measurement of the transition from substance use to substance use disorder;
- The vision is no longer a drug-free South Africa, but a ‘South Africa where people are safe from the harms associated with the use of substances’.

While these are positive indications, any expectations should be tempered by the historical evidence, which has shown that the current version of the plan is unlikely to meet with the required political approval and even if consensus is achieved, is unlikely to make a significant difference to the way communities experience the state’s response to substances and substance use.

Influenced

In the development of the NDMP, and indeed in all spheres of drug control, there has been significant weight given to the ‘undue influence’ exerted by foreign national, individuals and/or organisational bodies with a specific and contrasting moral or political agendas. As the executive committee of the CDA note: ‘Regarding politics, it is important to emphasise that our position statement was authored by members of the Executive Committee of the Central Drug Authority (CDA). The broader CDA contains many civil servants representing different government departments and reporting to their ministers, each of whom may have different positions on aspects of policy related to alcohol, tobacco, cannabis and psychoactive substance use. For example, some departments are focused on adhering to the international agreements that SA has signed to outlaw drugs.’¹⁰

There are several examples, some of which are listed here, that have compromised the integrity of the Plan in the past, and which have served to make the claim that it is ‘evidence based’ farcical. Indeed, it is these pressures that have done precisely the opposite, contributing to the slow rollout of services that are essential to prevent the spread of HIV and hepatitis C among people who use drugs for example. It does so by selectively drawing on the previous iterations of the plan, for instance, evidence of such political gerrymandering can be seen in such examples as:

- The draft version of the current NDMP included the term ‘harm reduction,’ however in the final version there is the precursor ‘a local version’. This ‘localised version of harm reduction’ does not align with international definitions or standards. This change in meaning, which is not aligned with any evidence, was

brought about through lobbying by, amongst others, the Christian fundamentalist group 'Doctors for Life.'¹¹

- Despite the calls for holistic and 'community driven' approaches to drug use and the treatment thereof, during the current period of the NDMP, both national and specific metropolitan police services have received training by the US Drug Enforcement Administration (DEA), which has led the charge of the 'War on Drugs', with spectacular failure.
- In March 2016, ahead of the UN Commission on Narcotic Drugs in March and the United Nations General Assembly Special Session on 'the world drug problem' (UNGASS), the Russia African Anti-Drug Dialogue (RAAD) took place in Durban.¹² The Minister of Police announced, 'Resolutions at RAADD will be critical in developing a Russia-Africa position on the world drug problem,' thereby claiming the role as 'policy maker' for the South African Police.¹³
- In addition, the Common African Position for the UNGASS, developed by the African Union in a consultative process, was hijacked without mandate by the South African Department of International Relations when South Africa did not submit the mandated and agreed document, but rather submitted a more punitive and criminal-justice focused minority opinion developed by Egypt, Morocco and others - with input from Russia.¹⁴
- While many international drug policies rely on supply, demand and harm reduction, according to the statement made by the Minister of Police made at the 2016 UNGASS on Drugs, South Africa has a strategy of 'supply reduction, demand reduction and international relations.'¹⁵
- Not to be outdone by the Russians, the United States' Drug Enforcement Administration have been training South African Police officers since 2009. Considering its failure in the United States, along with disastrous human rights impact on Americans¹⁶ and the DEA's role in destabilising countries and increasing levels of violence¹⁷ it seems as if there is little to learn from the DEA, yet their approach influences many of the responses to the use of drugs.

Notwithstanding this, as has been pointed out elsewhere, the current NDMP also make numerous claims that are subtly positioned so as to shift responsibility for the provision of effective drug legislation back on to the population in general, and drug users in particular. As is noted,

*The NDMP, by speaking the language of accountability without providing the necessary mechanisms, pays lip service to the democratic necessity of oversight without actually specifying how it would manifest ... If the NDMP fails, the government can blame the lack of interest or resourcefulness of individuals – the primary agents in the plan – especially those who continue to produce, distribute or use illegal drugs in the country. If the plan is successful, it could claim that it was the originator and key facilitator of the idea.*¹⁸

The rhetoric of drug legislation is of course now over a century old, and the shifting of blame – whether conscious or unconscious – frequently emerges and is a function of the stigma that continues to pervade discussions relating to drugs. Indeed, it is because of this stigma that the NDMP and the CDA as a whole remain toothless in the face of a significant public health and public safety concern. These are, after all, *drug* users.

Ignored

Even if the new NDMP manages to escape the undue influence of specific moral and political agendas, often pursued by organisations that have interests that are also economic, it is likely to be ignored. This is the unfortunate result of two interrelated processes. On the one hand, the NDMP is fundamentally a *policy* document. While policy debate and documentation may be influential in other spheres and places, experience tells us that in South Africa (and especially in relation to drugs and drug use), policy means little unless it is captured in law. One need only look to the current model for evidence of this – despite the NDMP calling for harm reduction and community driven participation, the only meaningful increase in engagement with drugs by the government has been through the police, as noted above. This is because unlike the NDMP, the police are empowered to enforce the Drugs and Drugs Trafficking Act No. 140 of 1992, an archaic and thoroughly punitive framework based on the assumption that drugs can be ‘eliminated’ through arrest. It is for this reason that drug-related arrests continue to increase.

The second concern is with the CDA itself. The ‘Authority’ is based within and subject to the Department of Social Development, despite the NDMP positioning it as a supra-departmental body. Its reporting lines are furthermore subject to the departmental oversight, as well as its operational needs. The irony here cannot be overemphasised, not only because this arrangement makes the CDA nothing but a subdivision of a lacklustre government department, but because the self-same department has shown a decidedly negative view towards harm reduction. For instance, in 2017 the Department took upon itself to sponsor and disseminate t-shirts worn by a group individuals who were protesting outside the Pretoria High Court, during the cannabis legalisation trial. Cannabis legalisation is, it might be argued, one of the most basic forms of harm reduction – or minimally, within the ambit of the current NDMP and Prevention of and Treatment for Act – yet here the protestors were sponsored by the very department which has oversight over the CDA. Further examples abound, which speak to the CDA essentially being a token body:

- Only 2 of the 21 Departmental reports had been signed off, while only 10 of the 21 had bothered to submit reports by the time the CDA had to present their report to Parliament.
- The CDA is supposed to play an independent and expert role in developing, monitoring and evaluation of drug policy in South Africa, yet it has a budget, controlled by the Department of Social Development, of only R 5 million.
- It is not a separate entity and has no powers to enforce policy.
- At the 2016 UNGASS, the Minister of Police delivered SA position and no member of the CDA executive Committee attended the sessions in New York.
- In terms of policing, the performance management demands at a station level further emphasised the need to increase the number of drug-related arrests
- The role of the NDMP in informing drug policy is rendered impossible when one considers that the South African National Plan on HIV, TB and STIs, the Health Sector drug master plan and the security sector drug master plan have been finalised before the completion of the NDMP.¹⁹

Impact

In order to reduce the negative consequences of the ‘war on drugs’ approach in South Africa and to stop the continued marginalisation of people through the myth of international consensus and the problematizing of all drug use, it is not sufficient to target the CDA or any individual NDMP. As is shown by historic evidence, neither the recommendations of the CDA nor the content NDMP will bring about wide-spread changes to the way in which the criminal justice system addresses the presence of people who use substances in communities. Nor, it should be noted, can it – the criminal justice system is at best a last resort, rather than the first or sole response. Lacking the tools for substantive resolution, whether at the level of the individual or community, using the criminal justice system to control drug use is akin to

hitting needles with a hammer – the result is that rather than drive the point home, the primary effect is that people are bent and broken by the very ‘treatment’ meant to ‘correct’ their behaviour. Indeed, in South Africa specifically, politicians will also continue to use drugs as a politically expedient target to avoid addressing the complex causes of inequity that they are themselves now complicit in. Drugs, after all, offer the perfect scapegoat for the festering wounds that continue to haunt this country, and which have met with little but lip service or misdirected spending in recent years. Ironically, it is often the police who are most aware of the absolute failure of the ‘war on drugs’, and yet caught between the demands of politicians and pressure from the public, they are frequently singled out as the agency that is responsible for the governance of drugs. By writing this into their performance metrics, the governance of drugs becomes the policing of drugs, with devastating results. Unless the next NDMP can enforce its prescriptions, ironically, this will be the status quo for the foreseeable future.

Conclusion

In order to bring about real change, it may be argued, one needs to target communities at grass-roots level and individual politicians who have influence over the security cluster and the Department of International Relations and Cooperation (DIRCO). One possible way of doing this is to awaken South African society to the realities of drug control, by exposing the ‘war on drugs’ for what it really is: a war on marginalised people. It is this war that has led to the perpetuation of the subjugation of communities to advance an agenda of securitisation through the myth of international consensus and the false belief that all drug use represents a threat to the world. Once this agenda is exposed, we may see a shift in not only policy, but the application of policy in a way that impacts positively on communities. Indeed, one may even hope for a CDA that has power, and for an NDMP that is realistic, both of which could have an intoxicating effect on remedying South Africa’s continued social disparities.

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