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Factors influencing the sustainability of local drug action committees in the Free State Province : case study of Mangaung Municipality.

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CHAPTER ONE

INTRODUCTION

1.1 Introduction

Substance abuse is one of the serious social problems and a concern globally. The South African Government has identified it as one of the priority focus areas in order to ensure that the wellbeing of individuals is restored. In this chapter, the problem will be contextualised and the rationale for the study will be explained. The purpose of the study is clarified and a brief overview of the research methodology applied during the study is presented. Concepts applicable to the study are defined and the limitations of the study are highlighted. The way in which the report is organised is discussed.

1.2 Statement of the problem and rationale for the study

Worldwide and in South Africa, the abuse of drugs has become one of the most challenging social issues. In South Africa, the National Drug Master Plan (2006), indicates that levels of substance abuse continue to rise with the age of first experimentation with drugs dropping to as low as ten years. According to the Central Drug Authority (2010/2011), in the Free State only, 1825 service users were reached through individual counselling and pre-admission services, 1114 service users participated in after care services, 1250 children were placed in diversion programmes and 608 completed the programme successfully. A total of 1524 patients received out-patient treatment, 573 patients have been admitted to the treatment centre, and 340 service users received detoxification treatment at state hospitals and the Aurora Treatment Centre. These statistics show that the existence of drug abuse is a fact in the province. One may argue that this is not serious as compared to other provinces or other countries, however, it should be noted that, one is too many in drug abuse. The Drug Master Plan (DMP) is a National Strategy developed to combat drug abuse and drug trafficking in South Africa. The Free State Mini Drug Master Plan (FMDMP) is a provincial strategy developed to cascade the National Drug Master Plan to the Free State Province in order to combat drug abuse and drug trafficking in the province. The LDACs are the statures established at local level to implement the National Drug Master Plan (NDMP) and the Free State Mini Drug Master Plan (FSMDMP) in each community. Each LDAC is responsible for drawing up its own action plan to address the drug problem in its area

of jurisdiction in collaboration with the Provincial Department of Social Development. The LDAC has to ensure that its drug control action plan fits into the local Integrated Development Plan (IDP) of the province and make sure that its action plan is in line with the priorities and objectives of the NDMP, the FSMDP and the strategies of applicable government departments. The implementation, monitoring and evaluation and regular reporting on the implementation of the FSMDMP are the responsibilities of the LDAC. They also have to report to the Provincial Substance Abuse Forum on the challenges experienced and other drug-related events in the specific area and write an annual report to the Central Drug Authority (CDA). However, the effective functioning of these committees is challenging and appears not to be sustainable in the Free State Province. The Central Drug Authority Report (2010/2012) indicates that in the 2010/2011 financial year, 10 LDACs were established in the Free State Province, however, at present, only three of the 10 are functioning effectively. The implications are that action plans are not implemented appropriately, which result in limited execution in terms of NDMP and the matter is not addressed effectively. The study is aimed at investigating the factors influencing, contributing to, and preventing the effective functioning of LDACs in the Free State Province. It was hoped that the findings from the study could assist with the identification of the contributing factors and the preventing factors to effective functioning of LDACs so that an appropriate approach can be developed to translate the policy framework into activities which will facilitate effective coordination and management of the LDACs to ensure a positive effect on drug abuse and trafficking and contribute to the sustainability of the process.

The effective involvement of the municipalities in the leading and providing of the resources to the LDACs as per the directive of the NDMP and the FMDMP, might contribute to the more effective implementation of strategies to fight drug abuse and trafficking in the Free State. Changes in the management of LDACs might also contribute to the effective implementation of strategies to fight drug abuse and trafficking. The achievement of all these is likely to contribute to the sustainability of LDACs in the province.

1.3 Scope of the study

1.3.1 Purpose of the study

The study endeavoured to establish the factors that influence, contribute to and prevent the effectiveness and sustainability of LDACs in Mangaung. Knowing about these factors will assist towards remedy of the obstacles to ensure effective functioning of LDACs and improved service delivery.

1.4 Overview of the Research Methodology

A qualitative approach which was explorative in nature was employed during the study. The unit of analysis was individuals who were members of the Local Drug Action Committees in Mangaung. A semi-structured interview schedule was used during individual interviews with five participants from two Local Drug Action Committees in Mangaung. The method of data collection provided the researcher with the opportunity to probe and seek explanations where appropriate and necessary. Purposive sampling, a type of a non-probability sampling was utilised to identify participants. Semi-structured interview schedules guided the in-depth interviews with individual participants during data collection. Thematic content analysis was used to identify the themes and patterns which enabled the researcher to interpret and present the data in relation to the objectives of the study.

1.5 Definition of concepts

Central Drug Authority (CDA): It is explained by the FSMDMP (2008) as a statutory body at national level responsible for the coordination and facilitation of the integrated efforts by State Departments and civil society to address problems of substance abuse.

National Drug Master Plan (NDMP): This is a policy framework which manages and coordinates the implementation of holistic and cost effective strategies to reduce the supply, demand and harm caused by substance abuse (National Drug Master Plan, 2013-2017).

Free State Provincial Substance Abuse Forum (FSPSAF): This is a statutory body at the provincial level which provides support to the member organisations to enable them to carry out their substance abuse programmes and to keep substance abuse issues as a priority on their

public or political agenda of the province. The FSMDMP (2008, p.15) emphasises that, "the Provincial forum involves all relevant stakeholders in the field of education, community action, legislation, law enforcement, policy making, research, treatment, business community and any other body interested in addressing the problem of substance abuse".

Local Drug Action Committee (LDAC): ThePrevention of and Treatment for Substance Abuse Act No.70 (2008, p.89) defines the LDAC as "the committee established by municipality to give effect to the National Drug Master Plan". This statutory body is aiming at cascading the NDMP at the community or local level through development of the action plan and coordination and facilitation of the implementation of the plan by the participating stakeholders to address substance abuse.

Sustainability: It is an important component of development and refers to ensuring that needs are addressed in the present without compromising the future generations' opportunities to meet their needs (Davids, Theron & Maphunye, 2009).

Substance abuse: It is "the sustained or sporadic excessive use of both legal and illegal illicit substances (Prevention of and Treatment for Substance Abuse Act No.70 of 2008, p.10).

1.6 Limitations of the study

The limitations of this study refer to the shortcomings of the literature, methods, its applications and interpretation of the collected data. The following were the limitations of the study:

a) LDAC is one of the new strategies in the fight against Alcohol and Drug Abuse in the country. The fact that LDAC is a new concept implies that there is limited literature available on this topic, which impacted on the literature review.
b) The findings of the study will give context, although the small sample size could not provide rich enough data to identify meaningful trends and relationships between different aspects.
c) The participants could not give socially desirable answers because they could not fully trust the process and because the researcher is an employee of the Department of Social Development.

d) Budget constraints limited the study to only one municipality in the province which may not necessarily reflect the picture of the LDACs in the entire province. However, the outcomes of the study might be utilised as the basis for further studies.
e) Accessing the participants was a limitation because some of the potential participants refused to participate.

1.7 Organisation of the report

This chapter provided for overview of the research study. In Chapter Two, the relevant literature and theoretical framework underpinning the study will be explained. The research methodology applied will be discussed in Chapter Three. In Chapter Four, the analysed data will be presented and described. The main findings, conclusions and recommendations will be discussed in Chapter Five.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The literature review will provide a description of substance abuse and drug trafficking. The abuse of substances will be contextualised internationally, regionally, nationally and in the Free State Province in South Africa. An overview of strategies implemented to deal with drug abuse and trafficking in developed and developing countries worldwide will be highlighted. The strategy to address substance abuse and trafficking developed and accepted by the South African Government will be discussed in detail. Given a developmental approach, the different role players within the South African context and the contributions they make, will be described. The challenges experienced in combating substance abuse and trafficking in South Africa and specifically in the Free State Province, will be reflected on.

2.2 Explaining drug abuse and trafficking

Drug abuse is defined in various ways by different people giving different explanations depending on the context in which it is discussed. For the purpose of this study, substance abuse is described as the overuse or misuse of legal or illegal substances. It is well known that both over- the-counter drugs, drugs prescribed by a medical practitioner and the prohibited drugs like Heroin and Cocaine can be abused. People abuse drugs for various reasons such as peer pressure and to manage their addiction problem. According to De Miranda (1996), the misuse of chemical substances which result in abusers experiencing effects such as pleasure and relief from distress, leads to maintaining drug abuse behaviour. Peer pressure influences adolescents to abuse drugs in order to fit in with and to be popular, and impress their peers and this often leads to addiction. Some people might have a low self esteem and they are likely to feel uncomfortable in social situations. They may not be happy about the way they look and in the end they resort to abusing drugs in order to gain confidence (Department of Social Development, 2012). It is argued by

McBride and Petersen (2002) that the availability and easy accessibility to drugs, cultural activities and rituals are also some of the reasons why people abuse substances.

Drug trafficking on the other hand is viewed as the smuggling of legal and or illegal drugs across the borders. Drugs are smuggled nationally or internationally. Trafficking of drugs is one of the growing concerns across the globe and cases of drug trafficking comprise one matter that is dominating the media today. There are many examples of drugs being smuggled from international countries like Brazil and Colombia to South Africa, or nationally between different provinces for example between Gauteng and the Free State. According to the United Nations Office on Drugs and Crime (UNODC) as cited by Ellis, Stein, Thomas and Meintjies (2012), the third largest quantity of dagga in the world is produced in Africa, and to be more specific in South Africa. This makes South Africa one of the largest dagga producers in the world, although some of it is trafficked from the neighbouring countries like Lesotho, Swaziland, Mozambique and Zimbabwe and exported to Europe and other countries. According to Parry (1998), alcohol is the highest substance of abuse in South Africa, followed by dagga as the second highest. A higher number of cannabis (dagga) usage is found in urban areas (2.3%) in relation to rural areas (1.0%).

2.3 The prevalence of substance abuse and trafficking

2.3.1 The international context of substance abuse and trafficking

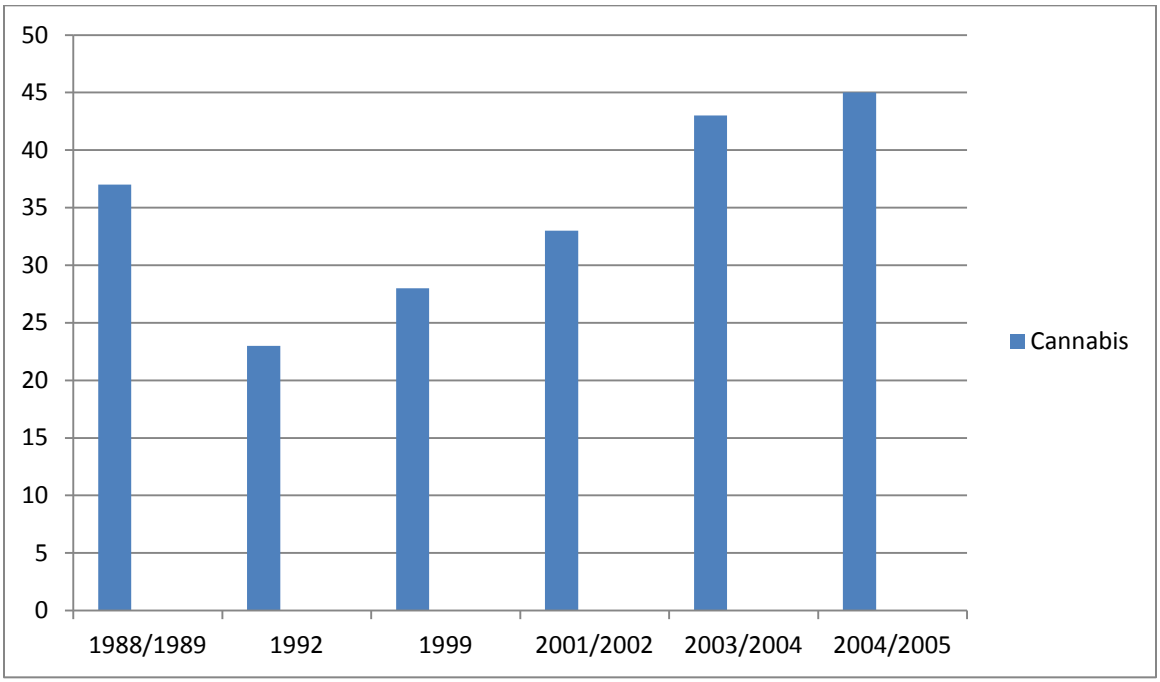
Millions of people worldwide are affected by substance abuse. The United Nations Office on Drugs and Crime (2013) states that 180 million or 3.9 per cent of the population age a 15-64 abuse dagga, while 1.6 million people inject drugs and get infected with HIV. It was reported by Clarkson (2009) that drug investigations in the coastal regions of Spain, is related to up to 70% of the work done by police.

Akers (1992) highlighted that in 1986, President Ronald Reagan declared a war on drugs. The purpose of this declaration was to fight both the supply of and demand for drugs by strengthening awareness and treatment programmes. This was necessitated by the continuous growth in substance abuse in the United States of America. The Drug Enforcement Administration (2013) reported that in 1986, 19 884 arrests were made in relation to drug abuse and drug trafficking in America, and 29 369 kilograms of cocaine, 278 kilograms of heroin, 490

607 kilograms of marijuana, 234 kilograms of methamphetamine and 4 146 711 of hallucinogens dosages units were seized. Subsequently, over $ 8 billion was made available during George Bush's presidency period in 1989 for the implementation of the Omnibus Anti-Drug Abuse Act (Akers, 1992). In the United States, cocaine, heroin and marijuana are imported, while illicit amphetamines, barbiturates and designer drugs are primarily domestically produced.

Globally, the abuse of cannabis (dagga) has increased dramatically over the past years. Dagga is cultivated in about 176 countries worldwide and it is evident in Figure 1, that there has been a rapid growing rate since 1992 from approximately 23 metric tons to over 45 000 metric tons in 2004/2005 (Eberlein, 2010). The higher demand for the substance results in a fast-growing production rate. It is also emphasised by Eberlein (2010) that 27% of the World's production occurs in Africa, and South Africa produces approximately 5% or 2 200 tons.

Figure 1: Global trends in cannabis production (metric tons)



Source: Eberlein (2010, p.38)

2.3.2 Regional context of substance abuse and trafficking in Africa

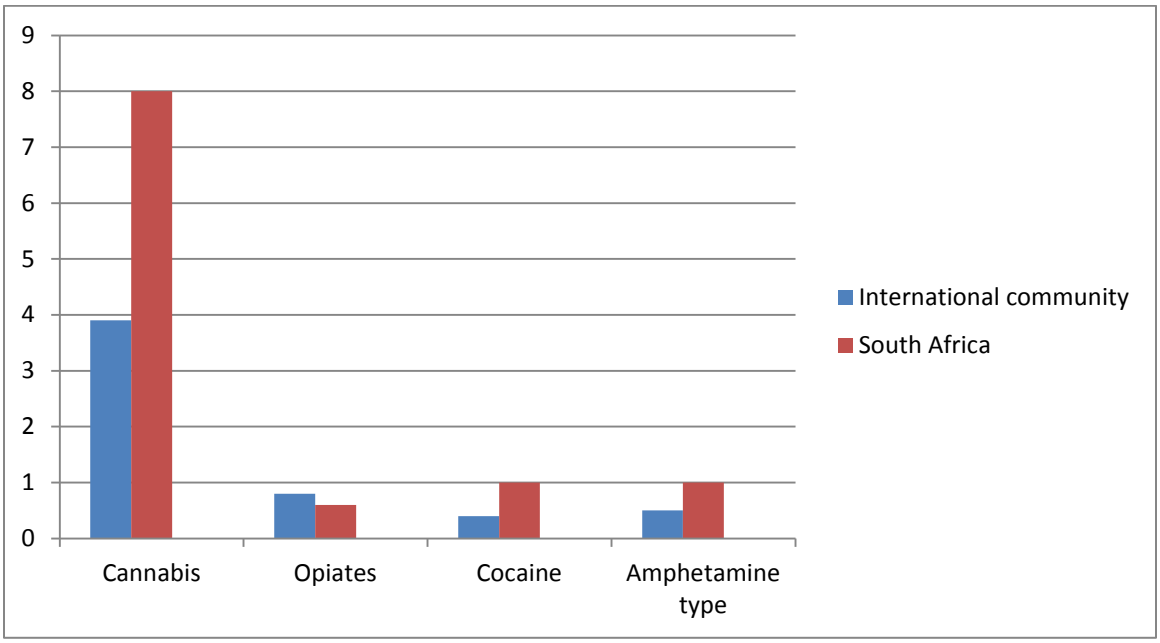
In Africa, the abuse of substances is growing at an alarming rate. The demand for a variety of drugs, from cannabis to more dangerous drugs such as cocaine, mandrax and heroin are evident.

According to Odejide (2006), the rate of substance abuse in Africa is fuelled by the new concept of prescription of substances and despite strong legal efforts to combat drug abuse and trafficking, the successful trafficking in heroin and cocaine is making narcotic drugs more easily available across Africa.

2.3.3 Substance abuse and trafficking within the South African context

Within the South African context, substance abuse and trafficking is growing strongly in momentum. Parry (1998) states that, according to WHO/UNDCP's country report of 1998 on substance abuse, young South Africans consume over 5 billion litres of alcoholic beverages per year and it is said that it could be near to 6 billion litres, depending on the estimate of sorghum beer consumed. Roughly, two-thirds of the absolute alcohol consumed in South Africa is malt or sorghum beer. The report also states that in terms of alcoholic beverages, this translates to approximately 4.2 billion litres or roughly 90% of alcoholic beverages consumed in South Africa only. This is a clear indication that the consumption of alcohol in South Africa is getting out of hand; hence there is a focused effort with various strategies to prevent the escalation of the problem.

Figure 2: Types of commonly used drugs globally in comparison to South Africa



Source: Eberlein (2010, p. 41)

According to Eberlein (2010), the South African community consumes more cannabis than the international community and less opiates than the international community. The country on the other hand appears to be consuming a lot of cocaine in relation to the international community. It is evident from Figure 2 and of great concern that the South African community abuses substances more than the international community. This is posing serious challenges to the country.

2.3.4 Drug abuse and trafficking in the Free State Province

Over the period 2012 to 2015 it is projected that in the Free State Province only, there will be between 118 000 and 120 000 youths who are exposed to substance abuse. Free State Department of Social Development's Annual Report, 2012/2013 highlights that Aurora is the only private and specialised treatment centre in the province and able to render services to about 500 patients per year. Therefore, a much stronger focus and effort on prevention are perceived as the way to go.

A variety of substances are used in the Free State Province.

Table 1: The overall proportion of substances used in % in the Free State Province 2006/7

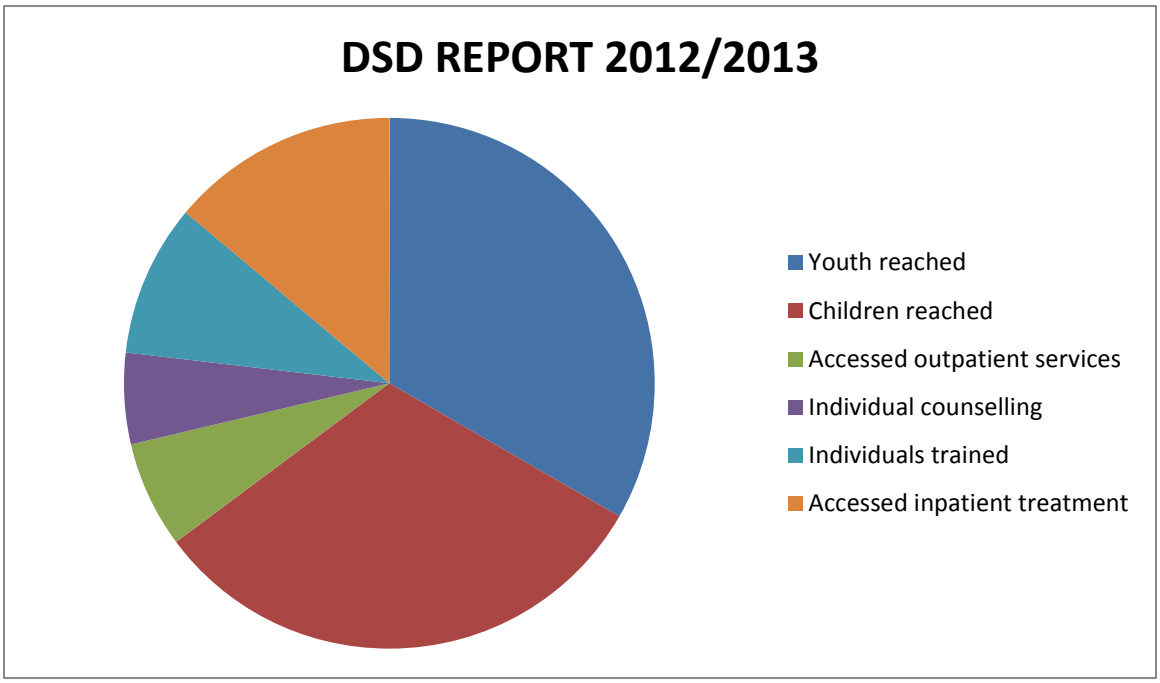
Substances	July-December 2006	January-June 2007	July-December 2007
Alcohol	76	77	81
Cannabis/Dagga	30	27	28
Cannabis/Mandrax	4	1	3
Crack/Cocaine	15	14	17
Ecstasy	4	4	4
Heroin	2	3	2
Inhalants	2	2	1
Khat	-	<1	-
LSD	1	2	2
Methamphetamine	1	1	-
Methcathinone	3	<1	1
OTC/PRE	10	10	8

Source: South African Community Epidemiology Network on Drug Use (SACENDU) Report (2007)

Table 1 shows each drug proportionally as either a primary or secondary drug. Of the overall proportion of the primary and secondary drugs being abused in the Free State Province, alcohol and cannabis/dagga are the most common substances abused followed by crack/cocaine as a relatively common substances.

Given the alarming statistics, the Free State Government through the Department of Social Development which has the fight against substance abuse as a priority focus, engaged in various activities across the province to raise awareness about and provide treatment for substance abuse. According to the Annual Report of the Department of Social Development (2012/2013), activities included among others, door to door campaigns, pamphlet distributions, talks with groups, essay competitions, puppet shows and marches to create awareness. In Diagram 1, the targeted audiences are evident.

Diagram 1: Department of Social Development actions and services in relation to targeted audiences



Source: Department of Social Development Annual Report, (2012-2013, pp.54-55)

In diagram 1, it is evident that a concerted effort was made to reach specific groups. All the efforts were done by the Department of Social Development in partnership with the funded Non-Profitable Organisations (NPOs). Through the Ke-Moja substance abuse prevention programme, 13 194 children were reached. This achievement was higher than the target of 6 000 and due to the appointment of the additional workers by NPOs through the assistance of the Expanded Public Works Programme (EPWP) which lead the workers to providing service on a full-time basis, more schools and children were reached.

The prevention programme reached 13 466 youth (19-35 years of age), and 503 service users in the province have accessed private inpatient substance abuse treatment centres funded by Government.

Furthermore, the Free State Government funds outpatient services at three treatment centres, namely, SANCA Aurora (Bloemfontein), SANCA (Sasolburg) and SANCA Goldfields (Welkom), and 1 202 service users have accessed these outpatient treatment centres. Moreover,

the report shows that, 1 006 service users (clients) were reached through individual counselling related to substance abuse by social workers in communities throughout the Free State Province.

Lastly, 506 Charity-Based Organisations (CBOs), NGOs and professional workers (social workers, auxiliary workers and community development practitioners among others) were trained on the substance abuse programme offered by the Department of Social Development and SANCA to deal with the scourge of substance abuse in the province.

2.4 Strategies to address substance abuse and drug trafficking

The strategies will be discussed in relation to the contexts of specific developed countries and developing countries, the regional context(looking specifically at Tanzania), the South African context, and also in particular the Free State Province.

2.4.1 Strategies for the prevention of drug abuse and trafficking in developed countries

Substance abuse and drug trafficking are worldwide phenomena and developed countries are also challenged to develop strategies to curb the growing rate of drug abuse and trafficking. According to Reno, Holder, Marcus and Leary (2000), the United States of America (USA) adopted a concept of *"Promising Strategies to Reduce Substance Abuse"*. This concept encompasses three strategies namely, prevention, treatment and law enforcement. In terms of prevention, extensive research is done on identifying strategies to strengthen protective factors such as developing strong family ties, social skills in dealing with substance abuse issues and motivating and encouraging children to understand the value of education and develop interest in going to school. There is major support and belief in treatment as it is argued that it is cheaper to provide treatment, than attending to and managing the various health problems which are caused by drug abuse. The argument is that if people are treated, they are likely to regain good health, are able to secure employment and in return, they can contribute to the economy of the country which also reduces the country's burden (Reno, Holder, Marcus & Leary, 2000). The law enforcement strategy shifted its focus from incarceration of the substance abusers and traffickers to providing sanctions, accountability and treatment for offenders. The substance abuse offenders are referred to other service providers such as welfare, health and justice. They are linked with these service providers and it is hoped that they will change their behaviour and improve their quality of life. To facilitate this process, the Department of Justice availed resources to Local

Community Policing initiatives to assist with the successful execution of this strategy (Reno, Holder, Marcus & Leary, 2000).

2.4.2 Strategies for the prevention of substance abuse and trafficking in developing countries

In developing countries, the strategies implemented have a strong community participatory approach. The American Public Health Association in China (APHAC) (2002) mentions that country like China is now focusing on engaging in community-based programmes to prevent substance abuse. With reference to the APHAC (2002), it is evident that the four strategies followed in China are a school approach, family approach, community approach, and clinic approach to encourage community participation and members of communities taking ownership of the responsibility to fight substance abuse. In an attempt to engage the community, workshops and regular meetings are held with village leaders to sensitise them about the problem and the role they must play (APHAC, 2002). As part of the school programmes, visits to detoxification centres and participation of children in designing and planning the intervention activities are implemented.

2.4.3 Strategies for the prevention of substance abuse and trafficking in Africa

In Africa, countries have different strategies on how to prevent substance abuse and drug trafficking. Each country develops its own strategies based on the dynamics of the country and the factors influencing the abuse of drugs in the specific country. For the purpose of this study, the researcher looked at strategies for the prevention of substance abuse in Tanzania. According to the Extended Function Data Register (EFDR) (1993), Tanzania has an Inter-Ministerial Coordinating Committee on Drug Abuse (IMCCDA). The responsibility of this committee is to ensure that the programmes and the services on substance abuse are well coordinated in that they allow for sharing and exchanging of information between different role players during the development and implementation of programmes and policies to combat substance abuse (EFDR, 1993). Lastly, the committee ensures that all stakeholders involved in a fight against substance abuse communicate effectively during the process. Representatives of the private sector and government departments such as Social Welfare, Justice, Health and Education are members of the IMCCDA in Tanzania (EFDR, 1993).

The nature of the coordinated programmes in Tanzania includes among others, drug education which form part of the school curriculum, community programmes with specific focus on youth, media campaigns through radio and newspapers, and drug awareness activities in the workplace (EFDR, 1993).

2.4.4 Strategies for the prevention of substance abuse and trafficking in South Africa

In South Africa, drug trafficking has emerged to be growing at an alarming rate. Perhaps it is due to the open migration policy that the country seems to be practising, which in turn threatens the economy and social wellbeing of the citizens. This trafficking of drugs according to UKessay.com (2014) encompasses the manufacturing, distribution and sales of substances that are classified as illegal by the law. NewspaperDirect (2011) highlights that more than 600 South African drug dealers and traffickers are detained in prisons outside the country. This background forced the South African Government to shift its focus towards the fight against substance abuse and drug trafficking.

Since democracy in1994, substance abuse and trafficking have been a priority on the agenda of the South African Government as it affects the wellbeing of citizens and the growth and development of the country. The initial *National Drug Master Plan 1999-2004* had a specific focus on a drug-free society wanting to contribute globally. However, *the National Drug Master Plan 2006-2011* that was adopted in 2006 had a shift in focus to a holistic manner and using cost-effective approaches to reduce the supply and demand or consumption of drugs to minimise the damage that it causes in different ways and on different levels in society (Geyer, 2012). The focus of the latest *National Drug Master Plan 2013-2017* is to uplift the standard of the country in the fight against substance abuse in order to meet the requirements of the international bodies and to meet the specific needs of the South African communities. The Central Drug Authority (CDA) which was appointed and led by the Department of Social Development, developed the 2006 National Drug Master Plan (NDMP) as a national strategy to give guidance to the government departments on how to effectively implement their operational plans nationally, regionally and provincially. The requirements in terms of the composition of the CDA were clearly articulated and the CDA had to consist of 15 representatives from government departments and 12 representatives from private sector. The Prevention and Treatment of Drug

Dependency Act, No.20 of 1992, mandated the establishment of the Central Drug Authority (CDA) and guided the drafting of the 2006-2011 NDMP.

The Act also made provision for the establishment of programmes with specific focus on prevention activities to combat substance abuse, empowering communities by giving them access to and sharing information on how to deal with challenges of substance abuse, and the education of youth on how to handle substance abuse issues. The new Act, Prevention of and Treatment for Substance Abuse Act, No. 70 of 2008 was approved by Parliament in March 2013 and the regulations were approved in April the same year. This Act provides for the creation of preventionand early intervention programmes on substance abuse, the establishment of community-based services and the coordinating structures, the setting up of at least one public treatment centre in each province, the creation of after care and re-integration programmes, and the founding of Centre-Based Services.

The different legislations in conjunction with the adopted NMDP, suggested strategies and programmes thatprovide clear guidelines to different role players in dealing with substance abuse and trafficking on different levels. The Prevention and Treatment of Drug Dependency Act, Act 20 of 1992 as amended, stipulates clearly that the Department of Justice has the responsibility to make sure that people who are in need of assistance and addicted to substances are committed to treatment centres designated by the director general.

2.4.5 Strategies for the prevention of substance abuse and trafficking in the Free State

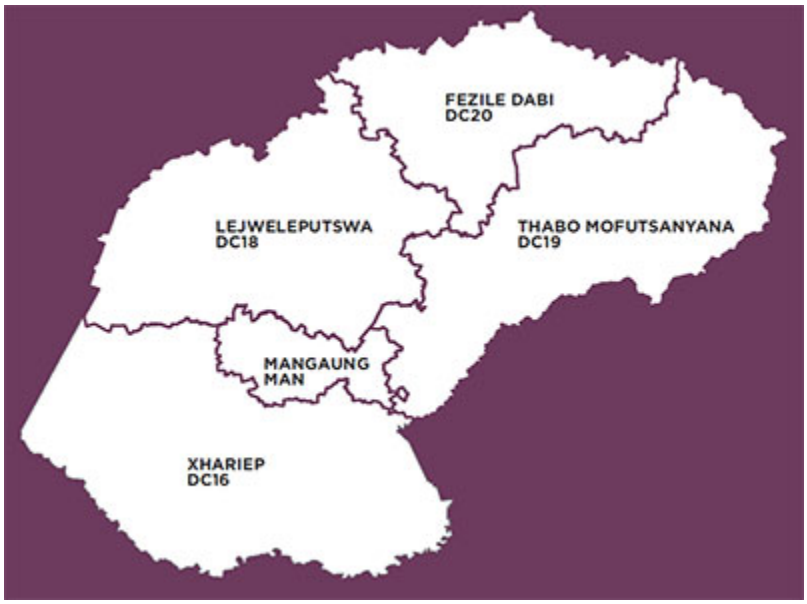
The Free State Mini Drug Master Plan (FSMDMP) is the provincial strategy employed to cascade the 2006 National Drug Master Plan to the province. The FSMDMP gives guidance to government departments and other participating stakeholders on how to implement their operational plans in order to facilitate reduction of demand for and supply of drugs in the Free State Province. The development of this strategy was facilitated by the Free State Provincial Substance Abuse Forum (FSPSAF) in 2006. The goal of the FSMDMP is to ensure that services concerning substance abuse are well coordinated and that appropriate intervention strategies are developed and implemented. The strategies focus on awareness, education, prevention, early intervention and treatment programmes that are implemented to combat the supply and abuse of substances in the province (FSMDMP, 2008).

The Local Drug Action Committees (LDACs) were established as a way to combat the supply and abuse of substances in the province. The LDACs are meant to cascade the FSMDMP to the local (community) level. An LDAC has the responsibility to coordinate the services rendered by stakeholders at the local (community) level. The FSMDMP (2008) dictates that the establishment and functioning of the LDAC should be driven by municipalities seeing that LDACs are the closest bodies to the people at local municipality level.

The Free State is located in the geographical centre of South Africa with its capital city Bloemfontein. It is the central way to drive through to other provinces and borders on six provinces namely, Northern Cape, Eastern Cape, North West, Mpumalanga, Kwazulu Natal, Gauteng and the country of Lesotho. The Free State is a rural province which is characterised by farmland, goldfields and mountains.

Although the province is the third largest in South Africa, it has the second lowest population and population density in the country. The population of the Free State is 2 745 590 and represents 5.3% of the national population on an area of 129 825 square kilometres. The province is divided into five districts and there are 19 local municipalities within the five districts (Wikipedia, 2013).

Figure 3: Five districts' municipalities of the Free State Province



Source: Statistics South Africa (2012)

In Table 2 the 19 municipalities in the five districts are listed which also indicate the seats, the area per square metre that is covered by the municipality, the population in that area as in 2001, as well as the population density per square metre per municipality.

Table 2: The 19 Local Municipalities of the Free State Province

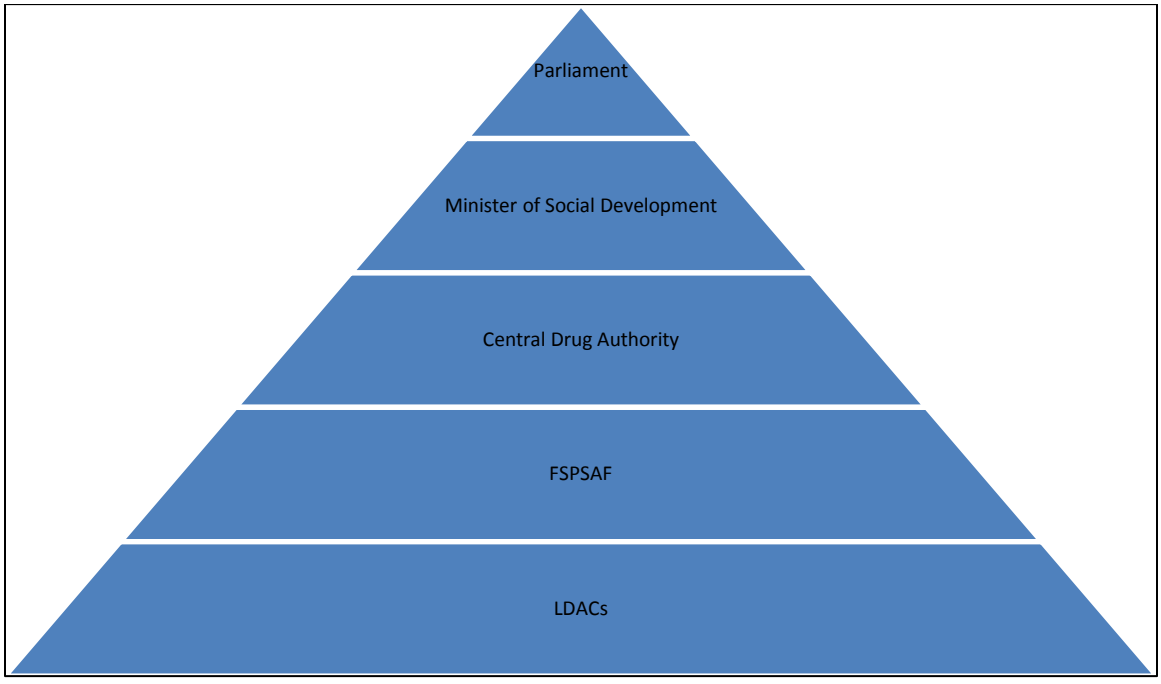
Name	District	Seat	Area (km2)	Population (2011)	Population Density (per km2)
Dihlabeng Local Municipality	Thabo Mofutsanyana	Bethlehem	4,880	128,704	26.4
Kopaong Local Municipality	Xhariep	Trompsburg	15,645	49,171	3.1
Letsemeng Local Municipality	Xhariep	Koffiefontein	9,829	38,628	3.9
Mafube Local Municipality	FezileDabi	Frankfort	3,971	57,876	14.6
Maluti-a-Phofung Local Municipality	Thabo Mofutsanyana	Phuthaditjhaba	4,338	335,784	77.4
Mangaung Metropolitan Municipality	Mangaung Metropolitan	Bloemfontein	6,284	747,431	118.9
Mantsopa Local Municipality	Thabo Mofutsanyana	Ladybrand	4,291	51,056	11.9
Masilonyana Local Municipality	Lejweleputswa	Theunissen	6,796	63,334	9.3
Matjhabeng Local Municipality	Lejweleputswa	Welkom	5,155	406,461	78,8
Metsimaholo Local Municipality	FezileDabi	Sasolburg	1,717	149,108	86.8
Mohokare Local Municipality	Xhariep	Zastron	8,776	34,146	3.9
Moqhaka Local Municipality	FezileDabi	Kroonstad	7,925	160,532	20.3
Nala Local Municipality	Lejweleputswa	Bothaville	4,129	81,220	19.7
Naledi Local Municipality	Xhariep	Dewetsdorp	3,424	24,314	7.1
Ngwathe Local Municipality	FezileDabi	Parys	7,055	120,520	17.1
Nketoana Local Municipality	Thabo Mofutsanyana	Reitz	5,611	60,324	10.8
Phumelela Local Municipality	Thabo Mofutsanyana	Vrede	8,183	47,772	5.8
Setsoto Local Municipality	Thabo Mofutsanyana	Ficksburg	5,966	112,597	18.9
Tokologo Local Municipality	Lejweleputswa	Boshof	9,326	28,986	3.1
Tswelopele Local Municipality	Lejweleputswa	Bultfontein	6,526	47,625	7.3

Source: Statistics South Africa report (2012)

Only 10 LDACs were established in the Free State Province by 2010. They were established in the following municipalities: Setsoto, Phumelela, Maloti a Phofung, Moqhaka, Mangaung, Matjhabeng, Letsemeng and Mafube. However, the sustainability of these committees seems to be a challenge across the province. Only three out of 10 LDACs which were established by 2010 are still operational. The non - existence and ineffectiveness of the LDACs would simply mean that those municipalities have no operational plans in place to implement the strategic objectives of the FSMDMP and the NDMP in order to combat substance abuse within the communities. The FSMDMP (2008) emphasised that each municipal area must develop operational plans at local level that detail how the substance problem is being managed at a municipal level. Lack of operational plans to combat substance abuse in most of the municipalities influences the process of effective management of substance abuse in the province. Hence the study attempted to understand the factors which influence the sustainability of LDACs in order to come up with possible recommendations to ensure the sustainability of the LDACs in the Free State Province.

In Figure 4, the reporting structures in terms of the implementation of the NDMP on provincial and national level are presented.

Figure 4: Reporting structure on the implementation of the NDMP



Source: Researcher's own construct

Communities provide reports to LDACs about activities performed and challenges faced by them during the implementation of the different strategies. The different LDACs report to the FSPSAF which in turn reports to the CDA at the National Office. The Central Drug Authority reports to the Minister of Social Development who presents the report to Parliament.

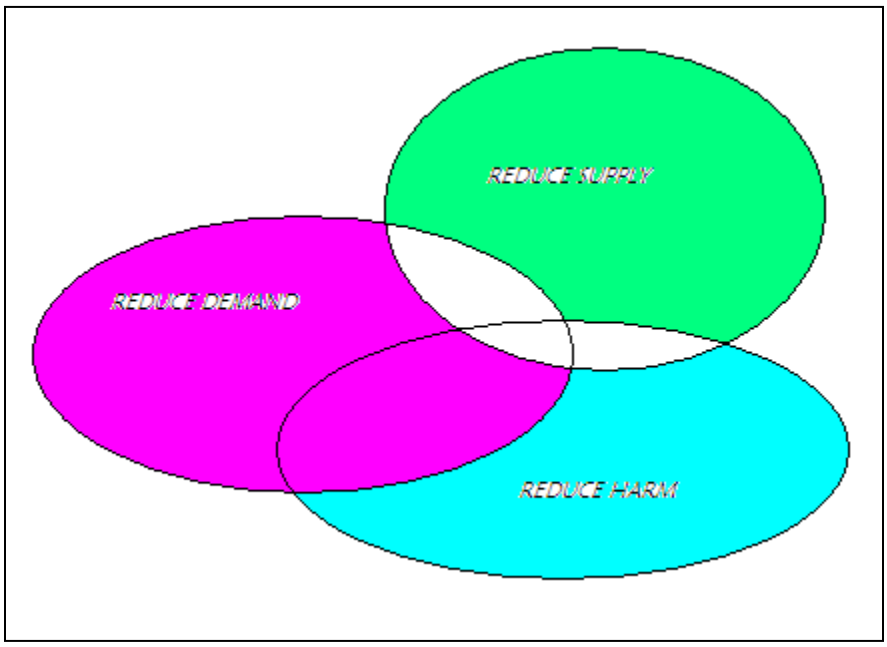
The *National Drug Master Plan 2013-2017,* dictates that the mayor of each municipality has to establish LDACs consisting of interested persons and organisations or stakeholders which play a role in the combating of substance abuse in the municipality. No time frames in terms of the establishment of the LDACs are mentioned in the 2013-2017 National Drug Master Plan. The mayor is also responsible for appointing the LDACs members. The *National Drug Master Plan 2013-2017* further emphasises that each municipality must provide financial support to the LDAC to contribute towards its sustainability. LDACs are also expected to provide quarterlyreports to the Free State Provincial Substance Abuse Forum (FPSAF) concerning actions, progress, problems and other related matters to allow the forum to report to the Central Drug Authority (CDA) which is accountable to the minister of the Department of Social Development (DSD). The LDACs which are lead by municipalities, should be composed of NGOs, CBOs, FBOs, and other relevant Government Departments and local structures, and is meant to cascade the FSMDMP to the local (community) level. In terms of the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008, each municipality is expected to have at least one LDAC, however, currently there are only five LDACs which are functional in the province. This implies that not even a quarter of the number of the expected committees in the province is established and functional.

2.4.6 The national integrated strategy for combating substance abuse

The national integrated strategy displayed in Figure 4, has three explicit elements namely, reduce supply, reduce demand, and reduce harm (Eberlein,2010).The LDACs have the responsibility in terms of the NDMP and the FSMDMP to coordinate the implementation of the integrated strategy to combat drug abuse at the local (community) level. In other words, according the FSMDMP (2008), LDACs have the responsibility to ensure that they develop and coordinate the implementation plan to prevent drugs entering the Free State community, sensitise the community in their jurisdiction about the risks of drug abuse through awareness activities as a preventive effort to reduce demand, make sure that communities have access to detoxification

and rehabilitation services, as well as after care and re-integration programmes to reduce harm that is associated with drug abuse.

Diagram 2: The integrated strategy towards the prevention of alcohol and drug abuse



Source: Central Drug Authority Annual Report (2008)

It is argued by Eberlein (2010) that combating substance abuse in the country needs a balance in the implementation of the elements of the prevention strategy as indicated. The three elements will be discussed in detail.

a) Supply reduction

Supply reduction is one of the important substance abuse prevention activities. This is the effort taken to ensure that the number and the rate of drugs getting into the country and the province are reduced(CDA, 2008). The leading stakeholder in the efforts to reducing the supply of drugs in the country is the South African Police Service (SAPS). According to the National Drug Master Plan (2006), substance problems should be decriminalised through changes in legislations to enable reduction with better law enforcement. In setting up regular roadblocks where cars are being searched and drugs confiscated, large quantities of drugs are being prevented from getting into the Free State Province.

The *Policy on the Management of Substance Abuse* developed by the Department of Social Development (2006) explains supply reduction from a policy point of view and indicates that it is geared to interdict the production and distribution of drugs, particularly through law enforcement programmes and actions aimed at reducing the supply of illicit drugs.

b) Demand Reduction

Demand reduction is another prevention mechanism which aims at reducing the need for drugs by the community. Eberlein (2010) explains the aim of demand reduction as eliminating the need for drugs by looking at the source of demand. In other words, he believes that if the focus can be on causal factors for demand, the problem of drug and alcohol abuse can be dealt with accordingly. He identified poverty reduction, social development, access to education, regular communication, social policy implementation as well as continuous advocacy, as some of the strategies to reduce demand.

The Department of Social Development (2006) in its*Policy on the Management of Substance Abuse* describes demand reduction as policies or programmes directed at reducing consumer demand for psychoactive drugs, primarily illicit drugs. It is suggested that the reduction is likely to be influenced by educational programmes, treatment and rehabilitation services, as well as after care and re-integration programmes. Raising awareness about the dangers and risks of substance abuse is one of the strategies implemented regularly in an attempt to address demand reduction of substances. As mentioned by a Free State Member of Executive Committee (MEC) for Social Development, Ms Sisi Ntombela, in her budget speech (2013), most of the stakeholders within the communities are funded by DSD among other government departments to engage in awareness activities such as dialogues, door to door visits, holding sessions with individuals and groups, presentations or talks in schools, and puppet shows at Early Childhood Development centres (ECDs). Having competitions such as essay competitions, offering games and fun activities for children and youth, and the distribution of pamphlets for individuals and families to read more about the risks and dangers of drugs and alcohol are also some attempts to raise awareness(Free State Department of Social Development Service Specification on Substance Abuse, 2013).

c) Harm Reduction

Substances cause serious harm to the abusers and efforts need to be made to reduce this harm. According to the NDMP (2013-2017), there is an ongoing debate within the CDA about the relevancy of this term in the prevention and treatment for substance abuse and therefore, the approach should be viewed as harm prevention which implies to safeguard individuals from economic and social losses.

The Prevention of and Treatment for Substance Abuse Act, No. 70 of 2008 calls for intersectoral strategies for reducing demand and harm caused by substance abuse. According to this Act, the minister must, "work together with the National Youth Commission and the Minister of Finance, Education, Health, Justice and Constitutional Development, Arts and Culture, Sports and Recreation, Local and Provincial Government, Correctional Services and Safety and Security, develop and implement comprehensive intersectoral strategies aimed at reducing the demand and harm caused by substance abuse"(p.20). These strategies should mainly focus on prevention, early intervention, and treatment of substance abuse. Strang, Smith and Spurrell (1992) argue that, if substance abuse can be eliminated or be reduced, automatically harm will be reduced and there will be no need to think of developing other mechanisms to deal with harm.

2.5 Different role players in addressing substance abuse and drug trafficking in the Free State

Specific stakeholders play a pivotal role in the fight against substance abuse in the Free State Province. Their specific roles and functions in respect of managing the supply of and demand for substance abuse are discussed next.

2.5.1 Role of the public sector

In this juncture, the role of different government/state departments will be discussed as prescribed in the FSMDMP of 2008.

a) Department of Social Development

The Department of Social Development (DSD) plays a leading role in the campaign against substance abuse. It provides technical and financial support in order to realise the objectives of FSMDMP (2008). This implies that the DSD is responsible to translate the prescriptions of the

FSMDMP into applicable strategies and programmes, and the DSD also has to facilitate capacity building of the participating stakeholders and develop norms and standards to give guidance on service delivery (FMDMP, 2008).

b) Department of Health

The Department of Health (DOH) is the expert stakeholder in health issues. Its role in substance abuse prevention is crucial for both awareness campaigns and treatment services. With reference to the FSMDMP (2008), the DOH has the responsibility to make sure that treatment programmes for those who abuse substances are administered effectively. This means that the DOH has to support treatment centres and guide them on how to administer detoxification programme. According to the FSMDMP (2008), the DOH is also expected to participate in the awareness activities on substance abuse.

c) Department of Education

The Department of Education (DOE) has an important role to play in combating substance abuse in schools. The FSMDMP (2008) emphasises the DOE's responsibility in creating platforms during teaching sessions where learners are empowered with knowledge and skills to deal with substance abuse-related challenges. Learners in primary and secondary schools are educated about the hazards of substance abuse during life orientation sessions and through other relevant teaching platforms with the assistance of the trained volunteers, such as the Ke-Moja Clubs in schools. The DOE is also expected to engage in a working relationship with other stakeholders such as the DSD, the Department of Safety and Security, the DOH and Department of Justice to make a concerted effort to reduce substance abuse among learners in the schools (FSMDMP, 2008).

d) The South African Police Services (SAPS)

The SAPS is an important stakeholder and fulfils a crucial role as part of the team to implement the strategies and guidelines prescribed in the FSMDMP. Their main responsibilities and competencies are to enforce the law on substance abuse-related matters (FSMDMP, 2008).

This is done through an omnipresence strategy where the police avail themselves to be seen as a deterrence factor especially at the hotspot areas; they also investigate the reported substance abuse-related crimes, and provide security services. Police also obtain search warrants for

searching for drugs in schools and in the community at large, they also hold roadblocks to search for drugs in order to prevent the trafficking of drugs, and lastly, they visit the community to raise awareness on the services available in the police service to combat substance abuse (FMDMP, 2008).

e) The Department of Correctional Services

The Department of Correctional Services has the responsibility to use corrective measures in an attempt to change the mindset of the offenders of drug-related offences. In addition to this, the department invested in preventing substance abuse in the correctional centres. According to the FSMDMP (2008, p.10), "correctional centres must ensure that drugs do not enter the centres and educate the inmates about the hazards of substance abuse".

2.5.2 Role of the private sector

The Private sector is an important partner within society, is not state controlled, and is largely contributing to the economy of the country. The main focus is making profit and it is normally privately owned businesses or big companies. Qfinance (2010) explains that this section of the economy which is managed and controlled by individuals who depend on private financing to run its activities and who are not funded by the government, is part of the private sector.

The private sector often provides financial support (funding) to non-profitable organisations that are community- based and renders prevention services on substance abuse. They also provide material support in the form of food and clothing (T-shirts and Caps) during awareness campaigns. Although social services are not the core business of the private sector, they have a responsibility to plough back to the community which supports them, hence their participation in the substance abuse awareness activities within communities (Chanderdeo, Pilane, Pinnock, Strydom & Viljoen, 2011). The private sector also has the responsibility to educate their employees about substance abuse and should have employee assistance programmes and medical aid schemes which can be utilised for treatment of employees who need to be placed in treatment and rehabilitation centres. The National Institute on Drug Abuse (NIDA) (2014) confirms that the private sector has many programmes such as behaviour modification programmes and employee assistance programmes (EAP) to assist employees to deal with their substance abuse problem.

2.5.3 Role of the Non-Profit Organisation sector

These are non- profit organisations which depend on funding in order to maintain their sustainability. There are different types of non- profit organisations and their roles in the reduction of supply of and demand for substance abuse will be discussed briefly.

a) Non-Governmental Organisations (NGOs)

The NGOs provide statutory services to substance abuse clients and their families. They provide out-patient and inpatient treatment services to substance abuse clients. There are three outpatient treatment clinics in the province, one in Bloemfontein, the second one in Welkom and the third one in Sasolburg. The one and the only rehabilitation centre that provides inpatient treatment in the province is Aurora in Bloemfontein. The NGOs also provide capacity building to the community- based organisations and other professionals who render substance abuse services. The South African National Council on Alcoholism and Drug Dependence (SANCA), as the specialised service provider, is one of the funded NGOs by the Department of Social Development Free State to provide capacity building in five districts of the province. Child and Family Welfare, Free State Care in Action, and Kerklike Maatskaplike Dienste (KMD) are funded by the Department of Social Development to assist in rendering statutory services related to substance abuse in the province (MEC for the Department of Social Development, 2013).

b) Community- Based Organisations (CBOs)

CBOs are organisations which were established by groups of voluntary individuals who have a passion for and interest in working with substance abuse-related issues. The National Network of Libraries of Medicine (2007) defines a community-based organisation as a public or private non-profit organisation (including a church or religious entity) that is made up of a community or a significant segment of a community, and is focusing on addressing human, educational, environmental, or public safety community needs.

Some of these organisations are funded by the Department of Social Development to assist in rendering substance abuse prevention service in the communities across the province. They raise awareness on substance abuse in schools, clinics, and churches and in the community through door-to-door visits, educational talks with groups and games and fun activities among others.

In Table 3, all the CBOs funded by the DSD of the Free State are listed. Five of the organisations (Siyaqoba, Wepener, Still Hope Organisation, Ficksburg, Phamong Youth Development Club, QwaQwa., First Aid to Disabled and Drug Counselling and Care, QwaQwa, & Anti-Drug and Alcohol Abuse Forum, QwaQwa are along the borders between the Free State and the neighbouring country of Lesotho where some of the drugs are trafficked from. These organisations are expected to provide the DSD with monthly reports on the services rendered and also financial reports to account for the money they had spent. In addition, they also submit two six-monthly progress reports per annum (Non Profit Organisations Act, No. 71 of 1997). These reports are used by the DSD to monitor progress in line with the implementation of policies and programmes and ensure compliance in terms of the signed memorandum of agreement (MOA) between the organisations and the DSD.

Table 3: Free State CBOs funded by the Department of Social Development in 2013/2014

Organisation	**Service Area**
Mphatlalatsane Community Development Organisation	Thaba-Nchu
Kopano Home Base Care	Botshabelo
Thusanang Community Based Organisation	Botshabelo
Fadimehang Home Based Organisation	Botshabelo
Albertina Youth Recreational	Jacobsdal
Tshireletso Against Women Abuse	Dewetsdorp
Siyaqoba Youth Club	Zastron
Thusanong Youth Project	Ventersburg
Substance Abuse Youth Guidance	Theunissen
Itireleng Youth Development	Soutpan
Kutlwanong Rehabilitated Ex-Offenders (KREO)	Kutlwanong
Recreation of the lost Generation (ROLGO)	Viljoenskroon
Tswelopele Community Care	Deneysville
Lets Live Together Alcohol and Drug Abuse Project	Heilbron
Phamong Youth Development Club	QwaQwa
First Aid to Disabled and Drug Counselling and Care	QwaQwa
Anti Drug and Alcohol Abuse Forum (ADAAF)	QwaQwa
Still Hope Organisation	Ficksburg

Source: Researcher's own construct

c) Faith Based Organisations (FBOs)

FBOs are organisations that are religion and belief system oriented organisations. AmeriCorps Guidance (2003) explains an FBO as a non -profit organisation founded by a religious congregation. These organisations render prevention services through spiritual support and

counselling. They also raise awareness on substance abuse in different denominations and communities. Some churches educate the congregation about the hazards of substance abuse and participate in the awareness campaigns in the community. However, they differ from CBOs in the sense that their services are more spiritual and based on religion.These organisationsalso create platforms for other stakeholders to come and talk to the congregation about substance abuse issues. Traditional healer groups also educate the community about how to correctly use the traditional medication and also assist in correcting myths about certain traditional drugs. Winkelman (2001) emphasises that rituals use cultural emerges and symbols among other things to help communities to gain social reintegration.

2.5.3 Role of the media

The media is also an important role player in awareness creation on substance abuse and drug trafficking. In terms of commercials, they raise awareness on substance abuse in the form of adverts and talk shows. They reflect on the risks and consequences of substance abuse and give people information on where to seek. On the other hand, Saffer (2002) highlighted that underage individuals are exposed to substances through adverts in the media. However, there is little evidence that a substances advertising directly increases the abuse of substances.

2.6 Theoretical frameworks relevant to the study

The two theoretical perspectives applicable to this study are the systems theory and the participatory development approach. Payne (2005) argues that systems work together towards a common goal. LDAC is a system, and made up of different parts which are the stakeholders who work together as a team, planning together and supporting each other to make sure that the committee performs its role and responsibilities to its fullest capacity. For the purpose of this study, this framework will provide for understanding on how different stakeholders interact within the LDACs in Mangaung to ensure the effective implementation of policy frameworks to combat substance abuse. It will also assist in understanding the factors which influence the sustainability of these committees in Mangaung.

The Participatory development approach is the framework that is utilised to engage all parties in the project to allow for everybody’s growth and development. In this study this approachwill guide the study to understand on how different stakeholders and individuals in the LDACs

empower each other to ensure that the goals of the LDACs are attained. Davids, Theron and Maphunye (2009) substantiate that people in a system support each other through educational and empowering processes in order to identify problems and needs and to mobilise resources to address the identified challenges.

2.7 Summary

This chapter provided an overview of literature reviewed regarding the prevalence of substance abuse and drug trafficking, policies and plans nationally and provincially, providing strategies and guidelines in dealing with substance abuse. The chapter also looked into the stakeholders from different sectors contributing to the strategies to address substance abuse. Two relevant theoretical frameworks which gave context to the study were described. The research methodologies used in this study will be discussed in Chapter Three.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The research methodology applied during the study is outlined in this chapter. The research question, primary aim and the secondary objectives of the study are presented. The research strategy and design are explained and the sampling procedure used is discussed. The research instrument used and the methods of data collection and analysis, as well as the trustworthiness of the study are described. The ethical considerations are also highlighted.

3.2 Research question

The main research question to be answered by the study was:

Why are the LDACs in Mangaung not effective and sustainable?

3.3 Primary aim and secondary objectives of the study

The primary aim of the study was to establish the factors that influence, contribute to and prevent the effectiveness and sustainability of the LDACs in the Mangaung Municipality.

The secondary objectives were:

3.3.1 To gain understanding of the Mangaung LDAC members' knowledge and perceptions about the objectives of the FSMDP.

3.3.2 To investigate how the Mangaung LDAC members understand the specific roles they are expected to fulfil as stakeholders in the implementation of the FSMDP.

3.3.3 To explore the views of the Mangaung LDAC members about the factors which contribute to the sustainability of the LDACs in Mangaung.

3.3.4 To investigate the opinions of the Mangaung LDAC members about the factors hindering the sustainability of the LDACs in Mangaung.

3.4 Research strategy and design

This research study employed a qualitative approach which was explorative anddescriptive in nature. According to Terre Blanche, Durrheim and Painter (2006), a qualitative approach aims at collecting from the participants' experiences, views and realities data which is not numeric or in numbers, textual or narrative in nature. This approach, allowed the researcher to explore issues in depth, which provided rich information that assisted with the understanding of themes that emerged from the data collected.

By using a qualitative approach, the researcher was able to gather first-hand information on the views of Mangaung LDAC members regarding factors influencing, contributing to and impeding/hampering the sustainability of LDAC in the province. A case study design was utilised in this study. According to Creswell, as cited in Fouché and Schurink (2011, p.321), a case study involves an exploration of a "bounded system" (bounded by time, context and/or place), or a single or multiple case, over a period of time through detailed, in-depth data collection involving multiple sources of information". The two different committees were viewed as case studies; however, the participants interviewed were representative of only one committee in Mangaung Metropolitan.

3.5 Population, sample and sampling procedure

The population of the study is the entire group of people or systems even case records which share the similar characteristics which the study investigated (Strydom, 2011). The population for the study was the twenty committee members of the two Local Drug Action Committees (LDACs). Sampling involves the identification of the unit or group of people from the entire population who will take part in the study (Terre Blanche, Durrheim & Painter, 2006).Purposive sampling, a type of non-probability sampling was utilised to identify 10 participants from the LDACs for the purpose of this study, and only representatives from the participating stakeholders who have experience of and participated in the LDCAs were possible participants to recruit. Strydom (2011) argues that, in purposive sampling the researcher uses his or her own discretion about who should participate in the study and why. However, the researcher still takes into account that the participants have characteristics relevant to the study. The selection criterion was that all the

participants had to be part of the LDACs from their inception. It was planned to interview five participants from the existing LDAC and the other five were to be sampled from the liquidated LDAC in Mangaung. However, the researcher managed to interview only five members of the functioning LDAC. The other five participants from the non-functioning LDAC did not participate in the study and they were not interviewed because they did not see a reason to participate as they felt that they were never really part of any LDAC. This was unfortunate because they did not see the value or contribution that their views could make towards service delivery in the end. The number of participants could not be increased because the number of participating stakeholders in the only functional LDAC in Mangaung Municipality does not even reach ten and each stakeholder only had one representative to the committee.

3.6 Research instrument and pretesting of the research instrument

A semi-structured interview schedule (Appendix D) was employed in this study. The semi-structured interview schedule provided the researcher with a set of predetermined questions and as Olsen (2012, p.33) explains, it allows for probing and "is centred on the concept of a prompt". The questions asked were mostly open-ended to allow for the researcher to gather rich information on the perceptions of the participants. Greeff (2011)views semi-structured interviews as enabling the researcher to understand the views of the participants and their beliefs about the topic under study. One of the advantages of interview schedules is that it assists the researcher not to divert from the study, seeing that he or she is mainly focusing on the predetermined questions. Furthermore, it also provides for logic in the data collection process (Greeff, 2011). Some of the disadvantages include that it might be restrictive in obtaining additional information which could be contributing to the richness of the data. However, a skilled interviewer will apply appropriate interviewing skills, like probing and focusing to prevent confining the participants' answers to only what the researcher is asking.

The researcher pretested the semi-structured interview schedule in order to understand whether the questions asked were clear and elicited appropriate answers. This also provided the researcher with the opportunity to change some of the questions if necessary. Terre Blanche, Durrheim and Painter (2006) view pretesting as assisting the researcher to identify and close the gaps on the research instrument.

It was planned to interview one member from each one of the LDACs that were going to participate in the study. Both of them did not participate in the actual study. However, only one member from the functioning LDAC was interviewed as part of the pre testing to assess whether the questions in the research instrument elicited the information related to the objectives of the study before engaging in the actual study. Unfortunately, the member from the non-functioning LDAC was not willing to participate in the pretesting. It was evident from the pre test that the questions allowed for the collection of appropriate data, and no changes were made to the semi-structured interview schedule.

3.7 Method of data collection

Individual interviews were used as the method of data collection during the research study. Burgessas cited in May (2002, p.65) emphasises that" in qualitative research, interviews are usually taken to involve some form of conversation with a purpose…. and the purpose is achieved through active engagement by interviewer and interviewee around relevant issues, topics and experiences during the interview itself".

Semi-structured individual interviews also allowed participants to express their views in their own terms. According to Cohen and Grabtree (2006), semi-structured face-to-face interviews often contain open-ended questions, and discussions may diverge from the interview guide. Therefore it is convenient to tape record interviews and later transcribe the tapes for purposes of analysis. The participant information sheet (Appendix A) was discussed with participants before the interviews took place. All the participants also signed two consent forms, one for participating in the study (Appendix B) and one to consent to the tape recording of the interview (AppendixC). Tape recording in this study enabled the researcher to capture the views of the participants without any omission or misinterpretation. The researcher was always able to retrieve the interviews for verification purposes during the data analysis. Terre Blanche, Durrheim and Painter (2006, p. 298), emphasise that, "tape recording allows the researcher to keep a full record of the interview without having to be distracted by detailed note-taking". It also shows the participants that the researcher listens attentively and takes what they say seriously.

3.8 Method of data analysis

According to Bogdan and Biklen as cited in Schurink, Fouché and De Vos (2011, p. 399), qualitative data analysis is, the interpretation of the arguments of the respondents, their thinking about the topic studied and their reasoning. When analysing and interpreting the collected data, the researcher can make a judgment on the topic or problem studied.

For purposes of this study, thematic content analysis was employed to analyse data. According to Anderson (2007), thematic content analysis (TCA) allows the researcher to describe the themes identified in the data analysed. The meaning of the responses in this study is interpreted without changing the content of the responses. The researcher transcribed the tape recorded interviews per participant. Thereafter, specific themes or patterns across the transcribed data were identified. The researcher examined the collected data for specific meanings in relation to the matter, and then an overall view of the collected data was constructed. Conclusions were drawn and recommendations were formulated (Creswell, 1998).

No identifying particulars were recorded during the analysis of the data and references to participants are made in numerical terms in order to keep their personal identities confidential.

3.9 Trustworthiness of the study

In this study, the trustworthiness comprised the credibility, reliability, dependability and confirmability. Merrium as cited by Shenton, (2004, p.6) argues that, “the qualitative investigator’s equivalent concept to validity is credibility and it deals with the question, *how congruent are the findings with reality*?”

To ensure the credibility of the study, the researcher used the member-checking approach where specific themes or descriptions were checked with some participants to establish whether they felt that the findings were accurate. With reference to transferability, Schurink, Fouché and De Vos (2011) explain that transferability refers to the researcher using his or her judgement in terms of whether the findings of the study can be utilised in a situation similar to the one studied.

The fact that the LDACs in the Free State Province are established under the same policy framework and their functions and activities are the same, implies that some of the findings of this study might be transferred from Mangaung Metro to other municipalities across the province.

In order to enable the confirmability or objectivity of the findings of the study, the tape recorded interviews and the transcripts are available on request. Lincoln and Guba (1999) as cited by Schurink, Fouché and De Vos (2011) emphasise that researchers should be able to confirm the results of the study.

3.10 Ethical considerations

The researcher received a clearance certificate protocol no: H13/04/15 from the University of the Witwatersrand's Human Research Ethics Committee (HREC) Non-medical to do the research study. During the study, the following ethical considerations were taken into account:

Honesty: The researcher ensured honesty by reporting data without manipulating the findings of the study. An attempt was made not to misrepresent the data collected during the research study.

Integrity and respect: The researcher held the study with high integrity. He behaved in a respectful manner and all the agreements and promises made during the research study were honoured.

Voluntary participation and informed consent: For the purpose of this study the researcher employed the principle of voluntary participation. This principle was discussed when the participant information sheet (Appendix A) was discussed with participants. This ensured that participants took part in the study willingly, and enabled them to fully participate in the study.

The researcher ensured that informed consent from the participants was obtained. All participants signed the consent form (Appendix B). The purpose of the study, methods to be utilised and assurance to voluntary participation were explained to the participants so that they could make informed choices. Terre Blanche et al. (2006, p.292) argue that, "researchers must provide potential participants with clear, detailed, and factual information about the study, its

methods, its risks and benefits, along with assurances of the voluntary nature of participation, and the freedom to refuse or withdraw without penalties".

Confidentiality: This was maintained during communication with the participants. No identifying particulars were revealed in the research report and the collected data will be kept in a safe place for two years should a publication emanate from the research study, or six years should no publication emanate from the research study.

Prevention of insider bias: To prevent insider bias, the researcher ensured that he relied fully on what the participants told himinstead of banking on assumptions based on his working environment. He recorded all the interviews to make sure that he does not misinterpret or miss anything mentioned by the participants.

3.11 Summary

In this chapter the research question, primary aim and secondary objectives as well as the methodology utilized to undertake the study were presented. The ethical considerations during the study were highlighted. In Chapter Four the analysed data collected and consequent findings will be presented and discussed.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

4.1 Introduction

In this chapter, the profile of the participants will be described. The data was analysed using thematic content analysis and specific themes were identified during the analysis. Findings of the research study will be discussed in relation to the objectives of the study which are to gain understanding of the Mangaung LDAC members' knowledge and perceptions about the objectives of the FSMDP, to investigate how the Mangaung LDAC members understand the specific roles they are expected to fulfil as stakeholders in the implementation of the FSMDP; to explore the views of the Mangaung LDAC members about the factors that contribute to the sustainability of the LDACs in Mangaung, and to investigate the opinions of the Mangaung LDAC members about the factors hindering the sustainability of the LDACs in Mangaung.

4.2 Profile of the participants

Table 2: Profile of Participants (N= 5)

Demographic factors	**Sub category**	**No**
Gender	Male	2
	Female	3
Employment	NPO Sector	3
	Public Sector	1
	Unemployed	1
Residency	Community (Heidedal)	2
	Town CBD	2
	Suburb (Mandela View)	1
Racial group	White	2
	African	2
	Coloured	1
Involvement with LDAC	From inception (2006)	1
	For four years (2010)	2
	For more than one year	2

All the participants were members of the Local Drug Action Committee that is functional.As explained in chapter Three, the researcher managed to only interview members from one LDAC.

The participants represented both genders, different racial groups and three were employed in the NPO sector, one in the public sector and one was unemployed. Two of the participants were living in the community where the LDAC is operating, and three were from outside Mangaung, but in the district. Although the intention was to interview members who were involved with the LDAC from its inception, only one participant met this criterion, two had been involved for the past four years and two for the past year. When exploring why participants decided to join the LDAC, it was clear that the majority were concerned about the challenges caused by substance abuse in the community and the fact that it has to be addressed in a collective manner by creating partnerships and teams. One participant mentioned, "….*when I was working at a treatment centre, my eyes were opened….we need to take action and deal with substance abuse in communities"*. Another participant mentioned: "*as organisations, we cannot work in isolation …addressing substance abuse calls for a collective effort"*. Only one of the participants mentioned that membership of the LDAC was "*because it is part of my job description"*. According to the FSMDMP (2008), it is expected that an LDAC is made up of bodies or people from all sectors involved in substance abuse and related problems in a municipality. Therefore, an organisation has the mandate to make this part of employees' job descriptions. The profile of the participants indicate that most of them had been involved for a reasonable time, and it appears as if they were passionate about addressing the matter in a collective manner.

4.3 Presentation and discussion of identified themes in relation to the objectives of the study

The identified themes will be discussed in relation to the different objectives. Where applicable, direct quotations from participants will be used in support of the themes and literature to support or contrast the findings will be incorporated.

4.3.1 Gaining understanding of the Mangaung LDAC members' knowledge and perceptions about the objectives of the FSMDP

The identified themes related to this objective were the understanding of the urgency to address substance abuse and drug trafficking, knowledge about the relation between the FSMDMP and LDACs, and views on the action plans that are implemented to address substance abuse and drug trafficking in communities. These will be discussed in more detail next.

a) The urgency of addressing substance abuse and drug trafficking

The majority of the participants indicated that substance abuse in the community is a serious social problem. It was also clear during all interviews, that all participants are acutely aware of the risks and hazards of substance abuse on individuals, families and communities. One participant stated: *"I joined the committee seeing that I have a passion to contribute to a healthy community, free of alcohol and drug abuse"*.

Another participant mentioned "*my organisation cannot work in our small corner, making a bigger impact in addressing substance abuse can be realised through a collective effort"*.

Another participant argued that "*she felt obliged to participate seeing that the organisation I am employed by renders prevention services about substance abuse"*.

From the above, it is evident that for various reasons participants are aware of the challenges the community is experiencing in terms of substance abuse, and that they as stakeholders should collaborate to focus on the challenges collectively. Given the alarming statistics projecting that in the period 2012 to 2015 approximately between 118 000 and 120 000 youths in the Free State will be exposed to substance abuse, the annual report of the Department of Social Development (2012/13) reports that the Free State Government through the Department of Social Development has the fight against substance abuse as a priority focus.

b) The relation between the FSMDMP and the LDACs

During interviews with participants, it was evident that there were different views and some confusion about the relation between the FSMDMP and the LDACs. One participant mentioned that "*the establishment of the LDAC was part of Government to work together against drug abuse through the municipality as a lead stakeholder in the LDAC"*. This indicates the expectation is that the municipality is the leading stakeholder in the LDAC. Another participant noted, "*I am aware of the FSMDMP, but do not see the link between it and the LDAC. What takes place on the ground is that there are many forums attended by the same people and I am wondering, why not engaging in one forum which discusses all issues relating to community activities?"*

Despite the confusion portrayed by some participants, the other participants saw the FSMDMP as a guide or guiding tool which directs the activities of the LDAC. One of the participants mentioned that, *"the vision of the LDAC must complement the vision of the FSMDMP"*. Another participant referred to "*cascading the FSMDMP to the community and the LDAC functioning in line with the FSMDMP, which is not happening"*.

Although there is some understanding among some of the participants, there is not a well-defined understanding among the members about the relation between the FSMDMP and the LDAC. According to the FSMDMP (2008), the LDACs are supposed to develop their implementation plans in line with the priorities and objectives of the NDMP, FSMDMP and strategies of government departments.

c) Action plans implemented to address substance abuse and drug trafficking in communities

It was clear from all the interviews with participants that there is an existing plan that the LDAC has been implementing for the past two years in the specific community they are responsible for. However, the majority of the participants mentioned that the plan is not necessarily well-organised and under review. One participant commented, "*Stakeholders do not have one voice when they go to the community…."*. Another participant argued that, "*there is duplication of services as the stakeholders are not working together when they implement activities….different stakeholders will visit one school to conduct information sessions on the same topic"*.

Although there is a plan and the inclusion of all stakeholders are important to have a collective effort, the planning and coordination of the plan need attention. Each stakeholder implements its activities without communicating or integrating services. This is still taking place despite the fact that there is a model of integration of services that was developed and communicated by the Department of Social Development. Despite community members' involvement in the progammes, e.g. the school programmes, it does not mean that the programme is useful and makes an impact if it is not efficiently managed and presented in an integrated manner. It might result in more confusion and also questions the credibility of the stakeholders in terms of the services they are rendering. According to Abadinsky (2001), implementation of programmes in a community does not only promote community

participation, but it also allows the community to understand what can be the impact of a particular problem and learn how to address it, understand government' s plans about dealing with the problem and limitation of the resources, among other things.

From the above mentioned facts, it is marked that the participants who are members of the LDAC are not necessarily all aligned in terms of their understanding about the objectives of the FSMDMP. Therefore the translation of the FSMDMPs objectives into a programme for implementation on community level is not necessarily as successful as it can be when all members are aligned, focusing on the same goal and working in an integrated manner.

4.3.2 Investigating how the Mangaung LDAC members understand the specific roles they are expected to fulfill as stakeholders in the implementation of the FSMDMP.

The identified themes related to this objective were uncertainty about expectations from committee members and diverse perceptions about their role as a committee member. These will be discussed in more detail next.

a) Uncertainty about expectations

From the analysed data it was noted that there were different views in terms of expectations and uncertainty about what is really expected from members of the LDAC. Some of the members understood the expectations to be "*making a difference in the community through inspiring and empowering the community and also to influence the youth in a positive way"* or "*making a difference in the community through planning together with other members of the LDAC…"* or "*to complement other members of the committee"*.

One participant was upfront and commenting" *we have identified this as a problem. Committee members are not really quite sure what is expected of them in terms of the FSMDMP and the responsibilities of the LDAC….what we are doing is not linked to the main goal of the programme"*.

According to the National Drug Master Plan (2006-2011) the expectations from the stakeholders were not clear and the National Drug Master Plan (2013-2017) also does not state clearly what is expected from the stakeholders involved in the LDAC. The two plans state only what is expected from the committee itself.

b) Diverse perceptions about roles as a committee member of the LDAC

In terms of the FSMDMP (2006), members of the LDAC have clear roles to play when participating in the activities of the committee. Understanding of these roles would definitely lead to proper execution of activities of the committee and is likely to ensure the sustainability of the committee in the long run. From the analysed data it was noted that participants' understanding of their roles was diverse. One participant mentioned *"a spokesperson of the committee or a facilitator of programmes"*. Another mentioned "*attending the meetings…writing of reports…representing her organisation and ensuring the LDAC has an impact in the community"*. And yet another participant saw the role as "*advisory and mobilising stakeholders towards working together as a united front"*.

The lack of understanding of one's role leads to role confusion. From the above statements by participants it is clear that there is a need for role clarification because members of the LDAC in Mangaung do not understand their roles. Instead of being representatives for the community that are coordinating and managing the processes by involving the community to be involved in planning and implementing the programmes, the committee members took it upon themselves to render services in their own small corners.

One of the participants suggested, "*a meeting must be arranged to review the operational plan of LDAC, address other identified issues and explain roles and responsibilities of each stakeholder or a member"*.

From the findings it is evident that the members from the LDAC are uncertain about what is expected from them and which roles they are supposed to fulfil.

4.3.3. Exploring the views of the Mangaung LDAC members about the factors that contribute to the sustainability of the LDACs in Mangaung

The identified themes related to this objective comprised a clear understanding of the intention of the FSMDMP and the functioning of the LDACs, credibility and commitment of members of the LDACs to implement programmes, continuous communication and feedback about the

contributions of the programmes implemented, and continuous refresher courses on policies and related matters concerning substance abuse. These will be discussed in more detail next.

a) The intention of the FSMDMP and the functioning of the LDACs

With reference to the discussion about understanding the expectations of the members of the LDAC and the specific roles they are required to fulfill, it is noted that there are some confusions in terms of what the intention of the FSMDMP is and how this is interpreted by the respective members of the LDAC. The purpose of the FSMDMP (2008) is to provide a holistic and comprehensive strategic plan against the supply and demand of substance abuse. However, it is marked from the interviews that members of the committee are uncertain, or everybody attaches their own meaning to the intentions or purpose of the FSMDMP. One of the participants mentioned that "*the committee may not last much longer unless the factors (uncertainty about roles, funding, to mention but a few), are addressed and other ways of working around the challenges are found"*.

Factors which influence the sustainability of LDACs may lead to the malfunctioning or closure of the LDAC. For the LDAC to function effectively it has to have a proper strategy, a coordinated implementation plan and projects or programmes supporting the plan, as well as appropriate resources. However, to ensure that all of these are in place, a committed committee and participating stakeholders as well as sufficient resources are needed. If this is not in place, the sustainability of the LDAC and the plan to address substance abuse in the community are in jeopardy.

b) Credibility and commitment of members of the LDACs to implementing programmes

It was noted during the interviews that most of the participants placed a high premium on the credibility and commitment of committee members. Some of the participants commented *"commitment of members", "regular attendance of meetings, commitment and the willingness of the members to allocate tasks allocated to them", and "being a good role model, visible, always available and a good listener"* were also mentioned by one of the participants. The *"effective involvement of all relevant stakeholders makes the work easier and the load less heavy to carry"*, was mentioned by another participant.

c) Continuous communication and feedback about the contributions of the programmes implemented

Communication amongst committee members and with external stakeholders, e.g. the Department of Social Development and feedback about achievements, are very important factors to ensure the sustainability of LDACs. All the participants felt that communication between the LDAC and the leading stakeholders like the Department of Social Development and the municipality in Mangaung, as well as communication among committee members is not effective and that affects the efficiency the LDAC and subsequent to that, it affects its sustainability. One of the participants mentioned that "*there is a lack of communication between committee members regarding meetings and activities; hence attendance of meetings and activities are very poor in most instances".*

Regular feedback about progress made with implemented programmes is reinforcing and positively influences the cooperation and sustainability of the committee. Two of the participants mentioned that feedback on progress is motivating. *"Seeing reports on the decrease of cases of drug abuse in the schools where the programmes were implemented is very rewarding and motivates members to continue participating*", was a comment made by one of the participants. The United State Office of Personnel Management, (1997) argues that, the power of positive feedback is that, you get what you reward. If you reward a good behaviour, members of the team are likely to adopt good behaviour and positive attitude towards the job they do.

In general, messages of appreciation from both the community and the leading stakeholders such as the Department of Social Development play a significant role in the motivation of the members of the LDAC.

d) Regular refresher courses on policies and related matters concerning substance abuse

All the participants indicated the need for continuous training and refresher courses on new policies and substance abuse. The following were comments by different participants: *"continuous workshops or refresher courses", "more training on issues relating to substance abuse", "gaining more knowledge on the real functions of the LDAC".*

Given the views of the participants regarding factors contributing to the sustainability of the LDAC, it is clear that more focus has to placed on regular communication, acknowledgements

and reward, as well as continuous in-service training and or development programmes to keep the stakeholders involved and up to date with the latest developments on different levels in this arena.

4.3.4 Investigating the opinions of the Mangaung LDAC members about the factors hindering the sustainability of the LDACs in Mangaung

The identified themes related to this objective were the structuring and functioning of the LDAC, orientation and training of different stakeholders, planning and coordination of programmes in communities, participation of different stakeholders and communication between Government and LDACs. These will be discussed in detail next.

a) Structuring and functioning of the LDAC

During all the interviews participants indicated that the structuring and functioning of the LDAC have to change to become more competent, effective and sustainable. It was mentioned that the composition of the committee needs attention. The following direct quotations from different participants are supporting the statement: *"the LDAC is dominated by white members who are neither staying in the community nor able to understand the problems like the community members do", "the LDAC does not have an office and meetings and activities are taking place at different places and records and information cannot be stored in a secure place", "limited time as committee members' first obligation lies with the organisations they work for" and "the operational plan of the LDAC has to be reviewed to ensure that identified issues are addressed and roles and responsibilities of each and every member of the committee are explained properly".*

Another major challenge impeding on the functioning and probably the sustainability of the LDAC appears to be funding to manage operations and execute applicable activities. One of the participants noted that *"if there are no funds, projects collapse and come to an end"*. A number of participants alluded to the fact that financial resources are lacking and this hampers the effective implementation of the LDAC. It was also mentioned that "*currently, the committee is subsidised from the pockets of the committee members"*.Funding of LDACs is a prescription of the Prevention of and Treatment for Substance Abuse Act, No. 70 of 2008. The Act states that,

the municipality in which an LDAC is situated has to provide appropriate financial support for the LADC's activities.

b) *Orientation and training of different stakeholders*

Building capacity and empowering role players through training and workshops assist in ensuring that they understand what is expected from them and puts them in a position of rendering a quality service. On the other hand, failure to acquiring proper and relevant information and skills leads to the community receiving poor service. Policy on the Management of Substance Abuse, (2006) states that, the Department of Social Development has to facilitate the development of an integrated capacity building programme for different categories of staff, stakeholders, volunteers and recovered drug addicts who are working in the field of substance abuse. From the interviews it was marked that there is a lack of capacity in the LDAC in Mangaung and this has led to poor service delivery to the community. Members required an ongoing workshop or refresher courses to keep themselves up to date with the new developments around the field of substance abuse. One of the participants requested *"more training on issues relating to substance abuse"*.

Furthermore, LDACs need to be empowered with the knowledge about the vision of the National Drug master Plan and the FSMDMP, as well as the functions and responsibilities of the LDAC.

One of the participants argued that, *"there is a need for proper training about the implementation of the Drug Master Plan in line with the functions of the LDAC"*. Another participant added that, *"members should be trained on the functions of the LDAC"*.

c) Planning and coordination of programmes in communities

The importance of planned and coordinated programmes was discussed in 5.3.1 c) however, this is an important aspect as participants perceive this to be impeding on the sustainability of the LDAC. A need for *"promotional material and manuals to effectively implement the plan and programmes"* was expressed by one participant. From the findings it was clear that there were different areas where programmes were focusing. There was a strong focus on the creation of awareness and dissemination of information to be preventive, especially in schools. Education is seen as the most important focus to ensuring the community has understanding and knowledge so that they can make the informed choices. The established Ke-Moja clubs in the schools, where peer education enables the peers to educate each other and share experiences, is a good example

of the educational focus. Educational groups on the other hand allow for bringing people who have the same goal together and educate them about the hazards of alcohol and drug abuse and also allow them to share experiences by learning from each other (Lillis, 2011).

A valid point made by one of the participants is that there should not only be one focus group. "*We are not addressing the correct target group. For example, the majority of substance abusers are not schooling, but much focus is on the schools"*. It appears that there should also be a focus on those who are not in schools or institutions, and rehabilitation services are probably also needed. The National Drug Master Plan (2006 – 2011) emphasises that educational programmes on the abuse of drugs should be made available to all in communities.

d)Participation of different stakeholders

Despite the fact that participation of all the stakeholders were mentioned to be one of the contributing factors to the success of the LDAC, the lack of participation, and especially community participation, is a challenge and might hinder the sustainability of the LDAC. If community members participate in the activities of the LDAC, programmes are sustained and committees continue to function. However, the LDAC must attend to the real and actual problems of the communities in order to gain support. One of the participants noted, *"attending to the real and actual problems of the community leads to gaining support from the community."*

Effective involvement of the relevant stakeholders in the community helps in maximising the resources which enable the sustainability of the committees. The study also found that poor involvement and participation by the community hinders the sustainability of the LDACs. One participant commented, *"Stakeholders need to be encouraged to work together and not in silos"*. Another participant mentioned, *"If there is no sustainable involvement of all relevant stakeholders, there is a lack of working together towards one goal and then the LDAC becomes dysfunctional"*. According to Uphoff as cited by Bamberger (1991), the importance of community participation is that it enhances the likelihood of project sustainability.

e) Communication between Government and LDACs

The importance of regular and open communication among all stakeholders involved is not negotiable. This was discussed in 4.3.3 c). Without regular communication, people get confused

and uncertain and then the grapevine becomes the official channel of communication. One participant summarised it when saying *"lack of communication, visibility and support of the leading Department (DSD) and other stakeholders, lead to members giving up especially when things are not going well"*.

The findings show that in terms of factors hindering the sustainability of the LDACs in Mangaung, attention has to be paid to the structuring and functioning of the LDAC which also relates to the uncertainty about the expectations from them and the vagueness about, and diversity in, understanding their roles. The absence of orientation and capacity building as well as the proper planning and implementation of programmes also appears to be challenging and threatening the sustainability of the LDAC. The committed and dedicated participation of stakeholders and the enhancement of communication among stakeholders are also aspects that need focused attention to make sure the LDACs are sustainable.

4.4 Summary

This chapter attended to the analysed data. The themes identified during the analysis were presented in relation to the four secondary objectives of the research study and the findings were supported where applicable by direct quotations from the participants and literature. In the final chapter, the main findings will be highlighted, conclusions will be drawn and recommendations will be made.

CHAPTER FIVE

MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The research study strived to explore and understand the factors that influence, contribute to and affect the sustainability of the LDAC in Mangaung Municipality. In this chapter the main findings, main conclusions and recommendations will be presented.

5.2 Main findings

The following main findings were revealed by the research study:

Firstly, in relation to understanding the knowledge and perceptions of the Mangaung LDAC about the objectives of the FSMDMP, it was evident from the findings that although the LDAC understood that the focus was on addressing substance abuse on different levels in the community, there was limited understanding of the FSMDMP's objectives and it was noted in the way that the LDAC planned and implemented some of the programmes. No mention was made of curbing the drug trafficking in the community.

Secondly, with reference to the expectations from and roles of the members of the LDAC, it was marked that there has been some confusion and also a diverse perception of what the roles were. This was also noticed in the way implementation of programmes took place. Again, none of the participants referred to the responsibilities of the LDAC in terms of drug trafficking.

Thirdly, the ability to translate the FSMDMP into specific programmes and activities was influenced by specific factors namely the commitment and diligence of the different stakeholders, the limited communication and feedback about the programmes, the achievements of the programmes, as well as the challenges in terms of building the capacity of the members of the LDAC.

Fourthly, the factors hindering the sustainability of the LDAC comprise the structuring and functioning of the committee, the undefined recruitment strategy, the limited orientation and training or capacity building that actually took place with members of the committee , the inability to plan and coordinate the programmes properly, the failure to succeed in proper

participation of members of the community as well as all the relevant stakeholders, and the poor communication between stakeholders and within the LDAC.

Lastly, government, stakeholders such as the NPO sector, Faith Based Organisations, the business sector and the community do not collaborate and work together as one system as prescribed by the systems theory and fails to participate effectively in the LDAC, hence that puts the sustainability of these committees in jeopardy.

5.3 Conclusions

In conclusion it is marked that there are well defined guidelines provided for by the National Drug Plan of 2006-2011 as well as the National Drug Master Plan of 2013-2017 which were translated by the Free State Government into the FSMDP. However, the translation from policy to practice appears to be a challenge in many different ways. Even the application of the integrated model of service delivery of the Department of Social Development into the functioning of the LDAC appeared to be not that easy. However, all stakeholders involved are clear on what has to be done. Unfortunately, the how it should be done is complex and testing.

Despite the little support and resources, the LDAC did manage to make a difference in different ways. From the literature review it was clear that a strong focus on prevention resulted in achieving more than the target number of schools reached in terms of creating awareness.

The majority of the participants also seem to have a strong passion for fighting substance abuse in the community.

5.4 Recommendations

The following recommendation can be made given the findings of the research study:

Firstly, it is recommended that the LDACs in the Free State and specifically in Mangaung are revived and re-established in terms of the National Drug Plan of 2013-2017.The establishment of the LDACs is a policy mandate. If the Free State Government does not see to it that the policy is effectively implemented, it is depriving the community of a needed service and it constitutes non –compliance and this is a serious offence. According to the National Drug Master Plan (2013-2017), the mayor of each municipality must establish LDACs. Therefore, it is recommended that

the municipality under the guidance of the leading Department (DSD) must start by reviving the non- functional LDACs in the Free State and establish other LDACs in the districts and municipalities where they were not initially established.

Secondly, in terms of the recruitment of members of the LDACs, it is important to orientate possible members during the process of recruitment so that they have a clear understanding of why they should join the committee. The way it was done in the past shows precisely that there was no clear criterion for the recruitment of members to the committee. Policy directives must be adhered to. The Prevention of and Treatment for Substance Abuse Act, No 70 of 2008 instructs the mayor of the local municipality to appoint members of the LDAC. If this is adhered to, it might promote commitment of the stakeholders.

Thirdly, members of the LDACs do not understand their roles in the committees; hence they take on line function responsibilities instead of managing and coordinating substance abuse services and activities in the community. According to the FSMDMP (2008), the functions of the LDAC include, drawing action plan in collaboration with the Department of Social Development, ensuring that its drug control plan fits into the local integrated development plan (IDP), providing reports to the Free State Provincial Substance Abuse Forum (FSPSF), providing annual reports to the CDA through FSPSF and coordinating the services at the local municipality. In order to have full understanding of all these, the responsible stakeholders must arrange the training immediately after the appointment of the members and the training must focus mainly on the roles that each participating stakeholder must play, on the functions of the LDAC and on the FSMDMP. This will build the capacity and hopefully enable effective service delivery.

Fourthly, most of the LDACs in Mangaung struggle financially and that leads to their non-functioning and ineffectiveness. It has also emerged that despite the Act prescribing that the municipality must fund these LDACs to date, it is not happening. Therefore, it is recommended that LDACs be registered as NPOs in order to allow them to seek donations and apply for funding from other stakeholders including government departments. The municipality must be encouraged by the leading Department of Social Development to adhere to the Act and play its

role through financing of LDACs and coordinating of meetings and activities for LDACs to function effectively.

Fifthly, the full participation of role players must be enforced. Once you are a member of a LDAC, you should serve a specific term to ensure continuity. Currently, members of the LDAC come and go as they wish. This is due to the fact that they never signed an agreement with the committee. It is therefore recommended that it is compulsory for all members of the LDAC to sign a Memorandum of Agreement (MOA) which should be drafted in consultation with the Department of Social Development.

Finally, a proper evaluation of the effectiveness of the LDACs in the province should be done. From the study it was not clear whether the LDACs were effective, because they were not monitored and evaluated against the guidelines explained by thePrevention of and Treatment for Substance Abuse Act, Act No. 70 of 2008, the National Drug Master Plan and the Free State Mini Drug Master Plan. It is therefore recommended that, evaluation must be conducted on the effectiveness of the LDACs against clearly formulated criteria for the service delivery. The outcomes of the evaluation process might assist in developing relevant mechanisms towards the improvement of service delivery through LDACs.

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