

LOCALISING THE FIGHT AGAINST ILLICIT DRUG USE IN SOUTH AFRICA: A SOCIAL DEVELOPMENT POLICY MASTERSTROKE?

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Abstract: South Africa adopted a new National Drug Master Plan (NDMP) in 2012. The plan covers the period 2013 to 2017 and is being implemented in communities by the Department of Social Development. The Plan provides the operational framework for all drug intervention programmes in the country. One of the most celebrated elements of the NDMP is its emphasis on the localisation of the fight against illicit drug use. Localisation refers to the process of empowering local organisations, neighbourhoods, communities and individuals to be key actors in creating and implementing strategies for combating drug abuse. To operationalise this concept, the NDMP provides for each community to have a Local Drug Action Committee (LDAC) that is mandated to develop and coordinate all illicit drug abuse programs and activities in every community. While localisation has been celebrated as a social development policy masterstroke by pro-government actors such as the African National Congress (ANC), its critics view it as inadequate due to its failure to address the structural dimensions of drug abuse in the country. This paper examines whether or not localisation is indeed a social development policy masterstroke by interrogating the promises, successes and challenges of Local Drug Action Committees (LDACs) as strategic development structures in the fight against drug abuse in the West Rand region of Johannesburg. In this paper, I argue that whilst LDACs offer a wide window of hope for reducing drug abuse problems in depressed communities, a myriad of challenges needs to be overcome for them to yield the expected results. These challenges include lack of funding, diverging interests, infiltration by outright criminals, locally entrenched “cannibalistic capitalist activities,” and police corruption. These challenges are so entrenched in the communities to an extent that it becomes almost impossible for LDACs to effectively fulfil their mandate. Hence, this paper shows that localisation alone does not guarantee positive results unless if it is accompanied by equally robust community based training in selfless and value based leadership and community volunteerism. There is also a need for government to mobilise resources to support LDACs so that they can become self-supporting in the future. The observations and conclusions made in this paper are based on an ongoing qualitative research study that commenced in June 2014. I have been conducting secondary data reviews, in-depth semi-structured interviews and focus group discussions with various stakeholders involved in the fight against illicit drug use in the West Rand region in order to understand how the localization of the responses to the drug abuse scourge has been implemented and with what results. Grounded theory analysis was employed in order to make sense of the data and generate answers to the central question under discussion, that is, does the National Drug Master Plan’s focus on localization represent a social development policy masterstroke?

Keywords: Drug abuse, local drug action committee, localisation, national drug master plan, social development policy.

INTRODUCTION

South Africa adopted a new National Drug Master Plan (NDMP) in 2012. The plan covers the period 2013 to 2017 and is being implemented by the Department of Social Development. The Plan provides the operational framework for all drug intervention programmes in the country. One of the most celebrated elements of the NDMP is its emphasis on the localisation of the fight against illicit drug use. Localisation refers to the process of empowering local organisations, neighbourhoods, communities and individuals to be key actors in creating and implementing strategies for combating drug abuse (Roddick, 2000). To operationalise this concept, the NDMP provides for each community to have a Local Drug Action Committee (LDAC) that is mandated to develop and coordinate all illicit drug abuse programs and activities in every community. While localisation has been celebrated as a social development policy masterstroke by pro-government actors such as the African National Congress (ANC) (ANC, 2014), its critics view it as inadequate due to its failure to address the structural dimensions of drug abuse in the country (The Democratic Alliance, 2014). This paper examines whether or not localisation is indeed a social development policy masterstroke by interrogating the promises, successes and challenges of Local Drug Action Committees (LDACs) as strategic development structures in the fight against drug abuse in the West Rand region of Johannesburg.

My concern with drug policy is based on the reality that South Africa is now gaining a negative reputation as a huge emerging market and transit zone for illicit drugs in the world (Brown, 2013; Ryan, 1997). Such a reputation is not good for a country that is already regarded as a high crime nation internationally. Statistically, the United Nations Office on Drugs and Crime (UNODC) notes that the drug problem in South Africa is extremely serious, with drug usage reported as being at twice the world norm (Krugersdorp News, 2013). The Krugersdorp News also reported that over 15 per cent of South Africa's population has a drug problem, with a drug dependency average age of 12 years and dropping. The reported prevalence of drug use among youth ranges from 7% (Flisher et al., 2003) to 20% (Madu & Matla, 2003). In other studies, up to 13% of youth aged between 14 and 24 years reported having used illegal drugs (Pettifor et al., 2004; Reddy et al., 2010).

In yet another study by the Henry J. Kaiser Family Foundation (2001) on drugs among South African youth, it was established that 9% had used "dope" or "dagga" (marijuana) and 2% had used Ecstasy or other drugs. The same report showed that 17% of Whites and 8% of Blacks had used "dope." All this shows that the use of illicit drugs is very prevalent in South Africa. The 2014 crime statistics that were released by the South African Police Service indicate that drug-related crimes increased by 26.6% (SAPS, 2014). These statistics justifies why illicit drug use is a cause of concern to social development professionals, academics and policy makers in South Africa.

The misuse or abuse of illicit drugs poses major social, legal, and public health challenges at individual, family and societal levels (Ryan, 1997; Leggett, 2002; van Niekerk, 2011). In fact, existing studies indicate that drug abuse is a significant challenge in many local communities (Ryan, 1997; Needle, Kroager, Belani, Achrekar, Parry, & Dewing, 2008). Drug abuse has a range of negative outcomes, both globally and locally. These outcomes include medical and psychiatric disorders, risky sexual behaviours and sexually transmitted diseases, crime and violence, family dysfunction, and various "accidents" including motor vehicle collisions (Ellis, Stein, Thomas & Meintjes, 2012). Thus, the costs of drug abuse go beyond the user because they lead to marital strife, increased inmates in prisons, increased treatment costs in public hospitals and spread of sexually transmitted infections.

The South African government has recognised the seriousness of the drug problem in the country, hence the National Drug Master Plan 2013-2017. This reality has also been acknowledged by one of the main political opposition parties in South Africa, the Democratic Alliance Party (DA), which made fighting drugs one of its electioneering objectives in the 2014 elections. The DA promised to reinstate specialised police units (including unit for drugs) to make communities safe. In other words, the DA, like many other political and social organisations, sees illicit drugs use as a human security and safety issue. For this reason, it is important to carry out this study so as to contribute to the drug policy debate in South Africa.

RESEARCH METHODOLOGY

The observations and conclusions made in this paper are based on an ongoing qualitative research study that started in June 2014. Three focus group discussions and fifteen semi-structured interviews were conducted with members of the three Local Drug Action Committees in three neighborhoods in the West Rand area of Johannesburg, namely Florida, Krugersdorp and Bosmont. A total of nineteen people participated in the focus groups. Eleven of them were

males while eight were females. Of the fifteen people who were interviewed ten were males while five were females. The underlying motive for both the interviews and focus group discussions was to understand how the localization of the responses to the drug abuse scourge has been implemented and with what results. In addition, extensive document analysis was conducted in order to understand the official perspective on the efficacy of LDACs in the fight against drug abuse in local communities.

The purposive sampling technique was used to identify individuals who participated in the study. This involved identifying individuals who were well-placed and had the relevant information on the topic under study. According to Creswell, purposive sampling “purposefully select participants ... that will best help the researcher understand the problem and the research question (2003, p. 185). Hence, all the people who participated in this study were chosen on the basis of their knowledge and experience with regards to LDACs and the fight against drug abuse in the West Rand.

Ethical considerations: This study was approved by the the Monash University Human Research Ethics Committee (MUHREC) project number: CF14/217 - 2014000053. The Committee was satisfied that the proposal met the requirements of the *National Statement on Ethical Conduct in Human Research*. Participation in the study was voluntary. Written informed consent was obtained prior to interviews. The purpose of the study was explicitly stated to all participants. Furthermore, all participants were assured of privacy and confidentiality. Anonymity of participants was also assured through the use of pseudonyms.

Data analysis: I employed grounded theory techniques to analyze data. The grounded theory analysis procedure started with reading through interview transcripts line-by-line, writing down codes in the margins and marking indicators of codes. I used open coding to all the fifteen interviews. During the coding process, I paid close attention to emergent themes and wrote reflective and methodological memos about the data (Charmaz, 2006; Strauss & Corbin, 1998). My data reached theoretical saturation when interviews were no longer producing new substantive and meaningful data and insights (Corbin & Strauss, 2008).

THE NATIONAL DRUG MASTER PLAN OF SOUTH AFRICA

The National Drug Master Plan (NDMP) acknowledges that “no single approach such as criminalising or decriminalising substances or abusers would solve the problem of substance abuse” (National Drug Master Plan, 2012, p. 28). On that basis, the NDMP identifies three pillars for successful drug intervention: demand reduction, supply reduction, and harm reduction. Demand reduction entails “reducing the need for substances through prevention that includes educating potential users, making use of substances culturally undesirable (such as was done with tobacco) and imposing restrictions on use of substances (NDMP, 2012, p. 29). Supply reduction entails “reducing the quantity of the substance available on the market by, for example, destroying cannabis (dagga) crops in the field (ibid). Finally, harm reduction entails limiting or ameliorating the damage caused to individuals or communities who have already succumbed to the temptation of substance abuse. This can be achieved, for example, by treatment, aftercare, and reintegration of substance abusers/dependents within society.

To achieve the goals of harm reduction, supply reduction and demand reduction, the NDMP suggests the creation of Local Drug Action Committees (LDACs). This constitutes what I am calling the process of localisation in this paper. Simply defined, localisation refers to “a process that discriminates in favour of the local” (Roddick, 2000, p. 4). The concept can be traced back to the Rio Summit in 1987. The Summit came up with what popularly became known as the Local Agenda 21 which highlighted that only by widespread people participation can we create sustainable development (Lafferty & Eckerberg, 1998). The promise of localisation was that local people know their problems and are capable of developing local solutions for local problems (Roberts & Diederichs, 2002).

Policies bringing localisation increase control of the development interventions by communities. The result should be an increase in community cohesion, a reduction in poverty and inequalities and an improvement in livelihoods, social infrastructure and an increase in the all-important sense of security (de Haan, 2002; Roddick, 2000). Localisation is seen as the key to the development of resilient and inclusive neighbourhoods (Leach, 2013). Leach (2013) believes that localisation ensures that more people have a stake, have power, and thus reduce disconnection and increase social inclusion and civic engagement. Localisation challenges the globalising tendencies of most policy strategies of the 21st century. For example, Bill Clinton, the former President of the United States of America is reported to have said “globalisation is not a policy choice, it is a fact...” and Tony Blair, the former British Prime Minister is also reported to have said globalisation is “irreversible and irresistible” in policy making (Roddick, 2000,

p. vii). Localisation refutes these ideas. It entails shifting from acceptance of globalisation and centralisation to embracing the possibility of its replacement with localism that protects and reconstructs local economic, social, political and cultural systems for the betterment of people's lives and livelihoods (Hines, 2000; Morphet, 2004; Shuman, 2000).

Localisation is synonymous with what other social policy and development scholars call grassroots or bottom-up approach to development and service delivery (Chambers, 1997; Mansuri & Rao, 2013). Bottom-up approaches to social policy and social development are premised on the view that local people are knowledgeable, active and creative individuals, who are able to create, maintain and sustain transformative processes in their communities. Examples of grassroots or bottom-up approaches to development and social policy development and implementation can be found in various areas including agriculture, rural development, health and so on. It is believed that localisation gives people a sense of ownership and control of policies, projects and programs in their communities. In a World Bank policy research report, Mansuri and Rao (2013) observed that the World Bank invested over US\$85 billion in development assistance that promotes localisation. They explored the question on whether or not localising development through stakeholder participation really works. They argued that localisation can either be organic or induced. Organic localisation is organised by civic groups outside government, sometimes in opposition to it while induced localisation attempts to promote civic action through bureaucratically managed development interventions.

Nomatter which approach is used; localisation is highly celebrated as a way of addressing social problems. Yet, the answer cannot only be local (Lafferty & Eckerberg, 1998). There needs to be national, regional and international efforts in which the local can benefit from the wider view and then contribute to the wider pattern. For example, while the local communities should take responsibility for introducing, interpreting, adapting and implementing anti-drug abuse programmes, this should not be interpreted to mean that central government and other outside players have no role to play at all. For example, the government has a responsibility for guiding and assisting local authorities in the development of a national framework for funding, management and enforcement of drug laws. Hence, while recognising the promises of localisation, this paper examines its successes and challenges in programs that are designed to fight the scourge of illicit drug abuse in South Africa with a specific focus on three communities in the West Rand region of Johannesburg. Localisation in these programs is evidenced by Local Drug Action Committees (LDACs). LDACs, as structures for fighting illicit drug abuse, are the closest to the people and are, according to the Department of Social Development, part of local government. Before addressing the question of whether localisation is a social development masterstroke or not, I will illustrate what LDACs are all about.

UNDERSTANDING LDACS: THEIR COMPOSITION AND FUNCTIONS

An LDAC is made up of people from all sectors involved in substance abuse and related problems in a municipality or community. These include justice, police, probation and correctional services, schools, health institutions, social development and community leaders. The official position from the Department of Social Development is that LDACs are driven by local government in terms of establishment and functioning. The local government official responsible for the LDAC is expected to work with the provincial coordinator of the Department of Social Development. LDACs are allowed to co-opt additional members who have skills, commitment and/or expertise when required. LDACs are required to elect a chairperson and other office bearers. The major advantage of LDACs is that they require minimal resources because existing resources of the representative departments can be accessed. For example, meetings can be conducted after hours, if necessary, in unused court buildings, Department of Social Development boardrooms, and other free venues such as clinics and hospitals in municipal areas. Ordinarily, the work of LDACs is driven intersectorally by the coordinators of substance abuse action at provincial departments of social development and linked to the work of provincial substance abuse forums.

The main mandate of LDACs is to ensure that local action is taken to localise the National Drug Master Plan (NDMP) in each community. The NDMP's main goal is "to help realise the vision of a society free of substance abuse so that more attention can be focused on raising the quality of life of the poor and vulnerable and of developing the people to achieve their true potential" (NDMP, 2012, p. 3). Each LDAC is charged with the following functions. First, to draw up its own action plan to tackle the drug problem in its area of jurisdiction in collaboration with provincial departments. Two, ensure that its drug control action plan fits into the local integrated development plan (IDP). Three, ensure that its action plan is in line with the priorities and objectives of the NDMP and the strategies of government departments. Four, reporting regularly to its secretariat on its actions, progress and

problems, and on drug related events in its area. Five, providing information the Central Drug Authority (CDA) may require from time to time through the provincial substance abuse forums and six, providing, through the provincial substance abuse forums, annual reports to the CDA.

Many successes have been scored through LDACs including the strengthening of prison diversion programs, rolling out of drug awareness campaigns, advocacy and lobbying of government officials, playing a watchdog role, providing both mainstream and alternative treatment options for addicted people, and conducting community-based clean-up campaigns. Nonetheless, based on the study that I carried out on LDACs, I argue that whilst LDACs offer a wide window of hope for reducing drug abuse problems in depressed communities, a myriad of challenges needs to be overcome for them to yield the expected results. These challenges include lack of funding, diverging interests, infiltration by outright criminals, locally entrenched “cannibalistic capitalist activities,” and police corruption. These challenges are so entrenched in the communities to an extent that it becomes almost impossible for LDACs to effectively fulfil their mandate. The following sections discuss the successes and challenges associated with LDACs in the West Rand region of South Africa.

SUCCESSSES OF LDACS IN THE WEST RAND

As indicated above, LDACs have scored the following successes in the West Rand: the strengthening of prison diversion programs, rolling out of drug awareness campaigns, advocacy and lobbying of government officials, playing a watchdog role, providing both mainstream and alternative treatment options for addicted people, and conducting community-based clean-up campaigns. Below I give detailed explanations of these successes.

Prison diversion programs: LDACs offer an opportunity for people who would otherwise have gone to prison, a chance to recover or reclaim their lives without being incarcerated. One recovering drug user noted that “I have to stop using heroin. I am failing to take care of my children. I have been in court for several times. The court eventually ruled that I should receive treatment in a community program.” In this case, the court observed that incarceration is not necessarily the solution to combating drug abuse. Thus, diversion programs offer an alternative route for dealing with minor crimes that are driven by the desire to feed addictive behaviour as opposed to imprisonment. Without LDACs, it would have been extremely difficult to locate available community programs that would serve as rehabilitation and diversion sites for less dangerous drug offenders. Diversion refers to “the channelling of prima facie cases from the formal criminal justice system on certain conditions to extra-judicial programs at the discretion of the prosecution (Skelton, 1993, p. 5). While diversion programs have been traditionally reserved for children under the age of eighteen, this study showed that diversion can also work among adults who commit minor crimes.

The research participant cited above had been taken to court for stealing money from his neighbours. On further interrogation, it was found out that he was stealing in order to satisfy his addictive behaviour since the young man was hooked to both heroin and nyaope. Sustaining a drug addiction can be expensive. It is worse for economic outcasts. For example, one “portion” of nyaope costs between thirty and fifty rands. Most of the respondents who took nyaope indicated that they took an average of five “portions” per day. This translates to a cost of between R150 and R250 per day. Given their marginalised economic position, sustaining this behaviour becomes extremely expensive hence their involvement in minor thefts in order to get money.

Realising that sending someone to prison will not necessarily kill the addictive behaviour, diversion programs have played a significant role in not only reducing the number of people who are sent to prison with crimes of consumption but have also made drug abusers responsible and accountable for their actions. In addition, diversion has also enabled social service providers an opportunity to identify underlying issues motivating drug abuse behaviour. The respondent cited above was able to see that his addictive behaviour was affecting his children. He took responsibility for his behaviour. Therefore, LDAC programs offered a safe space for young people to receive support towards rethinking their lives without getting a criminal record. Avoiding a criminal record is extremely important because it increases the chance of recovering drug addicts to get a job. Generally, any criminal record diminishes the chance of securing a job for anyone because employers do not trust people who have been in trouble with the law at any point in their lives (Solomon, 2012).

Rolling out of drug awareness campaigns: Another success of the LDACs was that they organised and implemented drug awareness campaigns in communities. Some of the drug awareness campaigns were designed to educate and conscientise teachers about the prevalence and effects of drug abuse on children. Some campaign

messages read as follows: “Attention teachers: South African children are being exposed to dangerous drugs at younger ages with serious damage to their brain development,” “Get all the help you need to win the battle against [drug] addiction,” “Do you or someone you know suffer from addictive behaviour? Please feel free to contact us for professional and discreet assistance,” and “There is hope because together we can [eradicate the drug scourge].

The campaigns also went beyond merely distributing information pamphlets but also involved street crusades in the form of rallies and door to door engagements where the problem of drug abuse was discussed. In some instances, these campaigns received media coverage in both local and national media on radio, newspapers and television. Hence, the influence of LDAC programs went beyond local boundaries. For example, The Star newspaper, on March 2012 highlighted the concern of LDACs in the West Rand. It lamented the increase of drugs, Satanism and gangsterism in the region. On June 16, 2013 the New Age newspaper also had a screaming headline “Choose life over drugs.” A review of weekly community newspapers in Florida, Roodepoort and Krugersdorp showed that for the past ten years, these papers contained at least one story of drug abuse every week.

The results of these campaigns have been an increased awareness of the drug problems. For example, schools have taken heed of these messages by ensuring that children do not buy sweets and other foodstuffs from vendors apart from the school tuckshops. Apparently, children were being introduced to drugs through the food items they bought from the unlicensed vendors at the school gates. For example, sweets could be coated with drug substances. Children would then unknowingly get hooked to drugs and parents would then be surprised to see their kids stealing money to buy the sweets at school gates. Thus, LDACs played a significant role in identifying and campaigning against the use and abuse of drugs in both communities and schools. Unsuspecting children were in fact saved from getting hooked to drugs unknowingly.

Advocacy, lobbying of government officials and playing the watchdog role: The LDACs in the West Rand also successfully lobbied and advocated for government officials to seriously consider the scourge of drugs in the region. For example, through the support of another local advocacy group called Community Care Foundation (CCF), LDACs successfully lobbied President Jacob Zuma and the Gauteng provincial legislature to sign “the Declaration on Causes, Symptoms and Effects of Drug Abuse in 2013. The Declaration highlights that:

- Drug abuse affects ALL South Africans irrespective of language, class, religion, ethnicity or geography.
- Young people in all communities are the most vulnerable and are hardest hit by the problem of drug abuse and the violence and destruction that it causes
- It is the responsibility of everyone: community members, caring adults, parents, teachers, spiritual, sports, cultural, youth and political leaders to honour, affirm, protect and support young people to be better decision makers, builders and custodians of the future.

The declaration further recognize that since no community is untouched by the scourge of drug abuse either directly or indirectly, all stakeholders were to commit themselves wholly to fight against drug and alcohol abuse and other related social ills. It also highlights that the struggle to overcome the problem of drug and alcohol abuse must be addressed at every level: in the home, at schools, in community organisations and structures, and more broadly across all sections of society. Finally, the declaration also takes a position that through the care, collaboration and action of ordinary citizens, communities will be able to create drug free environments.

Related to the advocacy and lobbying role, LDACs have also successfully played a watch dog role in communities to ensure that all real or suspected illicit drug trafficking, trading and use are reported to the law enforcement agencies. Although this role has been the most difficult one to implement due to alleged police corruption and incompetence, LDACs were involved in surveillancing and monitoring of drug movements in their communities. For example, through LDACs police have been able to undertake drug busts. Through these busts, backyard illegal drug laboratories were discovered in the areas under study. Thus, LDACs have been instrumental in exposing illicit drug activities.

Providing both mainstream and alternative treatment options for addicted people: Beyond reporting illicit drug abuse to the police, LDACs also referred addicted people for treatment in both traditional and alternative treatment centres. The traditional treatment centres involved the use of western medicines and modern counselling or therapeutic strategies while the alternative approach involved the use of eastern medicine such as hypnosis and acupuncture. The treatment programs have been successful as evidenced by the testimonies of former patients.

For example, Rene Smith said, "I remain forever grateful to the wonderful people at Westview [a drug rehabilitation clinic], without whom I could not have made my new tapestry of life." Another respondent, Ettienne Viljoen, said "today I am clean for seven years and four months. It was not an easy ride from hell and back but the end result was well worth it." Another respondent, Emile also had positive things to say about the treatment process. She said "I now live the life [that] Westview taught me, and I've been without drugs for two and half a half years. The world still throws me a curve-ball now and then, but now I can deal with it in a way that works for me, to my advantage." Through LDAC initiated treatment at Westview, Carole proudly said "Today I'm a 34 year old woman who is happy, young at heart, gained myself respect, good in health, still have my job, an income, and I work wisely with my money, I have true friends, an adorable loving dog, a loving family, my own car and my own place I call home." Finally, another young man, Kevin Trevaskis, said "I learnt how to keep myself off drugs and allowed myself to rebuild my life. I've learnt things that have helped me grow as a human being and become more balanced." All this points to the successes of community based or locally-led drug abuse interventions.

I observed an acupuncture- detoxification day that was organised by the Florida LDAC. This event attracted 74 people with drug addiction problems related to dagga, heroin, nyaope and cocaine. I interviewed ten patients. Most of them said that they "felt good" after going through the acupuncture based detoxification process. "Feeling good" was described as experiencing a sense of relief. While "feeling good" is often associated with "feeling high" or feeling intoxicated in general illicit drug lingo, in this case the phrase was used to describe a positive feeling of having control over one's body and mind. Through this treatment process a desire to smoke or inhale intoxicating substances was replaced by a desire to have control over one's body, mind, and feelings. This also shows that LDAC initiated treatment processes had positive results. LDACs referred people who had problems with drugs to affordable and accessible treatment centres within their areas.

Conducting community-based clean-up campaigns: Finally, another area of success for LDACs was the conducting of community based clean up campaigns. These campaigns were organised to "out" drug lords in communities. The process of "outing" drug lords involved mobilising all stakeholders including parents, businesses, schools, police and others and then approaching a known drug dealer or trafficker in the community. In circumstances where evidence was found, the dealer or trafficker would be arrested immediately. The goal was to expose and bring shame to the drug dealers so that they could either stop dealing in drugs or move out of the community. However, while arrests were made many LDAC members complained that offenders were often released without clear explanation. Thus, many respondents suspected that the police were corrupt.

Furthermore, drug clean up campaigns involved picking up drug paraphernalia such as syringes, baggies, and marijuana stubs in public parks and streets. In all the communities that were investigated, monthly clean up campaigns were carried out to remove any stuff that would have been left by drug users. These events were often used as opportunities for raising drug awareness at community level as well. In addition, the campaigns were also used to build social cohesion as community members came together and shared their problems. For example, in clean up campaigns that I attended, parents who had children who had been hooked to drugs discussed their frustrations with the drug problem. They encouraged one another and at the same time became resolute on the need to "out" and shame all drug dealers and traffickers who were introducing their children to drugs.

The preceding discussion shows the successes of LDACs in the fight against drugs. However, while the successes were many, so were the challenges. The following section discusses the challenges of LDACs in the fight against illegal drug use.

CHALLENGES OF LDACS IN THE WEST RAND

One of the challenges that LDACs are facing is that of funding. According to one document collected from the Department of Social Development, "particular local government and the departments designated by the Prevention and Treatment of Drug Dependency Act should as far as possible contribute towards the financial, human and material resources of the LDAC." Disturbingly, there is no clear line of budget for LDAC activities. This has posed a huge challenge for drug related programs in the West Rand. For example, one LDAC member noted that "people join [the LDAC] thinking that there is money and then disappear when they realise that there is no money." This indicates that lack of proper funding inhibits the optimum functioning of LDACs.

Lack of funding makes it impossible to hire paid workers to work in LDACs. Thus, people who are involved in LDACs do so in their own spare time using their own resources. This then means that people work at their own pace

based on the resources at their disposal. As such attendance at meetings is not always guaranteed as people come when they want or when they have resources to spare. In the LDAC meetings that I attended, I observed that LDAC members came late while others left before the meeting ended because they had work and family commitments. This affected decision making and the smooth flow of the meetings as people moved in and out willy-nilly.

Another related challenge that was noted during interviews is that of divergent interests. For example, one LDAC member noted that "LDACs have different people with different agendas." She noted that some people join LDACs for political reasons while others joined in order to promote or protect their business interests. She noted that not all people who join the LDACs have the community interests at heart. One elderly member of the LDACs gave an example of a bogus business man who claimed false commitment towards anti-drug abuse programs. This bogus business man managed to mobilise almost two million Rands in funding and disappeared with the money. This shows that LDACs can be used as a platform for people with selfish agendas to position themselves to line their pockets financially at the expense of communities that need urgent help in rooting out the scourge of drug abuse.

Furthermore, people who were interviewed in this study indicated that one challenge they face is infiltration of their structures by outright criminals. In this instance, unknown drug traffickers mobilise community members to support them in Community Policing Forums (CPFs) and LDAC coordinating boards. Once these people are inside, they are able to know confidential plans in the pipeline to expose illicit drug activities and tip off their friends. Additionally, another challenge that LDACs face is the nature of the local economies in which they exist. One key member of the coordination board of LDACs in West Rand noted that despite local efforts to fight illicit drug abuse in the communities, local communities are miniature representations of global predatory capitalism which he called "cannibalistic capitalist activities." This was defined as local capitalist activities that are not merely about survival but those that ignore the adverse effects of doing business in illegal materials. For example, local shop owners sometimes pretend to be selling legitimate goods while their real business is illicit drug trading and trafficking. Thus, seemingly legitimate businesses can be conduits for the exchange of illegal drugs. This poses a very big challenge at policy level given the government's unbridled support for small to medium enterprises (SMEs) for black people and other formerly disadvantaged racial groups in South Africa.

Advocating for the closure or close surveillance of small businesses in local communities will be misconstrued as fighting government policy. Yet another challenge is that some small businesses are owned by people of foreign origin. In the era where migration activists are becoming more and more powerful, close surveillance of foreign owned businesses will be seen as harassment or xenophobic expressions against foreigners.

Finally, one major challenge facing LDACs is police corruption. All people who were interviewed indicated that some senior police officers were on the payroll of drug traffickers. Despite the efforts of LDACs, drug dealers and traffickers often walk free even when they are caught. In one LDAC, it was reported that a drug dealer who lives near a school has been arrested several times only to be released not more than twenty-four hours later. For these LDAC members, this indicates that this particular person knows someone of influence within the police force in the area.

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

In this paper, I have focused on examining the promises and successes of LDACs in fighting the scourge of drug abuse in the West Rand. The development of LDACs as strategic structures for fighting drug abuse in South Africa has been celebrated as a social development masterstroke by pro-government actors in the country (ANC, 2014). Evidence from this study shows that developing and strengthening LDACs is a brilliant approach to fighting drug abuse because this reflects a strong orientation towards the principles of localisation. The concept of localisation has been highly embraced in promoting sustainable social development. For example, Schumacher (1974) popularised it under the mantra "small is beautiful." His view was that there was strong virtue in smallness, that is, interventions at local levels were more productive than grandiose ones that tend to create more problems for the society.

For him, small interventions were more likely to protect and conserve the social, economic, political and physical environment. He unequivocally noted that "when it comes to action, we obviously need small units" (Schumacher, 1974, p. 70). This thinking has been adopted in the fight against drug abuse in South Africa. The belief is that localisation is akin to community empowerment. It is a strategy aimed at decentralising power and resources away from central control towards local democratic structures within an agreed framework of national minimum standards and policy priorities (Stoker, 2007). Localisation through the establishment of LDACs in the West Rand was

successful because it did not only focus on devolution of governance structures but it was also informed by the national drug master plan. This plan provided the minimum standards for establishing LDACs and policy priorities which focused on harm reduction, supply reduction and demand reduction. The activities of the LDACs that were studied focused on addressing these three priority areas, hence the commendable successes that were identified.

Localisation can thus be seen as “a means of improving democratic accountability, providing a local mandate, and producing inter-agency approaches to localities” (Morphet, 2004, p. 292). Rather than thinking of social interventions in generalising or globalising ways, localisation entails nurturing local entities and individuals to use resources sustainably and responsibly in alleviating social problems. It involves the moving of control away from the boardrooms of governments and big NGOs to the community where it belongs (Shuman, 2006). I am inclined to believe that the successes of the localisation strategy that I observed in the West Rand were also a result of inter-agency collaboration involving local police, courts, treatment and rehabilitation centres such as the Westview clinic, community-based organisations such as the Community Care Foundation (CCF) and several other players that were involved in LDACs.

Although I observed significant successes of localisation, I cannot ignore some serious problems that were faced in the implementation of the localisation strategy in the area under study. I observed the following challenges: lack of funding, diverging interests, infiltration by outright criminals, locally entrenched “cannibalistic capitalist activities,” and police corruption. The limitations of LDACs in the broader context of the national drug master plan have also been noted elsewhere (Howell, 2014). While embracing its bottom-up approach in which the community [through LDACs], rather than the government is the basic intervention level for the fight against drug abuse, Howell laments that the policy is “more bark than bite” (2014, unpaginated). He identified several problems with the National Drug Master Plan (NDMP). One of the problems that he observed is that it requires the participation of over 37 government departments. Cooperation among such a big number of government departments is very difficult to achieve. This was evident in this study as some government players such as the police were not trusted by the communities. The police were viewed as corrupt.

Furthermore, I observed a funding gap in the implementation of NDMP. The following two questions are not addressed in the plan: where do funds for LDAC expenditures come from? Is or are the source(s) reliable? Finally, who is held accountable for the funds? The funding question needs urgent attention if LDACs are to effectively fulfil their mandate. This issue was raised by several LDAC members who expressed deep concern because in many occasions they financed program activities from their own pockets. While they all acknowledged the support from private individuals and businesses, they were concerned with the lack of government funding for LDAC activities. It is therefore recommended that the South African government at both provincial and national levels should consider directly funding functional LDACs to ensure that these local programs succeed.

The challenges of localisation highlighted above can be summed up as problems of coordination. This refers to a situation whereby groups that live in a geographic proximity are not able to act in a collaborative manner to achieve common goals (Mansari & Rao, 2013). I observed this in the current study whereby the police, municipality officials and unscrupulous business people did not cooperate in the fight against drug abuse. Thus, the highly celebrated localisation or decentralisation moves can actually fail to achieve their objectives due to civil society failure at local level. Thus, while localisation is often developed to address market and governmental failures, this study showed that new threats associated with corruption, local economic cannibalistic tendencies and local competition militated against the this process. This means that the same processes that play out at national and global levels reproduce themselves at the local level and produce the same counterproductive outcomes.

Realising the problems of coordination and civil society failures, Mansari and Rao (2013) proposed a “sandwich” approach as a solution. This is whereby community programmes are not purely driven by bottom-up civic action but also by strong central state intervention. For instance, rather than leaving LDACs to run their affairs on their own, the government should chip in through funding (something it has not been doing) and providing the national framework for interventions as well as minimum policy standards (the South African government has done this through creating the NDMP). Thus, the government must be actively involved in mobilising funds to support LDACs and introduce a monitoring and evaluation mechanism to ensure that money invested in the communities to fight drug abuse is properly utilised.

Another concern that I observed in this study is that localisation tends to reproduce class differences at the grassroots level. Most of the people who participated in LDACs as chairpersons, committee members or mere

members were often wealthier, more educated, of higher social status (by race and ethnicity), male, and more politically connected. Although I did not interview non-participants in the LDACs, my observation is that participants in LDACs had a hidden but protruding superiority complex. They had what struck me as a messianic complex whereby they saw themselves as saving their communities rather than themselves. They spoke in ways that distanced themselves from the problem. For example, in a debriefing group after an acupuncture–detoxification session, the volunteer doctor, who was also a former chairperson of one LDAC said, “You made a choice to become an addict. This is your problem. We are here to help you because you messed up your life. This is not our problem but your problem.” As innocent as it sounds, this statement carries a negative mentality that drug addiction is a personal choice and that somehow drug addicts make poor choices hence the doctor’s attempt to save them from their weak choices. This position is often not helpful as it blames the victim.

Furthermore, the above position also puts off the affected people as they feel demonised. For example, one participant told me that he felt humiliated by the process because there was no privacy in the addiction treatment process. All the seventy people who went through the acupuncture process formed a line, saw the doctor one-by-one and sat in a big room. The nurse assistants would then come and remove the needles from the ears of the patients in the view of everyone. This was seen as humiliating by the participants but all the volunteers and nurse assistants that I spoke to saw the process as a huge success. The reproduction of class differences is very difficult to solve in the context of treatment service delivery for drug users. Perhaps training for LDACs in community leadership, volunteerism, social care and other related areas will build their capacity to empathise with affected people rather than demonise and blame them.

Conclusion

In this paper, I discussed the promises and successes of localisation in the context of NDMP 2013-2017 in South Africa. I argue that localising the fight against drug abuse through the establishment of LDACs is indeed a social development policy masterstroke. Through LDACs, the following successes were scored: strengthening prison diversion programs for drug abuse crimes, rolling out of drug awareness campaigns, advocacy and lobbying of government officials, playing a watchdog role, providing both mainstream and alternative treatment options for addicted people, and conducting community-based clean-up campaigns. Although significant successes were made, I identified the following challenges of LDACs: lack of funding, presence of diverging interests, infiltration by outright criminals, locally entrenched cannibalistic capitalist activities at local level, and police corruption. Realising these successes and challenges, I made the following recommendations for further strengthening of LDACs: developing strong and sustainable funding mechanisms, establishing a structured monitoring and evaluation system for LDAC activities and processes, and developing and implementing transformative training for LDAC members.

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