

https://dspace.org/

Experts' perceptions on the decriminalization of drug use for criminal justice and health in Gauteng province

Netshivhumbe, Mukhethwa

2021

University of the Witwatersrand, Johannesburg

https://hdl.handle.net/10539/41204

Netshivhumbe, Mukhethwa. (2021). Experts' perceptions on the decriminalization of drug use for criminal justice and health in Gauteng province [Master's dissertation, University of the Witwatersrand, Johannesburg]. WireDSpace. https://hdl.handle.net/10539/41204

Downloaded from a DSpace repository. https://dspace.org/



UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

Experts' perceptions on the decriminalization of drug use for criminal justice and health in Gauteng province.

Mukhethwa Netshivhumbe

Student no.2299708

Supervisor: Murray Cairns

A research report submitted to the Faculty of Management, University of the Witwatersrand in requirement for the degree of Master of Management in the Field of Governance specializing in Monitoring and Evaluation.

October, 2021

Abstract

Drug abuse is an ongoing global challenge with the prevalence of drug abuse and drug use disorders increasing significantly in recent years. South Africa like the rest of the world is not immune to the drugs scourge. The Department of Social Development (2020) stated that South Africa has become a consumer, producer, and transit country for drugs. Growing evidence suggest that criminalising drug use has no effect in reducing the problem in South Africa, hence the need to start thinking about new methods to deal with the challenge, regardless of how radical the new methods might seem. Emphasis should be placed on evidence based public health and social justice approaches. Decriminalisation is a phenomenon that is gaining momentum worldwide but can be considered radical now, since it requires extensive overhaul of any country's illegal drugs' policy. This study attempted to explore the perceptions of the experts in the field of substance abuse regarding the efficacy of decriminalising drug possession and use in Gauteng province, SA.

Qualitative methodology with exploratory nature was utilized in this study. Interpretivism as the underlying research method was applied for this study. A basic interpretative study research design was adopted, as the focus was the building of this knowledge. Purposive sampling method was used to select participants of this study. Data were collected using semi-structured interviews. Interviews were conducted face to face and using virtual platform (Zoom). Data were transcribed and analysed using thematic analysis. Data were presented focusing on the themes and emerged themes stemming from the purpose and objective of the study.

This study has established different thoughts on the subject matter of decriminalisation of drug use. The majority (11 out of 15) of participants were in support of decriminalization of drug use. Their views were that the current approaches for combating drug problem have not yielded positive results hence a need to explore an alternative approach. Those against the decriminalisation of drug use were concerned that decriminalisation will results in an increase in drug use and drug dealers will flock into the country to sell drugs. They further expressed that the scourge of drug abuse is fuelled by social ills in the country, not criminalisation of drug use, therefore the country should address social problems and the drug problems may be reduced.

Declaration

I declare that this report is my own, unaided work. It is submitted in partial fulfilment of the requirements of the degree of Master of Management in the field of Governance specializing in Monitoring and Evaluation in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in any other university.



_____

Mukhethwa Netshivhumbe

05 October 2021

Acknowledgement

To God’s glory, I praise Him for strength throughout; He gave me strength on my weakest.

I would also like to thank my supervisor, Murray Cairns for his guidance and patience whilst undertaking my research over the past year. It has been a long road to complete my postgraduate studies however it would not have been possible without his assistance.

Finally, I would like to thank my family, especially my partner, Hellen Kgatla for all the support and assistance she gave me throughout this journey. This degree was my biggest challenge yet but with your constant support at the end of a long day, I can finally say that I have done it!

Table of Contents

Abstract i
Declaration ii
Acknowledgement iii
Abbreviations of study terms vii
Definition of study terms viii
Chapter 1: Introduction 1
1.1 Introduction 1
1.1.1 What constitutes an illegal drug 2
1.1.2 A brief history of Central Nervous System Stimulants 3
1.2 Traditional approach to the drugs challenge 5
1.2.1 Decriminalization: What does it mean? 6
1.3 Harm Reduction 7
1.3.1 Harm reduction initiatives 8
1.4 The South African drugs challenge 9
1.4.1 Harm reduction in South Africa 10
1.4.2 Nexus between harm reduction and (de)criminalisation 11
1.5 Problem statement 12
1.6 Research question 13
1.7 Research purpose 13
1.8 Research objectives 13
1.9 Conclusion 13
Chapter 2: Literature review 14
2.1 Introduction 14
2.2 Unintended impacts of criminalising drugs 14
2.3 The War on Drugs 15
2.4 Harm Reduction 17
2.5 Decriminalisation of drug use 19
2.5.1 Decriminalisation of Drug Use: The South African Context 25
2.6 Stigmatisation 27
2.6.1 Criminalisation and stigma 29
2.6.2 Cultural impacts of stigma 29
2.6.3 Impacts of stigma on health-related outcomes 31
2.7 Theoretical framework 33
2.7.1 The Implementation Fidelity Framework 33
2.8 Decriminalisation theory 35

2.9 Conclusion....37
Chapter 3: Research methodology....38
3.1 Research method....38
3.2 Research design....39
3.3 Study population....39
3.4 Sampling strategy....40
3.5 Sample size....41
3.6 Data collection instrument....41
3.7 Data analysis....42
3.8 Confidentiality and anonymity....42
3.9 Research limitations....43
3.10 Positionality....44
3.11 Trustworthiness....45
3.12 Conclusion....46
Chapter 4. Presentation of the data....47
4.1 Sample details....47
4.2 Demographic information....47
4.3 Participants and response rates in interview....49
4.4 Study themes....49
4.5 Themes emerging from the interviews.....51
4.6 Participants' knowledge on NDMP.....51
4.6.1 Social workers understanding of NDMP.....51
4.6.2 Safety and security officials understanding on NDMP.....52
4.6.3 Health professionals' knowledge on NDMP....52
4.7 Implementation of the NDMP....52
4.7.1 Good policy versus Poor implementation....53
4.7.2 (In) effectiveness of NDMP....53
4.7.3 Stakeholders involvement....55
4.8 Decriminalisation of drug use in SA....56
4.8.1 Understanding of decriminalisation of drug use....56
4.8.2 Advocacy for the decriminalisation of drugs for personal use....57
4.8.4 Drug policy benchmarking....59
4.8.5 Undertaking decriminalisation of drug use process....60
4.9 Societal stigmatisation on drug users....61
4.9.1 Stigma mitigation....62

4.10 Criminal justice 63
4.10.1 Non-violent drug users 63
4.11 Conclusion 64
Chapter 5: Discussion 65
5.1 Introduction 65
5.2 Knowledge on National Drug Master Plan (NDMP) 65
5.3 Implementation of NDMP 67
5.4 Decriminalisation of drug use in SA: Prospects and opportunities 69
5.5 The role of advocacy in policy changes 70
5.6 Stakeholder's involvement 72
5.7 Impacts of criminalisation of drug use 75
5.7.1 Stigma 75
5.7.2 Implications of embroiling drug users in the criminal justice system 77
5.8 Conclusion 78
Chapter 6: Conclusion and recommendations 79
6.1. Introduction 79
6.2 Conclusion 79
6.3. Recommendations 81
References 82
Appendix 1: Interview schedule: Gauteng Department of Social Development 91
Appendix 2: Interview schedule: Gauteng South African Police Service (SAPS) 92
Appendix 3: Interview schedule: Gauteng Department of Health 93
Appendix 4: Department of Social Development's approval to conduct research. 94
Appendix 5: SAPS' approval to conduct research 95
Appendix 6: Consent form 96
Appendix 7: Witwatersrand Ethics approval letter 97
Appendix 8: Participants' information sheet 98

Abbreviations of study terms

CNS	Central Nervous System
DOH	Department of Health
DSD	Department of Social Development
HP	Health professional
NDMP	National Drug Master Plan
NPSs	Novel Psychotropic Substances
PO	Police officer
PWID	People who inject drugs
PSAS	Perceived Stigma of Substance Abuse Scale
RSA	Republic of South Africa
SANCA	South African National Council on Alcoholism And Drug Dependence
SUD	Substance Use Disorder
SW	Social worker
UNDCP	United Nations Drug Control Programme
UNGASS	United Nations General Assembly Special Session on Drugs
UNIDCP	United Nations International Drug Control Programme
UNODC	United Nations Office on Drugs and Crime

Definition of study terms

Criminalization- Criminalization is the act of making something criminal or making it against the law.

Decriminalization- Decriminalization is the removal of criminal penalties for drug law violations (usually possession for personal use).

Drug use- Drug use is defined as the self-administration of psychoactive substances, i.e. the use of any substance that has the potential to affect perception, mood, cognition, behaviour or motor function when taken.

Experts- the Cambridge dictionary defines an expert as a person with a high-level knowledge or skill relating to a particular subject or activity.

Illicit drug- A psychoactive substance, the production, sale or use of which is prohibited.

Nyaope- Nyaope is a street mixture of drugs with the most common substances including heroin and cannabis. Nyaope (heroin part) is sprinkled on cannabis and smoked as a cocktail. On its own it is also injected or 'chased' off foil without cannabis – the active ingredients are mainly heroin and other opioids to give a heroin-like effect.

Substance abuse- It is defined as excessive use of a drug (such as alcohol, narcotics, or cocaine), and the use of a drug without medical justification.

Substance Use Disorder (SUD) - SUD is a general term used to describe a range of problems associated with drug use (including illicit drugs and misuse of prescribed medication), and from drug abuse to addiction.

Chapter 1: Introduction

1.1 Introduction

The use of illegal drugs has emerged as one of the most pressing public health issues of this century. Policy makers and those in the medical profession have, unsurprisingly, made it a priority to eliminate this scourge from society. Unfortunately, the go-to approach of criminalising drug use has proved to be unsuccessful in eliminating, or even reducing, the prevalence of illegal drug use in many countries across the world. Furthermore, it burdens society with additional problems related to the socio-economic wellbeing of people incarcerated for drug use (Wildeman & Wang, 2017). A radical alternative of decriminalising drug use has been suggested and opinions on whether this is a beneficial move are contradictory. This study, therefore, explores the perception of South African experts in the field of illegal drug use regarding the prospects of success of the decriminalisation route. For the purpose of this study, experts are social workers, police officers and health care workers who are practitioners and providers of services to people that use drugs in the field of substance abuse. These are the stakeholders in the forefront on the provision of services for people who use substances/drugs.

The misuse of central nervous system (CNS) stimulants, commonly known as drug abuse, has emerged as a global crisis whose complexity seems to be increasing with time (Chetty, 2015). The prevalence of drug abuse is staggering, and this presents policy makers, or anyone concerned with the wellbeing of populations, with challenges. In 2017 approximately 271 million people aged 15–64, which account for 5.5 percent (%) of the world's population, were reported to have used at least one drug in the previous year. It is further reported that between 35 million and 72 million individuals could be characterised as struggling with drug use disorders (United Nations Office on Drugs and Crime, 2019). Furthermore, at least 585,000 individuals died due to drug related causes and up to 42 million years of healthy life were lost due to drug use (Das, 2019)

All countries have enacted legislation that criminalises drug use in an effort to reduce drug consumption and accompanying adverse effects, to both the individual and society. The statistics on the prevalence of drug use currently available paint a picture that legislation criminalising the recreational use of drugs enacted by different

countries in the past is not effective (Ford & Bressan, 2014). The question that is getting louder within the drugs policy landscape is whether decriminalisation of use will result in more benefits than criminalisation.

1.1.1 What constitutes an illegal drug

In the context of this research, a drug denotes any illegal CNS stimulant or any stimulant that may be legally acquired but repurposed to give the user an unnatural feeling of euphoria. The use of CNS is attractive to some individuals it results in feelings of euphoria, sociability, boosts confidence, wakefulness, energy, and reduces hunger (Farrell et al., 2019). Common illegal drugs used across the world include heroin and cocaine and the legal status of such drugs is not in question. There is also an increase in what are known as novel psychotropic substances (NPSs) which were once marketed as “legal highs,” or “designer drugs (Specka et al., 2020). Substances falling into the category of NPSs include synthetic cannabimimetics, synthetic cathinone’s, and phenethylamines (The European Union, 2015). These NPS can also be naturally occurring herbs such as salvia divinorum. These substances are still addictive and can result in the same health and socioeconomic challenges as those caused by traditional drugs. In addition to these, some medications which are bought over the counter are being repurposed to give consumers highs comparable to traditional illegal drugs. Such medications are commonly used in low income or developing countries such as Zimbabwe, South Africa, and Nigeria (Miuli et al., 2020). Such repurposed medicines are usually Codeine based cough syrups such as Broncleer (Mazuru, 2018).

Globally, the most frequently used drugs are amphetamine and cocaine. In 2017, it is estimated that the global prevalence of amphetamine use was 0.7% whilst that of cocaine use was 0.4%. These are the two most-used illegal stimulants, after cannabis, and dependence on cocaine and amphetamine affects 16 and 11% of users respectively (Farrell et al., 2019). The general trend observed across the authorities or policy makers on cannabis is a softening of their stance regarding its use with several countries legalising its recreational use (Collingwood, O’Brien, & Dreier, 2018). It is therefore not surprising that it is the most used stimulant, used by as many as 147 million individuals (World Health Organisation, 2021). Several reasons can be pointed out for the high prevalence of cannabis use. First, it is quite

easy to grow and does not require any specialised knowledge or equipment to process (Stoa, 2018). Secondly, it is highly regarded in some communities as a substance to enhance spirituality (Moffat, Johnson & Shoveller, 2009).

1.1.2 A brief history of Central Nervous System Stimulants

Though discussions on the health, social and economic implications of using drugs seem to be increasing in recent years, stimulants have been part of humanity for a considerable time. Amphetamine, for example a drug that is now widely illegally used as a stimulant across the world, was discovered in the 1880s. Though it was not isolated for use as a stimulant then, interest around the substance increased when it was discovered by Japanese chemists that it is the active ingredient of *Ephedra vulgaris*, a Chinese herbal medicine (Rasmussen, 2015). This herbal medicine, *E. vulgaris*, also known as “Ma Huang”, is one of the oldest medicinal herbs and has been used for more than 5000 years as an anti-asthmatic as well as a stimulant (Schaneberg et al., 2003). Several other stimulants that are recorded to have been used since ancient times include (*Catha edulis*) in Africa, and *Erythroxylon coca* (Assefa et al., 2020). The health and socio-economic impacts of using stimulants substances in ancient times were probably insignificant if compared to what is being observed in modern times. Technological advances in recent years have allowed the purification and artificial synthesis of the active ingredients found in these ancient plants. The new stimulants, which are several magnitudes more potent than their plant equivalents, are easily accessed by the public creating a public health challenge.

Moving into recent times, humanity has had a rather “love-hate” relationship with stimulants. The widespread use of stimulants, now constructed as drugs of abuse, can be traced to the Industrial Revolution. This era was characterized by an evolving technological landscape resulting in innovations being made in most sectors, including medicine. The advances in medicine allowed for the isolation and synthesis of a series of what appeared to be miracle drugs that revolutionized medicine in the 1800s. These were cocaine, morphine, and heroin.

Beginning in the mid-1800s, the use of morphine increased rapidly and become commonplace for managing pain. The hypodermic syringe, which was developed in

1853, allowed for more effective delivery and, as a side effect, gave users an intense morphine high. Morphine delivered using the hypodermic syringe was widely used during the Civil War on wounded soldiers (Courtwright, 1978). In a book “War and Drugs” Bergen-Cico (2015) noted that wars, particularly those that America was involved in, were often associated with the spread of drug use practices that were later found to be highly detrimental to the health of users. The medical needs of the soldiers resulted in the spread and swift expansion of the use of morphine. More importantly, the use of the drug continued even after the war was over, reaching a peak around 1880. In addition to the drug being used on injured soldiers, use was also spreading in form of tinctures prescribed by doctors as well as patent medicine purveyors primarily whose target market was female and middle-class clientele for several ailments such as menstrual cramps and headaches (Courtwright, 1978). As a result, there was a crisis of addiction among middle class housewives, war veterans, as well as doctors. Morphine addiction in what is now known as the Morphine Era progressively declined as perceptions that the drug was no longer a miracle drug but a public menace. The other two miracle drugs took similar trajectories.

Heroin and cocaine, the other two other new miracle drugs, followed the patterns observed in the Morphine Era, leading to a Cocaine and Heroin Era towards the end of the 19th (Courtwright, 1978). Cocaine, particularly, enjoyed a several patent medicine and miracle medicine. It was exploited as a performance enhancer and, outright as a recreational drug. Unimaginable today, it was once used as a stimulant in drinks such as Coca Cola together with sugar and caffeine. This concoction was very popular as it was perceived to boost workers’ performance. Heroin, on the other hand was first marketed as a powerful pain reliever and cough suppressant by Bayer in the 1890s. The cough suppressant highly regarded at a time when tuberculosis was a menace. It can therefore be argued that the use of these highly addictive drugs was justified at the time.

Though the recreational use of these drugs (Heroin, Cocaine, and Morphine) was outlawed, the reality that there were some people still addicted and the ease with which a new user gets addicted presented criminal organisations with a chance to profit from those already addicted and, in the process recruited, new users. Powerful

drug cartels emerged in Latin America targeting the United States of America (USA), the most lucrative illegal drugs market. These cartels were able to quickly gain a foothold in the market because use of these drugs had long pervaded the region's cultural, social, and economic history of states in the Latin Americas (Gootenberg & Campos, 2015). The ease at which people and goods now move meant that the drugs can now easily get to almost any part of the world. It is currently estimated that the Western Hemisphere, alone, sustain an illegal drugs market valued at more than USD150 billion.

1.2 Traditional approach to the drugs challenge

Governments have traditionally resorted to using criminalisation of tendencies that are deemed incompatible with the well-functioning of society. Coercive tools, such as the law, to punish those who violate prescribed norms may not always produce the desired results. In some instances, such an approach produces externalities that make the problem it seeks to address even worse. This can be illustrated by the results of criminalising the use of drugs. The "war on drugs" declared by US President Richard Nixon in the early 1970s is a textbook case of how authorities tried to use the legal system to reduce the use of drugs. A direct consequence of this approach included the 1974 New York Rockefeller Drug laws that penalized individuals with very long prison sentences even for a minor charge of possession of small quantities of marijuana. The US model was replicated in many countries across the world with similar unintended socio-economic consequences. On the international scene, The Single Convention on Narcotic Drugs was enacted in 1961 and it prohibited the production and use of narcotic drugs, particularly cannabis, cocaine, and heroine. This means that most countries across the world approached the drugs challenge in the same manner, which is prosecuting all drug users, among other measures. It is now acknowledged that this approach is flawed and produces extensive socio-economic costs without necessarily reducing the use of drugs.

The costs of criminalising drug use are many. These costs include ballooning prison populations, astronomically high enforcement budgets resulting in under-funding of other activities that may be more productive, a high population of ex-convicts who are unable to find work due to their criminal records who end up living life of perpetual crime, and family breakdowns due to incarceration of bread winners

amongst other. Over the past decade, at least 4,000 people were executed worldwide for drug related offences disturbing social structure of many families (Girelli, 2021). In addition to harms related to law enforcement, focus has also been put on health-related harms.

There are several health-related externalities that are not directly related to the effects of drugs consumed. Some of the health challenges believed to be positively correlated to the criminalization of drug use include increased rates of overdose, hepatitis C, and HIV transmission. Statistics on negative health impacts have played a part in forcing those concerned with public health to reconsider the utility of the prohibitionist approach to addressing the drugs challenge. For instance, UNODC (2019) reports that 70,237 individuals died from drug-related causes in 2017 and most of these deaths, which were opioid related, were recorded in the US. Most public health impacts of how drug abuse results in infectious diseases and overdoses are currently being recorded in the US, Russia, and China, countries that collectively host approximately 45% of people who inject drugs (PWID) (*UNAIDS, 2019*). In China approximately 1.4 million PWID live with hepatitis C, making the disease one of the most understudied public health crisis (Guan et al., 2020). In Russia 336,542 PWID are living with HIV (United Nations Office on Drugs and Crime, 2019). Though most of the statistics currently available are from developed nations, it will be biased to think that the same patterns are not replicated in developing countries such as South Africa, where the use of drugs is on the increase. Social commentators from all parts of the world are not oblivious to these unintended costs of the prohibitionist approach of dealing with drug use, hence the growing calls to decriminalise drug use.

1.2.1 Decriminalization: What does it mean?

Decriminalization is simply relegating drug use from being a criminal offence to a simple violation of social norms (Luong et al., 2021). This means those caught using drugs will not go through the criminal justice system hence they will be spared from some of the negative consequences attached to being convicted of a crime. Proponents of drug decriminalisation can, therefore, justify their stance by arguing that no one really benefits from the incarceration of drug users. Society, through taxes they pay, fund the incarceration of the drug users and the drug users will likely

struggle more to get employment since employers are not readily willing to employ individuals with criminal records (Agan & Starr, 2017). This is an important factor to consider given that it is reported that as much as 83% of all drug-related crimes worldwide are low-level, nonviolent possession charges (UNDOC, 2020). Furthermore, these offences consume the largest part of the $100 billion annually expended by governments to tackling drugs related problems.

Several scholars argue that the decriminalising policy has the capacity to reduce deaths from overdose, public health risks, as well as the costs of deterrence (Scheim et al., 2020; Unlu, Tammi, & Hakkarainen, 2020). This movement grew to counter the outcomes of unresponsive prohibitionist drug policies that most countries tend to favour (Luong et al., 2021). The decriminalisation approach is not designed to replace drug supply reduction initiatives enforcement but to improve universal access to comprehensive harm reduction programs across all countries (Vuong et al., 2018).

1.3 Harm Reduction

The entire argument for decriminalisation is premised on the concept of harm reduction. According to Hawk et al. (2017) harm reduction is concerned with interventions that are aimed at reducing the negative impacts on health behaviours without necessarily completely getting rid of the problematic health behaviours. Though this concept can be applied in several situations, much of the work has been done in drug related cases. It is an acknowledgement that drug addiction is a difficult problem to completely eradicate but drug users can be supported to live healthier lives regardless of their addiction statuses.

In addition to the socio-economic harms precipitated by incarceration, an aspect of harm reduction that has received considerable attention is reducing the transmission of Sexual Transmitted Diseases (STD) and other blood diseases. This is because several illegal substances are injected straight into the blood stream. This has led to considerable proportion of people who use drugs (PWUD) suffering from diseases such as hepatitis C and B, and contracting HIV (McAuley et al., 2019). In the US, most common blood-borne infection is Hepatitis C (HCV), and injection drug use (IDU) is the primary risk factor for its transmission (Zelenev et al., 2018). HCV

infection can occur rapidly after IDU initiation and a meta-analysis focusing on the time from onset of injection to incidence of HCV infection indicated a cumulative incidence of 28% at one year of drug injection. Most importantly, because drugs users often form a network, once the virus is introduced to the network, it is bound to affect all in that network and this is a public health concern (Zibbell et al., 2018). The same can be said for HIV and other blood-borne infections. In a study conducted in three South African cities, Scheibe et al. (2019) found out that 77% of the 943 people who inject drugs (PWID) used a new needle at last injection and most had once shared a needle at some point in their lives. The HIV prevalence of HIV in this sample was 21%, a larger figure than the country's prevalence rate of 13.1% in the general population (STATSSA, 2019). These health problems increase the burden to society hence the notion of harm reduction.

1.3.1 Harm reduction initiatives

The perceived biggest prize for decriminalisation of drug use will be the reduction of people incarcerated in prisons and the negative socio-economic implication that often accompany a criminal record. However, more work has been done on initiatives that protect the health of PWID. As already described, PWID suffer disproportionally more from blood-borne diseases and most harm reduction initiatives try to reduce the prevalence of such diseases. One of the popular initiatives include rolling out needle and syringe programmes (NSP) in this population to reduce incidences of equipment sharing, which is the main route the blood-borne infections are transmitted in this population (Sweeney et al., 2019). A number of studies indicate that NSPs can help to reduce the prevalence of blood-borne diseases within PWID. Aspinall et al. (2014) conducted a review of 12 studies with more than 12 000 participants and concluded that NSPs can be effective in reducing the spread of HIV among PWID.

Another outcome of drug use that has been a focus for harm reduction initiatives, especially in the Global West, is drug overdose. Heroin overdose is a major cause of premature death worldwide (Hartford et al., 2019; McClellan et al., 2018). In countries such as the US and the UK, there are programmes of giving heroin users or their families naloxone, an opioid antagonist that can reverse effects of heroin overdose, for use in the event of an overdose (Langham et al., 2018). Naloxone is

credited for saving thousands of lives since its production and approval in 1971 (Wolfe & Bernstone, 2004). The drug has been effectively used to help save individuals who would have overdosed.

1.4 The South African drugs challenge

South Africa like the rest of the world is not immune to the drugs scourge. Due to its weak criminal justice system, lax border controls, geographic location, advanced telecommunications, banking systems, relatively strong economy and currency, and international trade links with North America, South America, Europe, and Asia, the country has become a haven for drug cartels and peddlers (Nyabadza & Coetzee, 2017). The drugs challenge in the country is further complicated by its immediate history characterised by segregation, violence, and social disruption (Auckloo & Davies, 2019). This is an important factor since research has found that structural factors that impact lives of the individuals, such as gender discrimination, violence, poor schooling, and socioeconomic marginalization can increase the risk of engaging in deleterious behaviour such as illegal drug use (Galvão, Saavedra, & Cameira, 2018). It is therefore not surprising that the country is facing a growing challenge of people abusing a wide variety of harmful substances.

According to the Department of Social Development (2013), illegal drugs mostly consumed in South Africa are cannabis, cocaine, and ecstasy. However, there are other drug candidates that are increasing in popularity. This is probably because they are cheaper compared to traditional drugs. These drugs include Methamphetamine, Nyaope or whoonga, meth-cathinone, and over the counter or prescription medicines such as cough syrups containing codeine. Like in the developing world, some of these drugs are injected, exposing the users to health dangers discussed already. This is worrying given that the country also suffers from other health related challenges such as HIV and TB.

There are indications that drug consumption is increasing in the country and, in addition to that, the health-related challenges emanating from drug use are presenting the country with new health issues. The re-emergence of infective endocarditis (IE), a disease that was once common in developed countries and non-existent in South Africa is reported (Akinosoglou et al., 2013). An observational study by Meel and Essop (2018) revealed a striking increase in patients suffering from IE,

of which a considerable portion of these patients were active nyaope users. The health impacts of drugs are probably greater in South Africa as the country is also battling high HIV prevalence (Baisley et al., 2018). In addition to transmission of infections through infected needles, drugs also result in users readily engaging in risky behaviour such as unprotected sex (Moradmand-Badie et al., 2021). This is worrying particularly in the South African context as a considerable number of students and young adults are using drugs.

According to a report by the South African National Council (SANCA) (2016) on alcoholism and drug dependency among teenagers, 69% of the respondents acknowledged that drugs are readily available to buy at their schools (Houle et al., 2018). As much as 34% of the teenage respondents admitted to having used drugs in the six-months prior the survey, 32% admitted to consuming drugs in the past month, whilst 27% had taken dugs in the week before the survey. The most common drugs available in schools are marijuana, CAT, Methamphetamine, and cocaine. In addition to these drugs, there is a cheaper alternative nyaope, which is getting increasingly popular. This is unsettling given that nyaope is a mixture of different compounds, including antiretroviral drug, rat poison, marijuana, and heroin, making its impacts on health more deleterious compared to purely psychoactive substances (Mokwena, 2016).

1.4.1 Harm reduction in South Africa

The challenges posed by drugs in South Africa have prompted responsible authorities to put in place harm reduction strategies. The philosophy behind this approach is the same as already discussed though the actual activities in South Africa might vary from what is observed in other countries.

The harm reduction strategies in South Africa, though not covering all areas where drugs are a challenge, hinges on strategies such as opioid substitution therapy and needle programmes. The first publicly funded harm reduction initiative in the country, called the Community Oriented Substance Use Programme (COSUP), strives to expand community-based pragmatic response to the use of drugs in the country (Scheibe, 2020). In the four years ending in 2019, this programme created a working relationship with 169 organisations and institutions which resulted in the setting up

17 sites for the roll-out harm reduction programmes. These sites provided services such as counselling, opioid substitution therapy (OST), and giving fresh needles to PWID (Scheibe et al., 2020).

1.4.2 Nexus between harm reduction and (de)criminalisation

Drug prohibition, to some extent, has been a valuable tool for politicians and governments because drugs are considered harmful and those who call for their decriminalisation are judged to be morally upright by the electorate scoring some political points (Atun et al., 2019). Anti-drug crusades push a moral ideology that present drugs as inherently destructive substances that must be banished from society. In line with this crusade, the media, health authorities, and religious bodies tend to depict the risks and challenges of drug use in somewhat exaggerated terms (Levine, 2003). Common rhetoric includes drugs are called ‘evil’, are referred to as ‘dangerous enemies’, and are regarded as demonic vile, and powerfully addictive. Such statements popularise perceptions of drugs as highly contagious invading evils and, among other things, stigmatises those who struggle with addiction. The overall impact of this view of drugs is that they push drug users into the shadows where they are not ready to come out and get help to reduce the harms associated with drug use.

Harm reduction can only work if those involved in the programme have access to those who need the services (the drug users). In an environment where drug use is criminalised, drug users are unlikely to come out to seek help (Rhodes et al., 2006). A qualitative study by Cooper et al., (2005) revealed that frequent police searches discouraged drug users from carrying their own needles, since being found with one would be incriminating. As a result, the users are forced to use infected needles if they are not within the confines of their homes. In another study, Burris et al. (2004) report that drug users are forced to hide small drug packets in their mouths or nose for fear of being arrested. These drugs are then shared by others increasing the risks of transmitting diseases such as hepatitis B. These studies reveal that policing, though legally justifiable; can be accompanied by other externalities that make drug use more damaging to users, hence the calls for decriminalisation of drug use. This research therefore focuses on gathering views of relevant experts regarding the concept of decriminalization of drug use in South Africa.

1.5 Problem statement

Decriminalisation is a phenomenon that is gaining momentum worldwide but can be considered radical, at this point in time, since it requires extensive overhaul of any country's illegal drugs' policy. Mounting evidence suggest that criminalising drug use has no effect in reducing the problem in South Africa (Peltzer et al., 2010) hence the need to start thinking about new methods to deal with the challenge, regardless of how radical the new methods might seem.

Though several substance abuse prevention programs have been implemented by both government and non-profit organizations in South Africa and much has also been written about the subject, there is limited critical analysis focused on substance abuse experts' perceptions of the decriminalization of drug use. Though drugs are a universal problem, research seems to be focused on the developed world, particularly the US. Scheim et al. (2020) screened 4860 articles focusing on drug use and discovered that 91.2 % of these articles were from the US. It is time that countries start building their knowledge about the challenge since local or social environment plays a significant role in promoting or discouraging drug use. These means that research findings may not always be transferrable from one jurisdiction to another.

Speaking of South Africa, particularly Gauteng Province, literature on empirical scholarly studies associated with drug decriminalisation is grossly lacking, a gap this study hopes to help fill. The failure to have studies about drug decriminalisation is unfortunate given that the drugs challenge is on the increase. Drug decriminalisation is still a debatable topic and there is need to conduct studies that articulate the views of those who interact, directly or indirectly, with drug users. This is important because it helps to stimulate debate on the subject, a process relevant in shaping the country's drug policy. The study will add to the ongoing debate on the decriminalization of drug use. While drug abuse is a national problem in South Africa, Gauteng Province is among the leading provinces with the highest prevalence of drug use (Dada et al., 2019). Therefore, the research will be conducted in this province.

1.6 Research question

What are the perceptions of substance abuse experts on the decriminalization of drug use in Gauteng Province, South Africa?

1.7 Research purpose

The purpose of this research is to explore perceptions of experts/specialist stakeholders' views on the decriminalisation of drug use in Gauteng province, South Africa.

1.8 Research objectives

- To explore the perceptions of substance abuse experts (stakeholders) on the decriminalization of drug use in Gauteng Province, South Africa.
- To describe the possible strategies for decriminalisation of drug use in South Africa.

1.9 Conclusion

In this chapter, the general orientation of this study was highlighted. This was done by presenting a detailed introduction and background of this study, problem statement, research question, research purpose and objectives. The next chapter covers the literature review and theoretical frameworks that guided this study in terms of the study aim and related objectives.

Chapter 2: Literature review

2.1 Introduction

This chapter discusses a range of issues associated with the decriminalisation of drug use. It starts by looking at the roots of the criminalisation of drug use and consequences of that policy stance. It then looks at the harm reduction concept in relation to drug use. The positive impacts of decriminalisation on the drug users are discussed to support the decriminalisation agenda. Impacts of decriminalisation on stigma and discrimination are also discussed.

2.2 Unintended impacts of criminalising drugs

In 1925, a satirist and social critic, H. L. Mencken commented that the “noble experiment” by the US regarding alcohol prohibition has been an utter failure (Coyne & Hall, 2017: 2). This social experiment was initiated in 1920, when the 18th Amendment to the U.S. Constitution prohibited the sale, manufacture, and transport of alcohol or intoxicating liquors within the country was passed. Supporters of the amendment reasoned that alcohol was the root of many problems in the society and banning it was the answer to the myriad of social ills that are a result of alcohol consumption. They argued that the act of eliminating alcohol from the society would reduce corruption and crime as well as reduce the tax burden on citizens created by prisons that housed unproductive individuals. Furthermore, they argued that the prohibition would improve the general health of the public and the disintegration of families would be curtailed. This utopian society was never achieved.

Though the intentions for the amendment were noble, alcohol prohibition was an utter failure on almost all fronts (Levine & Reinarman, 2004). At the inception of prohibition, alcohol consumption decreased, but it quickly rebounded. In a few short years, alcohol consumption rose to between 60 and 70% of its pre-prohibition level. Alcohol poisoning deaths increased because nobody monitored the quality and potency of the illegally produced alcohol. Furthermore, former alcohol users resorted to opium, cocaine, and other dangerous drugs because they could not access alcohol legally (Jacks et al., 2020). Criminal syndicates emerged to manufacture and distribute illegal alcohol, and crime increased, and corruption flourished. The impacts of the prohibition were so glaring that the 18th Amendment was repealed in 1933

(Munger & Schaller, 1997). This vignette, though not directly related to drug use, serves to illustrate the unintended impacts of prohibiting intoxicating substances.

2.3 The War on Drugs

Governments have not given up on the idea of using prohibition to control use of drugs. Policy makers and private individuals alike, often exploit prohibition as a strategy to control the manufacturing, sale, and consumption of particular items. President Richard Nixon of the United State of America resorted to the prohibition of, among other things, consumption of drugs as a weapon of choice to reduce the consumption of drugs in the US. The "War on Drugs", as the strategy was christened, has largely continued to this day in many countries across the world (Koram, 2019). In the US, 580,900 individuals were arrested on drug-related charges in 1980 and the number increased to 1,561,231 in 2014 (Coyne & Hall, 2017). Currently, more than half of the 186,000 people serving time in US prisons are incarcerated on drug-related charges, including possession for personal use. This pattern is not unique to the US but replicated across the world where prohibition is the main strategy to fight drug consumption (Banbury et al., 2018; Sander et al., 2019).

In most cases, as in the case of Mexico, the war on drugs is associated with violence and human rights abuses. Mexico's war on drugs took a more literal meaning. In 2006 the Mexican government launched the first police/military operation (*Operativos Conjuntos*) within its war on drugs operations (Carrasco & Durán-Bustamante, 2018). This initiative resulted in significant increases in the level of violence in some Mexican states. It also resulted in negative consequences on the quality of life and social welfare for the Mexicans. Roberto (2016) points out that Mexico's war on drugs resulted in a GDP per capita decrease of 0.5% between 2007 and 2012. The size of the GDP gap was judged to be directly related to the increase in drug-related violence.

Another country where the war on drugs has resulted in extensive violence is the Philippines. The country, under the leadership of President Rodrigo Duterte, has seen extensive extra-judicial killings in the name of the war on drugs. On the 1st of July 2016, police stated that they had killed at least 2000 people suspected of drug

related crimes and more 3500 homicides were unsolved, many probably perpetrated by unknown vigilantes spurred by the rhetoric of the president. In one of his speeches, President Duterte said “Please feel free to call us, the police, or do it yourself if you have the gun — you have my support. Shoot [the drug dealer] and I’ll give you a medal” (Johnson & Fernquest, 2018: 359). This approach to dealing with the drugs challenge is problematic in that it ostracises drug users, pushing them away from the reach of those that can help them. Though Duterte’s approach to the drugs challenge is extreme, it is probably the thinking by some influential policy makers that the best way to address the drugs challenge is to forcefully drive out any element of society associated with drugs.

The United Nations (UN) has been instrumental in advancing the prohibition of drugs as a way of dealing with the use of illegal drugs globally. The United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances marked a significant step by the global community in bringing effective law enforcement to reign in international narcotics traffickers (Stewart, 1989). It was reasoned that existing domestic laws were inadequate in controlling international drug trade (Gurule, 1998). Approximately 106 countries agreed to abiding by the dictates of the convention which required that all signatory states were to criminalise any activity that aided international drug traffickers and that included the use of banned psychotropic substances (Bewley-Taylor & Jelsma, 2012). Though at the inception of the treaty all countries agreed to enact strict laws to fight drug trafficking and use, the effectiveness of this strategy in fighting the drugs challenge is increasingly being questioned. This is because the results that individual countries hoped for when they signed into the treaty have not materialised. Drug cartels have grown and became even more expansive and millions of people across the world struggle with direct and indirect drug related harms (Hesterman, 2013). This has resulted in scholars and policy makers advocating for alternative strategies to deal with the drug problem.

On the international stage, consensus regarding the drug problem remains heavily fractured. This incongruence in how to address the problem is illustrated by the increasingly diverse policy positions taken by Member States during the negotiation period before the United Nations General Assembly Special Session on Drugs

(UNGASS), conflicting agendas between and within different UN agencies as well as the content of the UNGASS Outcome Document (Sischy & Blaustein, 2018). Unfortunately, the decriminalisation agenda has not gained as much ground as hoped for. This is probably because the meetings of the Commission on Narcotic Drugs (CND) are no forum for debate and change (Fazey, 2003). Fazey (2003). A drug abuse expert of the United Nations International Drug Control Programme (UNDCP) highlighted that these meetings are influenced to reflect the position of 17 developed nations that largely fund the UNDCP.

2.4 Harm Reduction

Harm reduction refers to “measures designed to reduce the adverse effects of health-related behaviours without necessarily extinguishing the problematic behaviours completely or permanently” (Hawk et al., 2017: 1). The most common definition of harm reduction is that harm reduction comprises of “policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption” (The International Harm Reduction Association, 2011, as cited in, Bridge, Hunter, Atun, & Lazarus, 2012: 280). The Harm Reduction Coalition (2020) expanded the harm reduction definition to make it relevant to as many situations as possible and this was done by defining a set of principles. These principles state that harm reduction initiatives must:

- Appreciate and acknowledge that, no matter how harmful drug use is, part of our society and work must therefore focus on minimising harmful effects of drugs rather than simply ignoring or condemning them.
- Appreciate that drug use as a complex and multi-faceted challenge that encompasses whole range behaviours, from severe abuse to total abstinence, and also that some drug use practices are safer than others.
- Appreciate that the success of harm reduction is not assessed by the cessation of all drug use. Successful interventions must improve the quality life and wellbeing of the drug users and their communities.
- Advocate for the non-judgmental and non-coercive provision of resources and services to people who use drugs as well as to the communities in which they

reside, in order to assist the drug users and their communities reduce drug related harm.

- Ensures that people who use drugs and those who have a history of using drugs have a voice in the process of creating of programs and policies that are meant help them.
- Affirm that drug users themselves are the primary agents in reducing the drug harms and must be empowered to share experiences and support each other to cope with the challenge of drug use.
- Recognise that class, poverty, racism, past trauma, social isolation, sex-based discrimination, and other social inequalities are a reality that affects the way one may interact with drugs.

The current harm reduction model has its roots in the early 1900s narcotic maintenance clinics (Ball, 2007) but rose prominence in the 1980s to manage infectious diseases such as HIV and hepatitis B. In the context of drug use, harm reduction disentangles the idea that drug use equals harm. Instead, the focus is on identifying negative consequences of drug use and formulating interventions to address these negative consequences (Hawk et al., 2017). There are many different forms of harm reduction initiatives depending on the nature of drugs used.

In the US in 2016 death attributed to fentanyl exceeded 64,000. Fentanyl is a manufactured compound mimicking the effects of heroin, the only difference is that it is up to 100 times more potent (O'Donnell et al., 2017). Drug dealers add it to drugs they sell because it is cheaper. One harm reduction initiative to reduce the impacts of fentanyl is to give drug users rapid fentanyl test strips (FTS) to allow them to detect fentanyl in drugs they intend to use. One qualitative study revealed that drug users become more careful when they detect fentanyl in the drugs, they would have procured leading them to discard the dose and change drug suppliers (Goldman et al., 2019).

Another popular harm reduction initiative amongst people who inject drugs involves giving them fresh syringes to reduce incidence of needle sharing. This initiative is motivated by the fact that blood borne infections are more prevalent in people who inject drugs (PWID). Discouraging needle sharing is reasoned to reduce incidences

of blood borne diseases such as HIV and hepatitis C within this population (Platt et al., 2018). A study conducted in Stockholm Sweden found a significant reduction in injection risk behaviours in PWID in over time. Such changes in behaviour are crucial in reducing hepatitis and HIV prevalence in PWID. Fernandes et al. (2017) conducted a systematic review on the effectiveness of needle and syringe programmes and concluded that the initiative can significantly reduce the transmission of blood borne diseases.

Central to the success of most of these harm reduction initiatives is the ability to access the drug users. In many countries drug use is considered illegal, it may be difficult to reach this population. It is for this reason that advocates of harm reduction see decriminalisation of drug use as an integral process in any harm reduction initiative.

2.5 Decriminalisation of drug use

The war on drugs is motivated by the concern that drug abuse is a threat to society and, on many counts, considered a 'social pathology'. Drug abuse can be viewed as an action harmful to the individual as well as the society. This line of thought motivated states to intervene under the guise of protecting its citizens' rights. The justification and limits for state intervention in individual behaviour is often in accordance with an arm of political philosophy under the harm principle proposed by John Stuart Mill (1806-1873) in an 1860 influential essay titled "On Liberty" (Fellingham et al., 2012). It can be reasoned that the decriminalisation thesis is premised on this harm principle.

The harm principle can be condensed into a single statement which says: "The only purpose for which power can be rightfully exercised over any member of a civilised community, against his will, is to prevent harm to others" (Ripstein, 2006: 217). More importantly Mill argues that it is not sufficient for the state to exercise power over an individual to promote what it judges to be good for the individual, physically, or morally. This means the state is only justified to intervene if one's conduct adversely affects others. In practices that merely concerns individuals, their independence is of right absolute. Individuals are taken as sovereign individuals, with absolute control over their own bodies and minds (Mill, 1909). The only caveat to this doctrine is that

it applies only to human beings whose faculties are judged to be mature and competent.

In the context of drug use, the prohibiting drug use must be limited to instances where it can be proven that taking drugs harm persons other than the user. In other words, the action of using drugs itself must not be taken as a criminal offence as long as it does not violate interests of another. It is difficult to imagine a scenario in which the actual act of taking a drug might harm another individual. However, individuals are not immune to the law if the drug consumed leads to them committing a crime. This can be illustrated in a hypothetical scenario where an individual consumes a drug which affects their driving ability and they get involved in a fatal accident, the crime must be culpable homicide and not using drugs.

Seemingly, the war on drugs is oblivious to the harm principle and is driven by the ideology that illegal drug use is immoral and harms the society. Holland (2020) argues that consequences of criminalising drug use, in many cases, outweigh the risks of drug use. There is also no convincing evidence indicating that criminalising drug use prevents drug use or drug-associated harms. Furthermore, punishing one individual as a means of deterring another from using drugs is ethically questionable. Though criminalising production of drugs is ethically tenable, evidence indicates that it has not retarded the supply of drugs hence the need to rethink how the drugs challenge is approached.

Given the failure of “the war on drugs”, as indicated by growing drugs challenge across the world, many professionals in the field are advocating for the decriminalization of drug use. This is not an admission that drugs are not harmful or that it is not a public health crisis, on the contrary, it is an admission that drugs are extremely harmful, and their negative impacts must be mitigated. A considerable number of policymakers, human rights advocates, health experts, social workers, and researchers are calling for an alternative legal approach to the drugs challenge. At the top is a push to have legal, policy, and police operational reform that promotes diversion and decriminalisation of drug use rather than punishment for people who use illicit drugs (Stevens et al., 2019).

Though the international consensus on how to address the drugs challenge is fractured (McLean, 2018), the idea that drug possession, with no intention to sell, should not be dealt with in the courts of law can no longer be taken for granted (Stevens, Hughes, Hulme, & Cassidy, 2019). Holland (2020) argues that much of the resistance to decriminalisation of drugs is not informed by science. In many cases, punitive drug policies are driven indirectly by the power relations between the electorate and politicians in democratic societies. Speaking firmly against drugs presents politicians as morally upright and is a strategy to win elections more than looking after the society. Regardless of the rhetoric not supported by science, judging by the number of studies and commentaries on the subject, it can be concluded that a considerable number of scholars are gravitating towards the decriminalisation of drug use. It is appropriate at this juncture to review the evidence regarding this radical policy shift.

Though the decriminalisation of drugs is relatively a new concept, important insights can be gathered from a few countries that have decriminalised the use of drugs. One of the countries that have gone through this route is Portugal. In 2001, Portugal decriminalized possession and use of small quantities of drugs. Instead of being taken to court, individuals caught with small quantities of drugs for personal use are referred to a commission called the Commission for the Dissuasion of Drug Addiction. It is a body made up of social, health, and legal experts. The main mandate of the commission is to assist the drug users to resolve the underlying problems influencing their drug abuse. Amongst other positive outcomes, the policy has kept people out of jail, has also reduced stigma and discrimination related to drug use, and reduced health related harms. Furthermore, this policy did not result in an increase in the levels of drug use. The Institute for Drugs and Drug Addiction (2013) reported that the incidences of drug users being diagnosed with HIV decreased from 907 in 2000 to 79 in 2012. Similar trends were observed for other health conditions such as Hepatitis B and C. As things stand, Portugal has the lowest rates of diseases that are often associated with injectable drugs. The policy also resulted in an increase of 60 % in individuals receiving voluntary drug treatment between 1998 and 2008. Considering health and non-health related costs, Gonçalves, Lourenço, and Silva (2015) found that social cost of drugs was reduced by 12% as a result of this policy.

Another treasure trove of information regarding the impacts of decriminalisation of drugs is what is currently being observed in the United States after several states legalised marijuana use. A retrospective study by Allshouse and Metz (2016) focusing on Marijuana use in 743 pregnant women reported that the use on the drug increased, though not statistically significant, immediately after the decriminalisation. Though this is not what is hoped for, the study also found that the rate of disclosure of marijuana use increased immediately after the decriminalisation. This is an important finding because many drug users suffer in silence due to the criminalisation of the drugs they use (Soussan & Kjellgren, 2019). It can be argued that if decriminalisation increases drug users' willingness to disclose that they use drugs, it will be valuable to society as the people will become more accessible to professionals who can assist them.

The decriminalisation of Marijuana in some US states is also proving to be important in understanding how decriminalisation might affect drug use. In another study, (Wall et al., 2016) reported that there were no increases in marijuana use after its use was decriminalised. This can be taken as evidence to counter some scholars and policy makers who fear that decriminalisation will increase drug use (Adda, McConnell, & Rasul, 2014). Melchior et al. (2019) conducted a systematic review of studies looking at the effect of marijuana policy liberalisation, both legalisation and decriminalisation, on the prevalence use in young adults and adolescents. The study found that there is no evidence that the policy shift resulted in increased levels of use. This systematic review by Melchior et al. (2019) reviewed 41 studies, 34 were from the US, three from Australia, two from the UK, one each from Netherlands and Czech Republic. It is important to reduce this skewness in location of studies because drug use and outcomes are heavily dependent on many factors, such as socio-economic status of country, that are heterogeneous across the world.

Drug addiction impacts both brain function and behaviour. Since it has multifaceted effect on the patients' mind, body, and nervous system, addictive behaviours are best resolve through efforts of professionals such as social workers and psychologists (Jabeen et al., 2018). These professionals can only be useful if the drug users are open to the idea of seeking help to resolve their drug related challenges, including harm reduction (Verissimo & Grella, 2017). Promoting health

seeking behaviour in people with addictive disorders is important in fighting mental health challenges such as addictions. Inability to access professional help, for whatever reason, is associated with prolonged mental health challenges and extremely poor health outcomes. In many cases, drug users are aware of the health impacts of drugs, and some try to resolve those challenges on their own, often with poor results. Kimergård et al. (2017) reported that individuals addicted to codeine, a repurposed novel psychoactive substance, are more likely to look for help from the Internet than from professionals such as GPs and psychologists. This has poor results and prolonged drug use. One reason why drug users avoid seeking help from people well-qualified to help them is because most of the drugs they use are criminalised. It can therefore be argued that decriminalisation can help to improve drug users' help-seeking tendencies.

Benfer et al. (2018) used data from the 2014 Global Drug Survey to determine how decriminalisation might affect the help-seeking behaviours of the drug user. This study determined that drug users residing in countries with liberal drug policies reported that they are unlikely to change their help-seeking behaviour when presented with a hypothetical policy amendment scenario. On the contrary, individuals residing in states with strict prohibitionist drug policies indicated that they are more likely to seek help if the strict laws are relaxed. In addition to that, the study reported that the fear of being arrested plays a major role in shaping their health-seeking behaviours. This demonstrates the ability of national drug policies to influence drug users' health seeking behaviour. Encouraging people to seek help can be instrumental in reducing harms associated with drug use.

The decriminalisation argument is not entirely premised on direct health impacts. It seems there is consensus that it has economic merits as well. The war on drugs is expensive. For example, the US spends billions of dollars arresting and investigating minor drug charges such as possession. This is a burden on the taxpayer and the money can be used for other purposes. Illustrating the other advantages of the decriminalisation argument, Adda et al. (2014) explored the impacts of a localized policing experiment on crime. This experiment involved the decriminalisation of the possession of small quantities of cannabis and was conducted within the London borough of Lambeth. It was found out that decriminalisation caused the police to

allocate more effort and resources towards non-drug crime and this resulted in an overall fall in crime.

The use of drugs is a complex social process. It will be myopic to assume that decriminalisation of the practice will solve all negative externalities associated with drug use. Looking at events in some countries that have relaxed their drugs laws, we can get insights into some of the challenges other countries pushing for these shifts are likely to face. One good example of this can be seen from what happened in Vietnam. In 2009, Vietnam formally decriminalised drug use by amending part of its criminal law. The amendments explicitly stated that illicit must be viewed as an administrative violation not a criminal offence. Unfortunately, this presented the police with new challenges regarding how to implement the new laws. One important issue is that the amendment allowed the police, judicial oversight, to send alleged drug users to compulsory treatment centres (Luong et al., 2021). This meant that the drug users are still treated as a special group, perpetuating some of the stereotypes often associated with drug use. Though this practice diminishes the value of decriminalisation as a harm reduction method, it is still better than treating drug users as criminals. The major lesson from the events in Vietnam is that there should be collaboration amongst all stakeholders working to resolve the drugs challenge. Above all, the freedom of drug users must not be threatened, even when the motive is morally justified. There is a need to have a broadly agreed meaning of decriminalisation. For example, used in the Vietnamese context, decriminalisation of drug use means that the police can apply administrative sanctions in place of a prison sentence. In this case, the administrative sanctions include one being sent to a compulsory centre for a maximum of two years.

It must be noted that not all practitioners and organisations support the decriminalisation of drug use. There are no empirical studies, to the best of the researcher's knowledge evaluating the beneficial impacts of criminalisation of drug use. It may be because drug use has been criminalised for a long time and what is evident are the negative outcomes associated with criminalisation.

Those who support criminalisation use philosophical reasons to justify their position not empirical evidence. For example, the Catholic Church's main position regarding this issue is that drug use is a moral deficit and is evil and all evil be punished". Also,

influential philosopher, Immanuel Kant, whose arguments seen to support criminalisation of drug use argues that “The only time a criminal cannot complain that he is treated unjust is when he draws the evil deed back onto himself [as a punishment]” (Kant 1965: 363). This also because “A categorical imperative would be one which represent an action as objectively necessary in itself, without reference to any other purpose” (Kant 1990: 414).

2.5.1 Decriminalisation of Drug Use: The South African Context

It seems the SA drug policy is hinged on the philosophy that illegal drug use constitutes a public harm. According to John Stuart Mill (1909), one of the functions of the state is to reduce the risk of crimes being committed and this means the state must undertake reasonable precautions as it may see fit (Ruggiero, 2009). This is spelled out by the public harm principle, which justifies the state in limiting the civil liberties or rights of individuals on the grounds that their actions will undermine institutional practices and regulatory systems. This is echoed in the idea of a constitutional limitation of a right and seems to be SA’s stance on drug policy, exemplified in and supported by the Prince vs President Case. The prohibition of cannabis was held to be constitutional, despite limiting the rights of certain individuals and groups who profess to use it for reasons that are otherwise constitutionally supported. It seems that the public harm principle, in line with the Constitution, provides at least partial justification for the prohibition of cannabis in SA (Fellingham et al., 2012).

The SA drug policy is dependant of the philosophy that the use of illegal drugs for personal use is likely to harm citizens. According to Mill (1909) the government has a responsibility of protecting its citizens from the crimes that arises from the illegal use of drugs. This is highlighted in the public harm principle, which provides a justification for government or states to prohibit the use of illegal drugs. This principle states that people have a right to act as they wish provided that their actions are not harmful to others. As a result of the public harm principle, criminalisation is implemented to protect citizens against the actions that arise from illegal use of drugs as exemplified and supported by the Prince Vs President case. Although government has a duty to hold the public harm principle, it should ensure that the practice of prohibiting certain actions should not undermine individual rights to practice their religions. Initially the

use of cannabis was prohibited despite certain individuals using it for religious purposes. The prohibition seemed constitutionally correct despite undermining parts of the constitution related to freedom of religion.

In SA, the decriminalisation phenomenon is alive as indicated by an increasing amount of literature published on the subject. A considerable number of South African researchers and scholars agree with the rest of the world that illicit drug policies should not embroil more people in the criminal justice system (McCallum, 2011). Van Niekerk (2011), for example, argues that the South African Police Service (SAPS) must not be at the forefront of the solution to the country's drugs challenge. Instead, health leaning professionals such as social workers must take the lead. Relying on the justice system to address the drugs challenge has been singled out as one of the main reasons why the idea of a 'drugs free South African society' seem to be getting further from reality (Howell et al., 2018).

Compared to the rest of Africa, South Africa seems to be making more progress in decriminalisation of drugs, at least marijuana (Lubaale & Mavundla, 2019). In 2018, the South African Constitutional Court upheld and extended a judgement by the Western Cape High Court which stated that the criminalisation of home cultivation and use of marijuana by adults, as specified in the Drugs Act of 1992 and the Medicines Act of 1965 is unconstitutional. The Deputy Chief Justice, Raymond Zondo, reasoned that it is not a criminal offence for an adult to possess or use marijuana in a private place. However, the initial judgement, which was confirmed by the Constitutional Court, falls a bit short. It does not promote the legalisation of marijuana use, and it does not really affect laws governing the trading, use, or possession of marijuana in public. It must also be noted that this decision was motivated by legal reasons not the welfare of drug users. It signifies the country's willingness to go the decriminalisation route.

According to (Fellingham et al., 2012) drug decriminalisation is not the remedy to SA's drug challenge, but an important part of the solution. The ideal solution is one that creates a political, social, and economic environment that empowers individuals to choose to refrain from substance abuse. However, decriminalisation can reduce the marginalisation and discrimination of drug users and, in doing so, brings the drug users into contact with potential sources of help. Furthermore, criminalising people

who are dependent on drugs is unlikely to alter their drug-use behaviour but may drive them deeper into drug use.

Though there is an increase in literature about decriminalisation from South African scholars, the lack of empirical studies is glaring. Most of the studies are based on general literature or are commentaries. The need to get information from experts who are conversant with the South African society is what motivated this study. This is very important because, patterns in drug use and outcomes are dependent on, among other things, one's socio-economic circumstances.

2.6 Stigmatisation

The decriminalization thesis, as already described, seeks to encourage those with drug related challenges to come out and get assistance and does not, by any means encourage drug use. Criminalisation of drug use is one of the main factors that drive drug users into the shadows, although it is not the only reason. Decriminalisation of drug use is central to harm reduction initiatives. Unfortunately, though harm reduction is particularly well suited to reduce the adverse outcomes of drug use, antidrug policies and negative opinions can interfere with harm reduction initiatives (Bathje, Pillersdorf, & Du Bois, 2019). One route that this occurs is through the stigmatisation of drug users. Drug users who feel stigmatised may not be willing to present themselves to get help.

Goffman (2009: 11) describes "stigma as a complex phenomenon that refers to an 'attribute that is deeply discrediting' and reduces the bearer 'from a whole and usual person to a tainted, discounted one". Several definitions have since emerged describing this concept (Gammon, Hunt, & Musselwhite, 2019). According to Weiss & Ramakrishna (2006), stigma is a social phenomenon, anticipated or experienced, typified by rejection, exclusion, blame or devaluation that results from perception, experience, or reasonable anticipation of an unfavourable social or cultural judgement about an individual or a group. Stafford & Scott (1986) viewed stigma as a trait of persons that is not congruent to a norm of "special unit". In this context, a "norm" is defined as a "shared belief that a person ought to behave in a certain way at a certain time" (Stafford & Scott, 1986: 81). It is therefore widely agreed that stigma is heavily influenced by context and situation. This prompted Crocker et al.

(1998) to suggest that individuals who are stigmatised possess, or are believed to possess, a set of attributes, or traits that convey a social identity that is grossly devalued within a specific social context. Jones et al. (1984), in a very influential definition of stigma, draw on the observation of Goffman (1963) that stigma can be conceptualised as a relationship between a stereotype and an attribute that links an individual to socially undesirable characteristics or stereotypes. All these definitions convey the idea that traits deemed undesirable by society are responsible for individuals being or feeling stigmatised. Drug addiction is one such trait.

Stigma has been characterised into several subtypes. The first subtype is public stigma which is the form of prejudice endorsed by the public directed towards some vulnerable group, such as drug users (Sattler et al., 2017). This might result in drug users being denied some services that they require. (Hammarlund et al., 2018) reported that there is evidence indicating that primary healthcare providers feel unprepared to deliver appropriate services to drug users and are negatively biased towards them as they view drug users as manipulative, violent, and poorly motivated to change. Public bias is therefore an important concept. Discrimination against an already vulnerable group, the drug users, within public spaces increases their life's burdens and this can drive them deeper into drug use (da Silveira et al., 2018). Personal stigma, on the other hand, can be categorized as experienced stigma, perceived stigma, and self-stigma. Experienced and perceived stigmas are the anticipation or perception of stigma suffered by those who have potentially stigmatized conditions such as drug addiction (Corrigan et al., 2006). It is precipitated by one's belief about how the general population feel about their condition. Ultimately, it results in poor state of mental health such as low self-efficacy, self-esteem, and it is a cause of distress in these people (Watson et al., 2007). Self-stigma is a consequence of internalising and adopting stereotypic views which are held by others (Watson et al., 2007). As can be deduced in this paragraph, stigma is a complex process and must be accounted for in any harm reduction initiative.

Stigma, regardless of cause, devalues an individual in their own eyes as well as in the eyes of the public. Once, one is in the devalued state, they are confronted with feelings of marginalization because their sense of self-worth, belonging and social

identity, are questioned (Feldman and Crandall, 2007; Major and O'Brien, 2005). Social identity is particularly important in our being and harm reduction initiatives must try to reconstruct social identity in people who are stigmatised (Hughes, 2007; Koski-Jannes, 2002; McIntosh and McKeganey, 2000). It is therefore important to explore stigma in relation to drug use. This exploration can take many forms which include interrogating causes and results of stigmatization (Gunn, Sacks, & Jemal, 2016).

2.6.1 Criminalisation and stigma

Criminalisation is one of the key processes that promote stigmatisation of an activity. Bathje et al. (2019) conducted an online survey of a diverse group of students which focused on several aspects related to drug abuse. It was discovered that authoritarianism is significantly associated with stigmatisation of people who use drugs and influence the participants' attitudes towards harm reduction. In addition to that, the relationship is completely mediated by familiarity with individuals who inject drugs or those experiencing addiction. Hence, it is one of this research objective to understand what effect the change from criminalization to decriminalization of drug use can have for South African criminal justice system.

The public associates drug use with criminal behaviour. This is because, by criminalising the practice, all drug users are perceived as criminals who have no respect for social norms (Corrigan et al., 2017). In many cases, the police are at the forefront of educating people on the implications of drug use, particularly in schools (Bruno & Csiernik, 2020). Presenting the police at the forefront of the fight against drugs is likely to cause drug users to internalise stigma. It reinforces the attitude that using drugs is against social norms and they end up being unwilling to come forward to get help. The police have a role to play in the war against drugs but, it is argued that there are other professionals that are more suitable for the role. These professionals include school psychologists and community nurses.

2.6.2 Cultural impacts of stigma

Humans are social animals. They have an innate desire to conform to social norms and, when one deviates from these norms, stigmatisation is often inevitable. It is therefore important to interrogate the role of society in the stigmatisation of drug

users. The formulation of the concept of stigma by a pioneer in the field, Goffman (1963) hinges on social implication of certain behavioural characteristics. In his ground-breaking book, 'Stigma: Notes on the Management of Spoiled Identity', Goffman (1963) set the stage to view stigma from a social lens. By defining stigma as an attribute, reputation, or behaviour, that position an individual outside of societal norms, Goffman (1963) inspired many scholars that followed him to do the same. Drug use and abuse, due to its impacts on one's mental and physical health as well as how it has been portrayed as an evil; neatly fall into practices that are shunned by society. It is therefore not surprising that society has been observed to mediate stigma.

In one study that illustrates the impact of society on levels of perceived stigma was conducted by Gyawali et al. (2018) in which the participants were drug addicts in India. The study revealed that levels of perceived stigma, measured using the Perceived Stigma of Substance Abuse Scale (PSAS), were higher in individuals from rural areas, regardless of age, duration of substance use and injecting drug use, current living situation, and educational status. The reason for this trend, as explained by the researchers was that in rural communities, people associate more intimately as compared to large cities. They know each other on personal basis hence deviations from the social norms of the community are bound to be known by a lot of peers and as such, one is likely to experience more stigmatisation if they live in rural areas. In addition to that, rural areas are more conservative than cities and drug abuse is frowned upon more there than in larger cities (Pear et al., 2019).

Another important factor in relation to stigma and drug use revolves around unmet needs of women who use drugs. Many studies on drug use focus unwittingly on males because they form the bulk of the drug consumption population. This is unfortunate because women are affected by drugs in several ways that are not always evident in studies concentrating on males. This is because of the position of women in society, particularly heavily patriarchal societies.

Social and cultural norms are more burdensome to women and girls (Doss et al., 2018). The validity of this statement has not been extensively tested, but the reality is that African culture bestows additional burdens on women. These additional burdens are observable in many aspects of life, including reactions and outcomes

related to drug use. Mburu et al. (2018) conducted a study about stigmatisation of women who inject drugs in Kenya. This study revealed that because drugs are considered a male problem, these women generally experience typical stigmatisations men who use drugs experience, but greater self-stigmatisation. This is due to their beliefs regarding the roles of women in society as well as how women ought to behave. The findings are comparable to what is reported by (Luoma et al., 2014) who concluded that internalized shame by women who use drugs is one of the main sources of treatment attrition. According to Schomerus et al. (2011), individuals with greater self-stigma often have a diminished sense of self-efficacy as well as increased fear of being looked down upon and, therefore, more likely to retreat into isolation. This potentially limits the extent to which they can be reached by organisations or individuals aiming to help them with the underlying problem of drug abuse. Gendered reactions to socially 'unacceptable' behaviours are a common feature in highly patriarchal societies, particularly in Africa and the Middle East. According to Marwick and Caplan (2018) the traditional definition of gender roles, which is a product years definitions established and reinforced over a long period of time are not easily changed. Understanding the gendered traits of stigma are important in designing harm reduction strategies otherwise a considerable number of women will be left out.

2.6.3 Impacts of stigma on health-related outcomes

Decriminalisation as a strategy for harm reduction is meant to reduce the personal and socio-economic costs of drug use. It is important to understand how stigmatisation affects health and other outcomes in those who use drugs. According to Gyawali et al. (2018), stigma is an important issue among those suffering from drug use disorders. It is a complex construct that may manifest as a barrier in several ways (Hammarlund et al., 2018). Among other reasons, the level of stigma, real or perceived, mediates one's participation in society, state of mental health, and health seeking behaviour. Its impacts on health seeking behaviour are particularly important to understand because poor health seeking tendencies might affect the overall impacts of drug decriminalisation.

Public stigma, for instance, against PWUD has been observed to deter some from seeking medical help due to feelings of shame or embarrassment (Cumming et al.,

2016). In order to cope with this experience, it is reported that the PWID do not always state that they use drugs. This limits the assistance they get as the underlying factors behind their ill-health are not addressed. In addition to that, most avoid (or at least delay) visiting public health facilities choosing to live with pain than suffer humiliation (Biancarelli et al., 2019). These implications of stigma defeat the entire purpose of decriminalising drug use, making the reduction of all forms of stigma a priority in the fight against drug use.

Discriminating against drug users also results in negative mental health outcomes. Matsumoto, Santelices, and Lincoln (2020) conducted an empirical study with 240 women who use drugs. The research revealed that the discrimination faced by these women significantly increased the severity of mental health symptoms such as anxiety and depression as well as and PTSD symptoms. The same conclusion was arrived at by Couto e Cruz et al. (2018) who conducted a study on 796 drug users. It is reported in this study that frequent discrimination was positively correlated with poor mental health outcomes amongst other adverse health outcomes.

The effective resolution of the challenge of stigma requires a much broader understanding of the subject. This means, research must not focus entirely on the drug users, but also healthcare service providers. It is now known that the attitude of healthcare providers towards patients play a role in the trajectory of any health condition, including the drugs challenge (Sander, Shirley-Beavan, & Stone, 2019; & van Boekel et al., 2013). This has prompted research focussing on the attitudes of healthcare professionals towards PWUD. For example, a study by Natan, Beyil, and Neta (2009) focussing on the attitudes of nurses towards PWUD revealed that, though attitudes are improving compared to previous years, there are still some who are not willing to give PWUD the attention they need. They are seen as second-class patients not worth of undivided attention a health professional is expected to give their patients. In another qualitative study, Biancarelli et al. (2019) reported that drug users who were part of his study population indicated that they often notice changes in how they interact with doctors, once the doctor know that they use drugs.

2.7 Theoretical framework

This section presents the theoretical underpinnings of the study. This is important because, as reasoned by Nilsen (2015) “poor theoretical underpinning makes it difficult to understand and explain how and why implementation succeeds or fails, thus restraining opportunities to identify factors that predict the likelihood of implementation success and develop better strategies to achieve more successful implementation”. The theoretical framework anchoring this study attempt to explain why implementation of policies fails.

Policies, regardless of field, are an integral component of improving lives and livelihoods. All policies are designed to address certain challenges or preventing certain challenges from occurring (Nilsen, 2015). Unfortunately, in many cases, the results of policies are at odds with what the respective policies were designed to achieve. This challenge has given rise to a field of study called Implementation Science. This, Implementation Science, was borne out of a need to address problems associated with failure to implement policies designed to help humanity. In essence, policy initiatives are based on science and, this means, implementing policies can be interpreted as implementing result of several studies used in creating the policies. Implementation science can, therefore, be defined as a study of methods used to promote the systematic adoption of research findings and other evidence-based practices (EBPs) into routine practice to enhance the quality and effectiveness of interventions (Eccles & Mittman, 2006). Also, other terms such as knowledge translation, knowledge transfer, knowledge exchange, research utilization, and knowledge integration are used to describe interrelated and overlapping research on putting different forms of knowledge, including research, to use (Brownson et al., 2017).

2.7.1 The Implementation Fidelity Framework

The theoretical framework deemed relevant to this study is Implementation Fidelity (Carroll et al., 2007). Implementation fidelity simply refers to the extent to which a programme or an intervention is executed as intended (Carroll et al., 2007). It is argued, by Carroll et al. (2007), that measuring and assessing whether an intervention has been implemented with fidelity is the only way practitioners and

researchers can have understanding of why and how an intervention works, as well as the degree to which an outcome can be improved.

The implementation Fidelity framework is quite versatile (Figure 2.1). It can be used when planning a policy intervention as well as to determine reasons why a policy intervention produced the observed results. There are five elements that must be measured to determine the fidelity of an implementation process. These are adherence to an intervention, dose or exposure, the quality of delivery, responsiveness of participants and programme differentiation. An adherence measure of a policy intervention is being defined as intended by the creators of the program. Exposure or dosage measures the amount of an intervention received by the policy users. The dosage can be the number of training sessions held to educate implementers about the policy or the number of individuals trained or any other such metric. Quality of delivery is defined as "the manner in which a teacher, volunteer, or staff member delivers a program" (Mihalic, 2004: 84). Participant responsiveness assesses the extent participants respond to a policy intervention. It involves evaluating perceptions of recipients or participants regarding the relevance or outcomes and relevance of the policy intervention (Carroll et al., 2007). This is also referred to as ‘reaction evaluation’ in literature and is key in any intervention (Bellg et al., 2004). Program differentiation is concerned with the identification of unique characteristics of different parts or policy implementation programs allowing the most important parts of the program, without the policy intervention will not meet intended impacts (Sorensen et al., 1998).

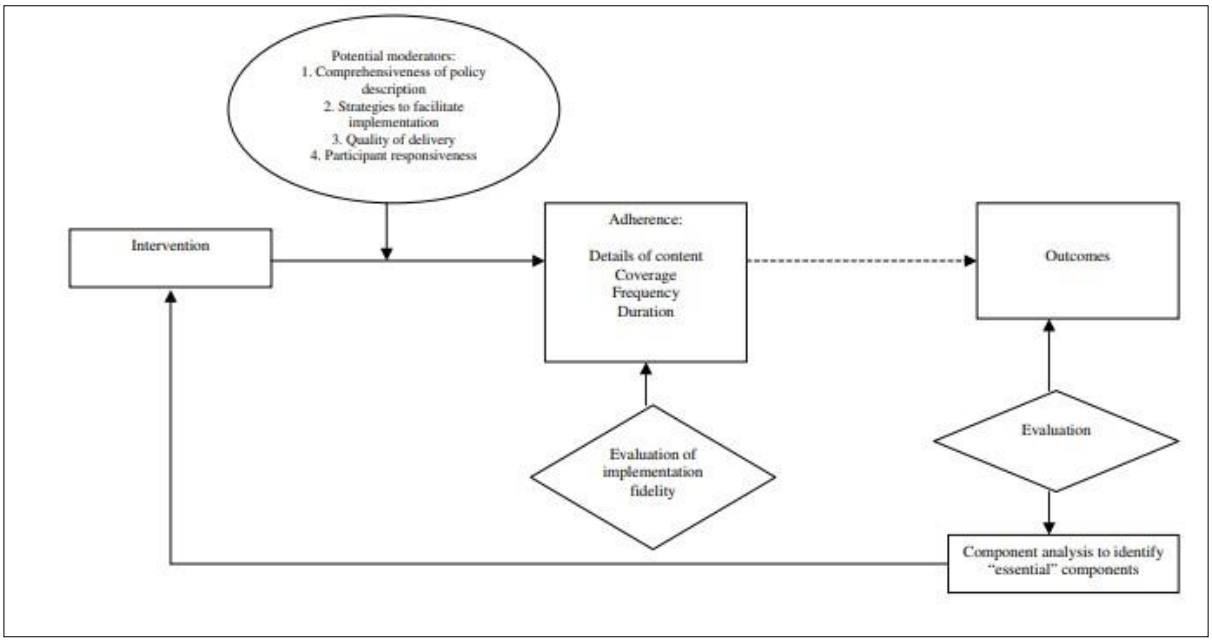


Figure 2.1: Conceptual framework for implementation fidelity (Carroll et al., 2007)

This framework has been deemed relevant in this study because, already, South Africa has a policy document that speaks about harm reduction to some extent, the National Drugs Master Plan. It will be interesting to explore study participants' knowledge about this policy as well as how they got to know about it and how it affects their interactions with drug users in the province. Using this approach, the researcher was able to ask questions related to participants' knowledge of the NDMP and harm reduction in general.

2.8 Decriminalisation theory

Another theory of significance to this study was decriminalization theory. Jenness (2004) argues that in recent years, social scientists have paid increasing attention to problems of criminalization. This theory was adopted from a theory of cognitive dissonance (Festinger, 1962). He further argues that most such attention has focused on the ways in which individuals become criminals (Matza, 1974), although there is some important research on the process by which categories of behaviour become socially outlawed (Becker, 1963). However, few social scientists have shown interest in what might be called social decriminalization, the process by which once forbidden behaviour loses the label 'illegal'. This study has a vested interest on the process of decimalization of drug use in South Africa.

2.8.1 Obsolescence

Forbidden behaviour is formally criminalized by decisions at the legislative or judicial level, effective decriminalization is often first reflected by changes in enforcement patterns (Lempert, 2010a). Frequently, laws remain unrepelled long after active the perceived need for such legislation has passed and long after enforcement of the legislation has ceased. Hence, such laws may be termed ‘obsolete’. Their ability to motivate behaviour is limited, hence their further enforcement may perpetrate corruption and mismanagement by the people trusted with the enforcement (Lempert, 2010b).

2.8.2 Drug and United Nations

In many countries drug control and enforcement activities are the main concern of human rights abuse. Although this is a great concern, the international drug control bodies and International human rights an organisation such as UN still operates in parallel with no collaboration in addressing this challenge (Keehn, 2018). The drug control bodies advocate for states to punish illegal drug use through detention while human rights organisations are encouraging states to opt for decriminalisation of drugs use. Those advocating for detention or punishment provide little guidance on how it should be carried out. Increasingly, the U.N. human rights bodies are providing normative guidance in this regard (Keehn, 2018) and the U.N. General Assembly Special Session on the World Drug Problem in 2016 called for rights-based reform of international drug policy (United Nations Office on Drugs and Crime, 2016). In the interest of human rights, the U.N human rights hosted a thematic session on human rights and drug control in 2015. These discussions were based on a variety of issues including the impact on criminalisation on health care, violation of human rights including the rights of women and children, barriers to rehabilitative care, the impact on prisons and policing, due process and arbitrary detention (Ricciardelli et al., 2015). There is a growing trend for certain entities within the U.N. human rights bodies to urge States to decriminalize the personal possession and use of drugs and ease laws to ensure access to essential medicines for certain medical conditions and situations (Keehn, 2018). Hence, developing countries like South Africa should adopt decriminalisation strategies to drug use.

Based on the above it is clear that the experts have different opinions when it comes to the decriminalisation of drug-use process in South Africa. Although countries like Portugal have reached high strides when it comes to the implementation of drug use decriminalisation, South Africa can adopt few lessons from such countries.

2.9 Conclusion

This chapter presented literature review which was consulted from different scholars. This literature provides the reader with a comprehensive background on different strategies and policies which different countries adopted in fighting the scourge of drug problem in their respective countries. Topics such as harm reduction strategy, criminalisation and decriminalisation of drug use, and stigmatisation were presented in the literature. This chapter also presents a discussion of the theoretical framework within which this study is situated.

Chapter 3: Research methodology

This research study explored the perceptions of experts on the decriminalization of drug use for criminal justice and health in South Africa. The Cambridge dictionary defines an expert as a person with a high-level knowledge or skill relating to a particular subject or activity. For the purpose of this study, experts are people who have five years or more work experience as practitioners and providers of services to people that use drugs in the field of substance abuse. This section of the study discusses the methodology and research design that were utilized for the study. The chapter offers an overview of the interpretivism research approach, highlights how the participants were identified, sampling technique adopted, and the method used for analysing the data. It gives framework of the studies population and the locality of the participants. Furthermore, it gives methods used to ensure protection and safety of the participants. This chapter will also share on what happened during data collection in the field.

3.1 Research method

The research employed by this study is a qualitative research methodology. Qualitative research is a response to the realization that some important aspects of human existence cannot be objectively explored using quantitative research. *Q*ualitative research is exploratory, and it is useful when one intends to gain an in-depth understanding of phenomenon. De Vos et al., (2011) stated that qualitative research reflects on the thoughts, beliefs, feelings, and experiences of the participants. In the context of the drug decriminalization thesis, the debate is ongoing and different individuals are bound to have different opinions and perceptions regarding this topic. It is for this reason that the qualitative approach was deemed more appropriate for the study. It allowed the researcher to gain an in-depth understanding of the topic.

In conducting this research, the researcher employed interpretivism as the underlying research method. Interpretivism says that social phenomenon or the social world can be best interpreted subjectively. In other words, each observer has a different way of looking at the world that may be or may not be the same as the next observer. Interpretivist research philosophy is premised on the assumption that the role of the researcher is to gather information from study participants on how

they interpret the world. The interpretivism philosophy was chosen because the participants in this study, in their interactions with the environment they work in, see things differently.

Furthermore, their interpretation of the world is not only shaped by what they see but also by their working experience. This makes the views of each participant different hence the appropriateness of a philosophy which respects personal differences. This approach also allows one to not only explore the perceptions of respondents, but also to understand 'why' they have that perception (Wahyuni, 2012). This is important in exploratory studies such as this one as it lays a foundation for future studies. Swedberg (2018) describes exploratory research as the process of investigating a problem that has not been studied or thoroughly investigated in the past. This type of research is usually conducted to have a better understanding of the existing problem, but usually does not lead to a conclusive result.

3.2 Research design

The intention of the study was to capture experts' perceptions on the decriminalization of drug use. Currently, there is limited published research on the decriminalization of drug use. Thus, this study selected a basic interpretative study research design to focus on the building of this knowledge. According to Ary et al. (2018) a basic interpretative study provides descriptive accounts targeted to understanding a phenomenon using data that might be collected in a variety of ways, such as interviews, observations, and document reviews. The purpose is to understand the world or experience of people. This strategy was chosen for this study since the goal was to explore experts' perceptions of the decriminalization of drug use as a solution to the drug abuse problem. With this design, the researcher was able to gain rich descriptive information from the participants through interviews on the perspective of phenomenon of decriminalization of drug use. A Basic interpretative study allowed the researcher to describe and interpret experiences.

3.3 Study population

A population is defined as the entire group of individuals from which a researcher seeks to gather information (Banerjee & Chaudhury, 2010). The study population was selected from three Gauteng provincial departments, namely department of

Social Development, South African Police Services (SAPS) and two treatment centres for substance abuse in Gauteng (Witpoort treatment centre and Dr Fabian and Ribeiro treatment centre), these two treatment centres fall under the Department of Health and Social Development. The selected participants were social workers, health care practitioners, and officials from South African Police Services (SAPS). These respondents were chosen on the basis that they were the participants who have expertise on illicit drugs-related issues. Eight Social workers were sourced from the Gauteng province Department of Social Development. Four officials from the SAPS were included in the study. The researcher intended to capture the views of health care workers from Gauteng Department of Health, but due to non-response from health department regarding the permission letter, the researcher then resort in conducting study with health care workers who are attached to treatment centres for substance abuse. Several contacts were done to Department of Health through phone calls and emails with the department of health representatives to no success. Therefore, the researcher believes that the non-responsiveness from this department is attributed to the fact that this study has been conducted during the COVID-19 pandemic. The South African government implemented lockdown regulations in trying to curb the spread of COVID-19, the Department of Health workers, understandable, are very much occupied COVID-19 response.

3.4 Sampling strategy

A sample is defined as a part of a defined population (Banerjee & Chaudhury, 2010), was drawn from the population of social workers at the Gauteng Province Department of Social Development, health practitioners from Witpoort treatment centre and Dr Fabian and Rebeiro treatment centre, and officials from SAPS in Gauteng province.

Purposive sampling was used to select study participants. Purposive sampling is the deliberate choice of study participants due to the qualities, and experience the participant possesses (Etikan, Musa, & Alkassim, 2016). The chosen participants were individuals who had five years and more work experience in illicit drug-related issues and worked with people who use and misuse drugs.

The researcher selected professional social workers, professional nurses, police officials and coordinators of substance abuse programs in the respective selected departments. Due to their working experience, they were able to offer insights that are valuable and relevant to this study. To ensure that only those who meet the inclusion criteria were included in the study, the researcher communicated with managers in the different departments. The managers provided the researcher with a list of staff members with the required work experience to choose from. Most of the participants were referrals from their departments and they were presented with an informed consent before participating in the study.

3.5 Sample size

Sample size determination for qualitative studies is a contentious issue. Generally, qualitative research has relatively small sample sizes if compared to quantitative research. The total number of participants was determined by data saturation. Data saturation is said to have been achieved when no new information is extracted from new participants (Fusch, & Ness, 2015). However, it is good practice to decide, a priori, the number of interviews one will conduct before analysing the data to determine if data saturation has been reached. In this study a total number of 15 participants were interviewed and the breakdown was as follows eight from Gauteng Department of Social Development, three from two treatment centres for substance abuse in Gauteng province, and four members from SAPS Gauteng province.

3.6 Data collection instrument

Data was collected from participants using a qualitative semi-structured interview schedule. Semi-structured interview schedules are among the most widely used data collection methods in social science (Cullen, Bradford, & Green, 2012). They are favoured because they allow the researcher to thoroughly explore subjective viewpoints and understand in-depth accounts of people's experiences (Flick, 2010). Due to COVID-19 restrictions the researcher conducted some interviews through an online platform (Zoom) and when online interviews were not feasible, the researcher conducted face to face interviews. During face-to-face interviews, the COVID-19 research ethics protocols were observed by the researcher whereby personal protection equipment (e.g., surgical masks and hand sanitisers with at least 70% alcohol content) were made available to participants and social distance was

maintained. As such four interviews were conducted through Zoom and 10 were conducted face to face. The interviews lasted between 30 to 45 minutes. The semi structured interviews (Appendix 1,2&3) schedule was developed guided by themes with a focus on the impact of decriminalisation of drug use on the health system and criminal justice. The researcher recorded interviews using a digital recorder and the researcher also took field notes as and when necessary. The researcher recorded the proceedings (what he heard, observed, experienced, and thought) and read through notes taken, followed up and probed more deeply into issues to be able to draw conclusions.

3.7 Data analysis

Thematic analysis was used to analyse the data collected from the interviews. After completing interviews, the researcher listened to the interview recordings, and read through the field notes he took and then transcribed the data into written notes, arranging and sorting the data into different themes.

The data was analysed under the following proposed themes: decriminalisation and health, criminal justice, stigmatization, and socio-economic environment. New themes emerged from the interviews. These themes include professional knowledge on NDMP, implementation of NDMP, advocacy for the decriminalisation of drugs for personal use and other themes.

3.8 Confidentiality and anonymity

Permission to conduct the study was obtained from the Gauteng Department of Social Development (Appendix 4), and SAPS in Gauteng (Appendix 5), and permissions from two treatment centres were received telephonically. Participants were contacted and consent to participate in the study was requested prior to conducting interviews. All the participants signed and dated the consent form (Appendix 6). Participants were fully informed of the voluntary nature and anonymity of the study.

In any investigation event where people are used as participants, there are many ethical dilemmas. Researchers need to exercise care that the rights of individuals and institutions are safeguarded (Polit & Beck, 2012). The researcher did uphold the highest ethical standards. Ethical clearance was received from the University of the

Witwatersrand Ethics Committee before commencement of the study. The ethical clearance number for this research is in (Appendix 7).

Ethical practices that the researcher adhered to include:

- Voluntary participation. Participation was voluntary; no participant was forced to partake in the study (Strydom, 2011). Participants were given a participatory information sheet (Appendix 8) which explains that their participation to the study is voluntarily and if they feel like they want to pull out of the study they can do so.

- Making sure all participants sign an informed consent form prior to data collection. Participants were informed about the purpose of research, that their participation will be anonymous and that the interviews will be recorded. All participants were informed that recordings and field notes will be kept safe in a password encrypted digital files and will only be destroyed after 5 years. After reading of consent form, participants completed, signed, and dated the consent forms prior interviews. Furthermore, participants were encouraged to raise any concern they may have prior or during the interviews. Participants were informed about their rights to refuse or withdraw their participation at any stage of the study. To guarantee confidentiality and anonymity, participants were assured that no one besides the researcher and the supervisor would have access to the recordings. Anonymity will be assured and emphasized. Pseudonyms were used instead of real names.

- Permission letters to conduct research were requested from Gauteng province Department of Social development, the two treatment centres and Gauteng SAPS.

3.9 Research limitations

Due to research principles and its demands, this study had some limitations which need to be noted. Limitations of a study are defined as the systematic bias that the researcher cannot control, and which can affect the usability or quality results of the study (Price & Murnan, 2004). The important limitation to note is that the study was

conducted at Gauteng Province, therefore the results of the study cannot be generalised to other provinces (Bryman, 2016).

Another limitation of the study was a delay in receiving permission to conduct research from Gauteng department of Health. The researcher made all efforts to try and get the permission letter, but he was faced with minimal to no response from the officials who are responsible to issue the permission letters. Application to get permission was also done through National Health Research Database (NHRD) but still no response was received. As a result Department of Health participants were replaced with health professionals from two treatment centres in Gauteng province namely, Witpoort treatment centre and Dr Fabian and Riberio treatment centre.
These are treatment centres which treats people with substance abuse problems. Although these participants were relevant to the study, they had limited knowledge on policy issues, and they could not respond to some of the questions during the interview. Their lack of knowledge on certain issues in this research resulted in a gap which this research encountered. However, their responses were included, but some did not add anything substantial. This is probably because the researcher was not able to identify the appropriate people because of the no response from the Department of Health.

Lastly, considering COVID-19 pandemic and lockdown in South Africa, it was difficult and undesirable to conduct this research more especially face to face interviews. Because during the time of collecting data lockdown regulations were in place and the researcher had to use other alternative such as virtual platform (Zoom) to collect data. Due to this the researcher could not record field notes in interviews which were conducted virtual due to limited access to the field.

3.10 Positionality

Positionality “reflects the position that the researcher has chosen to adopt within a given research study” (Savin-Baden & Major, 2013:71). The researcher is a social worker by profession; he has worked in substance abuse field before. The knowledge and experience that the researcher has in the subject of substance abuse has helped in formulating the interview questions and to be able to probe more during data collection process. However, the researcher did not allow his

experience in the subject to influence the outcomes of this research in that way biasness was avoided.

3.11 Trustworthiness

Qualitative research is described as a non-linear and mostly unpredictable undertaking" (Sinkovics & Alfoldi, 2012:827). The interpretation of the collected data depends on dependability and trustworthiness of such data (Elo et al., 2014). Creswell & Miller (2000) has explained that trustworthiness in research is better explained by four criteria which are credibility, transferability, confirmability, and dependability.

Credibility in qualitative study ensures appropriateness of findings from the point of view of the researcher, participants, and readers' explanation (Creswell & Poth, 2016). To enhance the credibility of this study, the researcher has included verbatim quotations of participants in the findings relating to the experts' perceptions on the decriminalisation of drug use in SA. This study will follow methods of transparency to ensure the credibility of the study.

Transferability is the degree to which the research findings can be relevant to other groupings (Elo et al., 2014). It is about how the researcher can demonstrate the study's findings appropriately to other situations. The strategy to be used by this research to add to transferability is the provision of immense descriptions of the research procedure to the reader (De Vos et al., 2011). The researcher has explained in detail the processes followed to conduct this study. The researcher also provided the full description of sampling selection and research methods of this study. This description makes readers to be reliant on this study and transfer the findings of this study to a similar context.

Confirmability relates to the extent to which the outcomes of the study could be proved by others (Amankwaa, 2016). Since the data of this research will be interpreted it is common practice to ask whether the analysis was confirmed by someone else (Liamputtong & Serry, 2013). To guarantee confirmability, the researcher demonstrated the quality of this research by providing detailed clarification of reasons for theoretical, methodological, and analytical choices; this is done to allow readers to see the relevance and decisions of choosing them for this

study (Polit & Beck, 2012). The researcher followed through all research process when conducting this study. Transcribed interviews were also stored for record purposes.

Dependability refers to whether a study can be replicated by a different researcher and still produces similar results (Liamputtong & Serry, 2013). To ensure dependability the researcher described the process followed when undertaking this study and conducted a peer review to examine the study procedure and analysis of data to guarantee that the study findings are dependable.

3.12 Conclusion

This chapter provided the reader with a detailed description of the methods used in the execution of the study, how participants were recruited, and how data was collected and analysed. The elements to ensure trustworthiness, ethical considerations, positionality, and study limitations were also discussed in this section.

Chapter 4. Presentation of the data

4.1 Sample details

In this study, data was gathered using a semi-structured interview schedule from fifteen participants (Table 4.1). There were eight social workers (SW), three health professionals (HP), and four members of the South African Police Service (SAPS) (PO). This sample was influenced by saturation reached during interviews. This section, therefore, presents findings from the fifteen participants who were ultimately interviewed. The results of the face-to-face and online interviews are arranged into seven themes and accompanying sub-themes (Table 4.2).

Though a lot of information was gathered during the interviews, these section reports themes deemed relevant to the study after considering the main research questions and objectives. Section A of the interview schedule comprised of demographic information, which is information on participants' years of working experience in the substance abuse program as well as their qualification. This was done to indicate the profile of the participants.

4.2 Demographic information

The researcher conducted fifteen interviews with participants from three different, but relevant government departments. Amongst the participants, eight were from the Department of Social Development (DSD), four were from SAPS, and three were from two-substance abuse inpatient rehabilitation centres in Gauteng that are under the Department of Health (DOH). The interviews were conducted between January and February 2021. Each interview lasted for 20 to 45 minutes.

Half of the participants had degrees in their field of work, and more than half (10/15) had between 5 and 10 years work experience in substance abuse programme (Table 4.2).

Table 4.1: Demographic information of participants for the study, Gauteng Province, February 2021

Participant	**Department**	**Qualification**	**Years of work experience on substance abuse programme**
SW1	DSD	Master of Social Work	7
SW2	DSD	Bachelor of Social Work	6
SW3	DSD	Bachelor of Social Work	7
SW4	DSD	Master of Social Work	15
SW5	DSD	Bachelor of Social Work	6
SW6	DSD	Bachelor of Social Work	5
SW7	DSD	Bachelor of Social Work	7
SW8	DSD	Bachelor of Social Work	7
HP1	Witpoort Treatment Centre	Bachelor of Nursing	5
HP2	Witpoort Treatment Centre	Bachelor of Nursing	6
HP3	DR Fabian & Ribero Treatment Centre	Bachelor of Nursing	6
PO1	SAPS	Diploma in Policing	11
PO2	SAPS	Diploma in Policing	12
PO3	SAPS	Certificate in policing and investigation	13
PO4	SAPS	Diploma in Policing	09

4.3 Participants and response rates in interview

The participation rates from participants were encouraging. The participants were willing to engage and provide the information required to achieve the objectives of the study. The researcher received a higher participation rate than expected from the Department of Social Development. The management was supportive in ensuring that the participants avail themselves for the interviews.

Due to their work commitments and busy schedules, time for interviewing SAPS members was very limited. The researcher felt that more information could have been received from these participants. Participants from the Department of Health were willing to give their views on decriminalisation of drug use. However, it was realised that they had limited knowledge on policies and concepts related to substance abuse and, as such, they failed to answer some of the questions. More importantly, they were spared from responding to questions related to the NDMP as they were not familiar with or had ever heard of the document. The researcher had to explain to them the content and objective of the NDMP before continuing with the interviews.

4.4 Study themes

Themes that came out in the study can be put into two categories, proposed themes and emergent themes. Proposed themes are those themes that were based on literature search or that were found by other authors who carried out comparable studies. These are the impact of decriminalisation on (i) on health, (ii) criminal justice, and (iii) on stigma related to drug use. Emergent themes are those themes that came up during analysing interview data. The emergent themes that were identified in this study are participant's knowledge of the National Drug Master Plan (NDMP), implementation of the NDMP and advocacy for the decriminalisation of drugs for personal use (Table 4.1).

Table 4.2: The proposed, emergent themes and sub-themes for the study

PROPOSED THEMES	**EMERGENT THEMES**	**SUB-THEMES**
The health impact of drug use	Participants' knowledge of NDMP	• Social workers understanding of NDMP • Safety and security officials understanding on NDMP • Health professional's knowledge of NDMP
	Implementation of National Drug Master Plan	• Good policy versus Poor implementation • (In)effectiveness of NDMP • Stakeholders' involvement
Decriminalisation of drug use in South Africa	• Understanding of decriminalisation of drug use • Advocacy for the decriminalisation of drugs for personal use • Drug policy benchmarking • Adoption or applicability of Portugal drug policy in SA • Undertaking decriminalisation of drug use process	
Stigma faced by drug users	• Societal stigmatisation on drug users	• Stigma mitigation
The impact of Decriminalisation on the Criminal Justice	• Criminal justice	• Non-violent drug users versus violent drug users

4.5 Themes emerging from the interviews.

The thematic analysis yielded several emergent themes and the proposed themes, extracted using literature, were also confirmed. These emerging themes and proposed themes are presented below in detail.

4.6 Participants' knowledge on NDMP.

The NDMP is a strategic document drafted in accordance with the stipulations of the Prevention of and Treatment for Substance Act (No.70 of 2008). It documents plans on how South Africa should respond to substance abuse problem as set out by the United Nations Convention and other international bodies. It can, therefore, be argued that understanding and appreciating the role of decriminalisation of drugs in South Africa requires one to be conversant with this policy document. This is because it mentions drug decriminalisation and, to some extent discusses why it is an option worth pursuing in South Africa. This theme, therefore, sought to establish the participants' knowledge and understanding of the National Drug Master Plan (NDMP).

4.6.1 Social workers understanding of NDMP.

This sub-theme is concerned with understanding the extent to which social workers understands the NDMP. Regarding the question on the understanding of NDMP, almost all the participants from DSD indicated that they are familiar with the NDMP. However, it is also evident they do not know as much as one would expect from social workers interacting with drug users. Supporting this assertion, participant SW5 had this to say when asked about the NDMP:

> "*Yoh (laughs), that document, I know about it, but I have never read the entire document. No, I have never been workshopped about it. I only remember that I use to attend the Local Drug Action Committee which was governed by the document (NDMP)" (SW5, February 2021).*

In addition to what was said by participant (SW5), participant (SW1) from same department indicated that she was aware of the document but had concerns that other colleagues were not aware of the document. She said:

"*I don't remember sitting down with my colleagues and planning how we are going to implement each and everything that is in the NDMP, they (colleagues) are not aware of it" (SW1, February 2021).*

In support of the other participants, participant (SW7) said that:

"Yes, I know it, I have read it. it stipulates the plans on how the country should deal with substance abuse problem" (SW7, February 2021).

4.6.2 Safety and security officials understanding on NDMP.

Participants from SAPS were not aware of the NDMP. All the four SAPS participants knew nothing about the NDMP. Two participants (PO1 and PO2) had the same response to the question on the knowledge of the NDMP. PO1 answered as follows:

"No, I don't know the document (NDMP)" (PO1, February 2021)

4.6.3 Health professionals' knowledge on NDMP

The three participants from two rehabilitation centres were also not aware of the NDMP. Participant HP1 said:

"No, I have never heard about it". (HP1, February 2021)

HP2 said *"I never came across it" (HP2, February 2021).*

From the responses it is evident that members of the SAPS and DoH had no knowledge of the NDMP, this might be because they are more involved into operational and clinical work rather than policy operations. Although participants from DSD were aware of this policy document, they had limited knowledge on its content.

4.7 Implementation of the NDMP

This theme was deduced from the question that was deposited by the researcher which enquired about the effectiveness of the implementation of NDMP. While most participants acknowledged the awareness on the NDMP, it was however evident that there are considerable number of challenges observed or experienced by participants in relation to the implementation of NDMP. Sub-themes will be presented in full below.

4.7.1 Good policy versus Poor implementation

It was evident from the few participants' assertions that generally NDMP is a progressive document, and they continue to complain about the difficulty in implementing it because its implementation is dependent on many factors such as the involvement of other sectors. Moreover, there are lot of logistics involved to practically implement the document effectively. One of the participants reported the following when asked about the effectiveness of NDPM in addressing drug related issues.

> *"Personally, I think the policy (NDMP) is quite good, it is quite solid, I worry about the implementation thereof by us professionals. Like as social workers, do people even understand it, because even now I know there is a new one in place, how many of us are aware of that and how many of us are implementing that in our daily scope of work. So yes, the policy itself is quite good in writing. I have gone through it. Even during the launch of the new one, I attended the ceremony wherein they were telling us about new changes in it. You can tell that it is not something that we use in our daily basis, even when we work with people with substance abuse challenges. For me it is implementation that I am worried about. I do not think it is there yet." (SW1, January 2021)*

The above sentiments were further corroborated by one of the participants who highlighted that the document is well drafted, but implementation remains a challenge. The participants' views are captured as follows:

> *Well, I think the NDMP is a perfect document on paper, it shows how the nation is planning to tackle the substance abuse problem. But it's all different story altogether when it comes to implementation (SW2, February 2021)*

4.7.2 (In) effectiveness of NDMP

This sub-theme arose because of the researcher's enquiry into the effectiveness of NDMP on the fight against substance abuse. Some participants felt that the policy was effective regardless of the poor implementation while others felt that the poor implementation affected its effectiveness. All participants from all three institutions

agreed that for the current drug policy to be effective a lot still need to be done. SW3 highlighted that:

> *"Because I work with substance users, I do not think the current NDMP is really relevant in South Africa. I do not know if it is not being used properly or they are not using it. It is not effective" (SW3, February 2021)*

In support of the policy being ineffective participant SW2 stated that the NDMP is well written plan. But the poor implementation of the plan makes it ineffective. This is what participant (SW2) said:

> *"Eh, well I think the NDMP is perfect on paper. On paper is wonderful, how the nation is planning to curb substance abuse and its effect, but then it is a different story altogether when it comes to the implementation thereof. Especially on ground level, when I mean on ground level I mean on our level because is where implementation is. So, if I can give an example, the NDMP has a lot of, ah sections that talks about the local drug action committees (LADC) those were the committees that used to run in the communities where different stakeholders come in and they discuss different substance abuse related issues. It is however not done as stated in the policy, some stakeholders are not committed. So, there are lot of things that are done on the ground level that makes what is on the NDMP to be less effective." (SW2, February 2021)*

In support of both participants SW2 & SW3 Participant SW4 also shared her experience on participating on some of the plans that are documented on the NDMP. This plan includes formulation of Local Drug Action Committee (LDAC) in all spheres of government. This is what participant (SW4) highlighted:

> *"The NDMP is a good document but then it has its own challenges and mostly the challenges are with regard to the implementation. I was involved in the LADC, which is when we realised that not everything that is in there is being implemented and if it is implemented it is not implemented accordingly. In general, it is a good policy document". (SW4, February 2021)*

Although health professionals were not aware of the NDMP, when asked if the approach used to deal with substance abuse problem was effective, one respondent (PH2) shared that:

> *"From my view and experience….eh what can I say. It is effective within the facility. But the problem is, once the patient is being discharged outside the facility that's when they get tempted. Within the facility we do our best to rehabilitate drug users". (PH2, February 2021).*

4.7.3 Stakeholders involvement

It emerged in this research that there is lack of cooperation among the stakeholders who have interests in the outcomes, processes, and implications of the implementation of NDMP. These stakeholders included family members, society, community members and NGO's who have the responsibility to play an active role in the fight against substance abuse. Other stakeholders include government departments whose contributions to the implementation may be significant for policy fruition. Participants highlighted the importance of involvement of these stakeholders for successful implementation. Participant SW4 highlighted the following:

> *"Then if all stakeholders are not on board, then it makes it useless. Because then if it's not implemented the way it's supposed to be, then there's no use of it" (SW4, February 2021).*

Another participant highlighted that some of the departments who are meant to play an active role are lagging and are too relaxed because their managers are not pushing them enough to be actively involved. This assertion is captured below as follows:

> *"You end up with departments lagging behind because there is nothing that pushes them. There is no directive from their managers. If it can come from those levels, then I think we will be able to have less challenges at the operation level" (SW8, February 2021).*

Moreover, the participant 's views were further echoed by participant (SW2) who said stakeholder are no longer active in the implementation of the NDMP as they used to previously, and this lack of involvement results in ineffectiveness of NDMP. The participants' views were captured as follows:

"As I was saying, there are many stakeholders that must implement NDMP, but many of them are not doing it. Each stakeholders need to play their role to bring change" (SW2, February 2021)

When participant (SW2) was asked about how the implementation of NDMP should be improved the participant alluded as follows:

I do think communities must be more educated about NDMP and the implementation can start from the schools and expand to other institutions.

Campaigns must be formulated, and community outreach programs promoted. (SW2, February 2021)

4.8 Decriminalisation of drug use in SA

The intention of this theme was to ascertain, from the perspective and professional experience of the participants, their views on the decriminalisation of drug use in SA. This theme was sourced from the purpose and objective on this study. On this theme, the participants were asked about their understanding of decriminalisation of drug use. The theme produced three sub-themes which are; the understanding of decriminalisation of drug use, advocacy for the decriminalisation of drugs for personal use and drug policy benchmarking.

4.8.1 Understanding of decriminalisation of drug use

In this theme the researcher aimed to find out the participants' understanding of the decriminalisation of drug use. Some of the participants had no knowledge of the concept of decriminalisation of drug use. Most of the participants who understood decriminalisation were from DSD and SAPS. Participants from DoH did not understand what decriminalisation meant and could not answer the question.

Few participants were able to share their understanding of what decriminalisation of drugs use means. Participant (SW1) said:

"I know that around 2018, I think there was a Constitutional Court ruling about decriminalization of cannabis, meaning that people can start using it in their private spaces, so with that it gives you freedom to use in your own private space. People say it is for health use, but I mean really, (laughs). And I think

SA is amongst the first countries to allow decriminalization of cannabis" (SW1, January 2021)

In response to the same question Participant (SW2) had this to say:

"I understand that it means that substances should be used legally without criminalising people who use it". (SW2, February 2021).

Participant SW3 said:

"My understanding is that eh ... when they say that drugs are decriminalised is that they are still illegal, but they can be used for personal use or for private use. So that means if they still catch you outside in possession, selling or buying they can still arrest you for that." (SW3, February 2021).

From the SAPS, participant PO3 thinks that decriminalisation mean that:

"It means that it will no longer be a crime to use drugs". (PO3, February 2021)

4.8.2 Advocacy for the decriminalisation of drugs for personal use

This theme aimed to establish the professional views of those who support decriminalisation of drugs for personal use and those who did not support it. Most of the participants were in support of decriminalisation of drugs for personal use, however, they contend that there should be strict laws and conditions governing that. These conditions included the need for more human resources, enough rehabilitation centres, and successful prosecution and incarceration of drug dealers. In support of the decriminalisation of drug for personal use, participant SW3 said that:

"I will advocate for decriminalisation of drugs for personal use policy. Let me give you an example, when these youths, because most of them are youth, when these youths are caught in possession of drug, they are taken to prison. Some of them do manage to get out of prison with a court order (J7) that says they will finish their sentence in a rehabilitation centre. Although they go and finish their programme in rehab, their names are already tarnished because of a criminal record and there is nothing much you can do to help them. So why not take them straight from the streets to rehab and get them help instead of passing them through the prisons where they will first get a criminal record

and because of criminal record their future is ruined. It becomes very difficult for them when they go back to society to make a living because of the criminal record" (SW3, February 2021).

In support of SW3, SW6 had this to say:

"Yes, like for example there is a section 33 of the substance abuse Act enforcing involuntary admission to rehab. In which you get a court order which forces you to complete the rehabilitation programme. Remember that our rehab centres are for voluntarily use so if you want to go out at any stage you are allowed, so if they can use section 33 with that court order that if you are found in possession of drugs and they assess you and they find that you have a drug problem and then send you for rehabilitation. You get a court order that forces you to complete the programme and they make it compulsory to attend aftercare services and regularly test for drugs. This is to prevent people from relapse. I think it might be effective". (SW6, February 2021)

Participant (SW7) added by saying that:

"I would rather, very much so advocate for much stricter laws for those who supplies". He further said "absolutely, I would advocate for decriminalisation of drugs for personal use". (SW7, February 2021)

PO2 in support of decriminalisation of drugs for personal use said:

"Yes, I can. Looking at most drug users they are our youth, this thing is happening too much in youth. If you can check, majority of South African youth have a criminal record because of that. So, if we implement decriminalisation, the youth will not have a criminal record. The criminal records ruin their future". (PO2, February 2021)

Another participant from SAPS said:

"As an officer, when I find the person with drugs, instead of arresting them, there should be a place where I can take them for rehabilitation" (P01, February 2021)

Some participants were against the decriminalisation of drug possession for personal use. To highlight their view on this matter participant SW1 said:

"Because some are more harmful than others, I mean really, ok we do have drugs that people use for medication purpose, but they still struggle to get the right dosages, so now imagine if people can be allowed to use drugs such as tik, cocaine however they would want to use it, imagine the country we will have" (SW1, January 2021)

In support of SW1, SW4 said:

"Decriminalisation of drugs for personal use will make things worse in our country. I do not think such policy can work here. Looking at circumstances around here, all social ills, there is poverty, there is HIV, I think there is a lot. People here are frustrated, there are lot of problems here" (SW4, February 2021).

4.8.4 Drug policy benchmarking

This theme aimed to understand the participants' views regarding the benchmarking of drug policies from countries that are successfully curbing the spread of drug abuse through the implementation of decriminalization of drug use policy. The example presented to participants was a scenario of Portugal drug policy in which they are implementing decriminalisation of drugs possession for personal use. Most participants were supportive of having a similar approach to be used in South Africa.

"That policy will actually be the best policy. It would mean that eh…obviously there would have to be testing involved. They would determine if you go to the panel or not. I think people should get professional help instead of throwing them into jail." (SW3, February 2021).

Participants indicated that since people are arrested several times in possession of drugs for personal use, the policies we have in place seems not to work. Drug use remains high. Exploring alternative policy approaches might yield positive results:

"I think Portugal system is brilliant, now that you mentioned it to me, but looking at our country do we have the means to take people through such a process. Are our services readily available for that? Are people able to access that? Do we have enough social workers to do what they are doing? Our health system, do we have enough capacity to deal with that. I think if we

have enough capacity and resources to implement similar policy, it will be brilliant, considering that drug use remains high no matter how police are arresting people. It means that there is something that we are not doing right, especially now that you mentioned that Portugal system involves sitting down with the person found with drugs in a multidisciplinary team. It would work quite well even here, because if you take a drug user and sit down with them, you will see that drug use is not actually the root cause, but actually there might be something deeper that the person is dealing with which makes one to run to drugs, like the person might be dealing with rejection at home that leads them to drug use, so having to connect them with the correct type of resources instead of giving them a criminal record will actually work quite well. You will be able to connect the person to the correct resources, so it's a great system but here in SA we do not have enough resources to implement it (resources such as human capacity, tools of trade). Even treatment centres do not have enough space". (SW1, January 2021).

Availability of resources is critical for the successful implementation of an approach like the one used in Portugal. All drug users can be assessed, and proper interventions put in place:

"Yes, it can be utilised in South Africa in a way that if we get those professionals, we can be able to assess all drug users. Because even here at the centres those who comes through court order from the prosecutor finish their rehabilitation program". (PH2, February 2021)

Some participants felt that South Africa has a lot of issues and challenges which will make using a policy approach like Portugal ineffective.

"I just feel that in South Africa. I do not think it will work. There is just a lot going on" (SW4, February 2021).

4.8.5 Undertaking decriminalisation of drug use process

The connotations below highlight the views of participants on how decriminalisation of drug use can be undertaken. Different views came from participant who felt that for a country such as SA it will be difficult to implement the decriminalisation of drug use. The participant views were captured as follows:

"In our country…yoh it will not work here, because if we want to implement it, we will need to have many rehabilitation centres and they need lot of money to build them" (SW6, February 2021)

Similar view was shared by participant (SW8) who added by saying that:

"Then it means we should have many rehabilitation centres to treat drug users and we should also hire social workers, nurses, and prosecutors, maybe if we can do that it will work" (SW8, February 2021).

With regards to similar question a participant from SAPS has this to say:

"To implement this thing (decriminalization) it means that we need to strictly secure our borders, because many drug dealers will come here to sell drugs because drugs will be free to use here in SA" (PO4, February 2021).

4.9 Societal stigmatisation on drug users

This theme deals with participants' thought and views on stigmatisation of people who use drugs and how the stigma can be avoided. All 15 respondents agreed that there is a societal stigma against people who use drugs. 12 out of the 15 respondents who responded to this question were of the view that stigma contributed to relapse of rehabilitated drug users. Respondent (SW4) alluded that the cause of stigma is because people are tired of the crimes resulting from drug use.

"I think what contributes to stigma is the way they (drug users) conduct themselves when they are using. Remember they steal, they kill, they do a lot of things. I think the stigma is associated with their behaviour. I do not know if our awareness campaigns are doing much in terms of that because we teach communities not to stigmatise people who are using drugs, instead to just give them support. Because even if they go to rehab, if we continue to call them names, when you are out, they still call them nyaope boy. It destroys you as a person and you go back to using drugs" (SW4, February 2021).

Respondent (HP2) supported that there is stigmatisation of drug users. He stated that:

"They keep on going back to the same life because of stigma. The person feels that no, even when I change my life to be a better person, they still call me by that druggie name. So why should not I not just keep on using drugs" (HP2, February 2021)

Respondent (HP3) also added in this view and said that:

> *"Due to this stigma, drug users are afraid to come out and seek health care. Most of them are non-adherent to treatment. As soon as they leave rehabilitation facilities, they are called names and no one takes them seriously" (HP3, February 2021).*

4.9.1 Stigma mitigation

Answering to the question of what should be done to avoid stigma, participants responded by giving stigma mitigations. They suggested mitigations by participants to avoid stigma were the involvement of families and conducting more community awareness campaigns. In support of both mitigations, participant SW1 stated that:

> *"We need to go to communities to talk about this. The communities do not understand all this, but if we go and teach the communities and make them understand, they will be more supportive. We need to get community leaders to be supportive then the members will follow. Sometimes back the City of Tshwane municipality used to arrange such events where people will be invited in a hall and information be shared with them. Even families that are affected by drug problems will be there and all that as family need to do to show support to someone who needs help to quite drugs, this was wonderful events that we need to do, teach communities to support individuals than stigmatize them. Educate communities more" (SW1, January 2021)*

Another participant (SW3) who is a social worker shared that the contributing factor to stigma is the family's failure to understand and support one of their own when they are using drugs. Furthermore, treatment centres are more client orientated with less involvement of the family:

> *"When we do treatment, we focus more on people who are using drugs. I think also educating the community in general will help them understand that these are people with substance use disorders. They will understand that they are sick and need health attention. The families that are stigmatising against their own members who are using drugs need education". (SW3, February 2021).*

4.10 Criminal justice

This theme aimed to establish the views of SAPS members on how the criminalisation of drug use affected their work. The respondents recommended that harsh sentences should be imposed to drug dealers.

> "*Aah… personally on the side of the justice, there is nothing that is being done. We at the SAPS level we just arrest for the sake of reaching statistic.*
>
> *We have to report on statistics and have targets to achieve. But when those people reach there (court), they are released. They do not keep people for 3 months in cases of drug abuse". (PO3, February 2021)*

Another view was that corruption amongst some police officials has a negative impact on efforts to fight drug related crimes. Participant (PO1) shared that:

> *"Corruption…. like how do I put it, I wish people can be the same, I mean the officials, like if I find a person in possession of lots of drugs, I must be honest and do my work without taking bribes, there is corruption in our work" (PO1, February 2021).*

4.10.1 Non-violent drug users

Due to some of the drug users being non-violent, actions of police are different. Some police officers felt that it is injustice to arrest people who are non-violent and have a small quantity of drugs:

> *"I as a policeman I no longer just arrest a person when in possession of small amounts of drugs. I prefer to speak to the person first to establish why they use drugs. I feel pity to just arrest a young person because they will have a criminal record. This will impact on their life forever". (PO4, February 2021).*

Sometimes police officers take into considerations the impact that the arrest can have on individuals' future employment opportunities. People who use drugs need help rather than incarceration. This view was shared by participant (PO4) from SAPS who shared that:

> *"It is sad; these people do not contribute to crime. They should be helped instead of being given a criminal record, understand? Because yes, you meet*

a person who only smoke drugs and arrest him. Although some become lucky when cases are withdrawn. For those who do not get lucky, and their cases are not withdrawn, they do not get any help. We just destroy the country if I can put it that was. We should try other options before we charge them. Some of them need help and they don't know how they can get it" (PO4, February 2021)

In contrast with the latter participants, PO1 highlighted that it is justifiable to arrest a person found in possession of drugs for personal but are non-violent. Drug possession is classified as a crime; hence arrest is justified:

"It doesn't mean we are arresting them because of violence, we are arresting them for the possession of drugs. They are breaking the law by using the drugs because that drug is illegal" (PO1, February 2021).

4.11 Conclusion

This chapter revealed different views and perceptions from different experts. They revealed interesting and emergent themes. Themes such as; knowledge of participants on the current plan that SA is using to deal with drugs problem was presented. The decriminalisation of drug use concept brought different views from experts who were interviewed. The findings are discussed in the next chapter.

Chapter 5: Discussion

5.1 Introduction

This study examined experts' views on the decriminalisation of drug use in Gauteng province. The data collected were analysed using thematic analysis and presented using tables as well as verbatim quotes. This chapter discusses the implications of the results and, also, present suggestions on areas that may need improvement to enhance the effectiveness of interventions designed to address the drugs challenge in South Africa.

This chapter will therefore discuss the implications of the extent to which respective professional, SAPS, Social Workers, and Health practitioners, are conversant with the National Drug Master Plan (NDMP). It will also discuss, decriminalisation of drug use using South African context, the perceptions of substance abuse in South Africa and stigma associate with drug-use.

5.2 Knowledge on National Drug Master Plan (NDMP)

The United Nations Drug Control Programme (UNDCP) defines a drug master plan as a single document covering all national concerns regarding drug control. It summarises national policies authoritatively, defines priorities and allocates responsibility for drug control efforts. In essence, a drug master plan is a national strategy that guides the operational plans of all departments and government entities involved in the reduction of the demand for and supply of drugs in a country. The NDMP, as set out by the Department of Social Development, is aligned to the vision of drug master plans advanced by UNCDP. It elaborates on the strategies that South Africa must explore to combat substance abuse. Unfortunately, findings from this study suggest that there is a general lack of knowledge regarding the NDMP by some of the stakeholders, whose mandate requires then to interact with, and possible assist, drug users.

The decriminalisation argument, to a greater extent, is premised on the idea that the drug problem is a social problem and professionals trained to assist with social problems, such as social workers, must be on the forefront (Herold, Rand, & Frank, 2019). It is therefore not surprising that the NDMP stipulates that the responsibilities of social workers in the DSD are to combat drug problems through demand and

harm reduction interventions. Demand reduction interventions includes the interventions through educational and communication campaigns to groups and communities against drug abuse, whereas harm reduction includes treating the harm caused by drugs through different programmes. In this study social workers were knowledgeable about the content and their role as stipulated in NDMP. For instance, SW7 said that *"Yes, I know it (NDMP), I have read it. It stipulates the plans on how the country should deal with substance abuse problem" SW7, February 2021.* Unfortunately, addressing the drugs challenge is not a prerogative of the social workers alone. They need input of other organisations, such as the police.

Traditionally, the police have been on the forefront of dealing with the drugs challenge. This is because drug policies, in South Africa and abroad, promoted the incarceration of drug users as the only viable way of dealing with the drugs challenge (Gonçalves et al., 2015). If decriminalisation is to overtake criminalisation as the preferred way of addressing the drugs challenge, then the police must be conversant with the whole decriminalisation argument.

Unfortunately, the study revealed that the members of SAPS had no knowledge of the NDMP and, it can be concluded that the decriminalisation debate within the organisation is not as alive as it should be. For instance, PO1 said that "No, I don't know the document (NDMP)" *PO1 February 2021*. This is not ideal because discussions and debate on contentious and radical policy, such as decriminalisation of drug use, are important to shape the policy direction of governments or other organisations (Capano & Howlett, 2009). Sabatier (1988: 130) argue that "the interaction of specialists within a specific policy area, as they gradually learned more about various aspects of the problem over time and experimented with a variety of means to achieve their policy objectives" is very important for policies to change and, hopefully, achieve overall good for mankind. If one component of the system is not up to the task, then it can be argued that policy change will be difficult to achieve.

The health sector is amongst the important stakeholder in the fight against drug abuse. This is because the drug problem is intimately associated with both physical and mental health challenges. In South Africa, the role of the health sector is largely confined to harm reduction intervention through the provision of treatment centres offering services to drug users (Department of Social Development, 2013). In this

study nurses attached to the two treatment centres reported that they do not have knowledge on the NDMP. HP1 alluded that *"No, I have never heard about it (NDMP)" HP1 February 2021*.This is rather unfortunate given the relationship that exists between drug use and certain health outcomes such as hepatitis B.

Similar findings were made on a study conducted by Griffiths & Meredith (2009), in which he made a finding that nurses reported to have little knowledge about substance use problems, and they felt that they do not have sufficient skills to provide care to substance abuse patients.

5.3 Implementation of NDMP

This theme focuses on the perspectives of study participants, social workers, police officers and health practitioners, on the implementation of national drug master plan. The researcher wanted to find out how participants understand and view the process of implementing the NDMP and wanted them to verbalize their own experiences regarding NDMP. It is important to understand the implementation process of any policy. Most participants were found to be aware of the existence of NDMP and so could talk about their experiences. During the interviews, the participants were asked the question, 'what is their professional understanding of the effectiveness of NDMP'? It was evident from the participants' narrations that NDMP is a very good policy, however it is difficult to implement because it requires cooperation of other stakeholders and as well as expertise from the participants. SW1 highlighted that *"Personally, I think the policy is quite good, it is quite solid, I worry about the implementation thereof by us professionals. Like as social workers, do we even understand it? Because even now I know there is a new one (NDMP 2019-2024) in place, how many of us are aware of that? And how many of us are implementing that in our daily scope of work?" SW1, January 2021.* Taking into consideration in the South African context, the participants felt that the NDMP is not effective. For instance,

SW3 said that "*Because I work with substance users, I do not think the current NDMP is relevant in South Africa, I do not know if it is not being used properly or they are not using it. It is not effective" SW3, February 2021.* This agrees with the views of Mbulayi and Makuyana (2017) who stated that the NDMP is poorly implemented in South Africa. The poor implementation as perceived by Mbulayi and

Makuyana (2017) is a reflection that the NDMP was not delivered in a quality manner hence the study participants' non-adherence to the implementation of NDMP which led to professionals not responding positively to implementing it. According to Mbulayi and Makuyana, (2017) there is poor delivery of NDMP in South Africa because of corruption, lack of funding, poor boarder management, and neglect of harm reduction strategy. The ineffectiveness on the implementation of NDMP as alluded by the participant is justified by the theory of implementation fidelity which stipulate the critical steps and process for quality of deliverance. The theory emphasise that it is pivotal to take into consideration how the response will be regarding the implementation of such a policy. It is clear that lack of knowledge of the existence of this policy by professionals is due to poor strategies used to facilitate the implementation of this policy which is a critical step to have been applied when the policy was introduced.

Relying on the comments made by the participants, it can be argued that the poor implementation of the NDMP is a result of some stakeholders who are important in fighting the drugs challenge, not knowing much about the NDMP hence they may not fully appreciate the whole concept of decriminalisation as a form of harm reduction. *SW4 said that "If not all stakeholders are not on board, then it makes it (NDMP) useless. Because then if it is not implemented the way it is supposed to be, then there is no use of it" SW4, February 2021.* For instance, as already discussed, members of SAPS are not very conversant with the NDMP hence will not consider importance of decriminalisation as a harm reduction strategy. Their only option will be to incarcerate drug users and may not refer the cases to social workers for further assessment, and proper and or relevant intervention as justified by the theory of decriminalisation. The theory in a way suggest that substance users should not be viewed as criminals rather people with health problem which needs attention of various stakeholders such as social worker, medical practitioners, and engaging law enforcement fraternity. It has long been proven that in most cases with social implications, police decisions tend to harm victims more than if a social worker was given a chance to handle the case (Mandel et al., 1995). It can, therefore, be argued that there should be greater cooperation between the police and social workers, and this can only be achieved if the police are aware of alternatives to incarceration when dealing with cases involving drug use.

5.4 Decriminalisation of drug use in SA: Prospects and opportunities

The first objective in this study was to explore the perceptions of substance abuse experts on the decriminalisation of drug use in South Africa. Generally, the participants had slightly different understanding of the meaning of decriminalisation of drug use. For instance, PO3's understanding of decriminalisation was that *"it means that it will no longer be a crime to use drugs" PO3, February 2021.* SW2's understanding of decriminalisation was that *"I understand that it means that substances should be used legally without criminalising people who use it" SW2, February 2021*. However, what was interesting was the realisation that several of them were against putting people in prison for being found in possession of illegal drugs for personal consumption. For example, SW3 said that *"I would advocate for decriminalisation of drugs for personal use policy. Because most of the drug users are youth who get caught in possession of drugs and taken to prisons. When you take them to prison you give them a criminal record that tarnishes their names. This makes it difficult for them to find employment after they are released. So, it is better to take them from the streets straight to treatment centres" SW3, February 2021.* This can be taken as an indication that the various stakeholders are willing to engage in deliberations regarding the decriminalisation of drug use which will be beneficial to the future young people of this country.

In assessing the prospects and opportunities that decriminalisation has for South Africa, one can interrogate some of the responses given by the participants. Some members of SAPS, for instance, already practice what can be congruent with the decriminalisation agenda. Two of the participants indicated that they feel the possession of a small quantity of drugs must not be viewed as a crime and arresting individuals found with such quantities can be more detrimental to the individuals. PO4 said *"me as a policeman I no longer just arrests a person when in possession of a small quantity of drugs. I prefer to speak to the person first to establish why they use drugs. I feel pity to just arrest a person because they will have a criminal record. This will impact on their life forever" PO4, February 2021*. One participant, however, felt that they should be arrested because that is what the law stipulates. This participant said *"We are arresting them for the possession of drugs. They are breaking the law by using drugs because drugs are illegal" PO1, February 2021.*

Though there is no overall agreement regarding how police must process people found with small quantities of drugs, the fact that some law enforcement agencies have already shaped their interactions with these people in a way that is aligned to the decriminalisation agenda means the issue might not be as controversial as one might think.

The softening of approach by some members of SAPS is, to some extent, expected in society given the fact that opinions and views on the decriminalisation of drug use are shaped by one's personal history towards substance abuse or ones religious or political principles (Hammond et al., 2020). Having said that, it can be further argued that all that is needed to make decriminalisation of all drugs, not just marijuana, a policy reality is to have wider discussions involving all stakeholders and ensuring that the policy is well formulated with clear strategies on how the rollout or implementation should go about so at to make sure that implementers are fully trained on it (policy). The proper training of such policy before implementation will produce good response and adherence by the policy implementers.

5.5 The role of advocacy in policy changes

Advocacy is central to policy changes. This is because it brings to the fore issues that otherwise are hidden and stimulate debate which might result in policy changes (Gardner & Brindis, 2017). This study revealed that most of the participants are willing to advocate for the decriminalisation of drugs for personal use. For instance, SW7 said *"I would rather very much so advocate for much stricter laws for those who supply drugs. Absolutely, I would advocate for decriminalisation of drugs for personal use" SW7, February 2021*. Some of the participants, basing on their experience with the implementation of NDMP, indicated that there is a need to first ensure that resources are gathered before the country can embark on a policy shift. To highlight the need for resources SW8 alluded that *"It means that we should have many treatment centres to treat drug users and we should also hire social workers, nurses and prosecutors. Maybe if we can manage to do that, it will work" SW8, February 2021*.Their willingness to advocate for decriminalisation of drug use was based on the view that the criminalisation of drug use in South Africa has not yielded any results.

This phenomenon is not unique to South Africa. In a study conducted in the US, Crowley and Kirschner (2015) reported that as much as 67% of participants advocated for alternative ways of dealing with individuals caught with drugs for personal use. They supported treatment focused programmes that included treatment and aftercare services. Also, a focus group discussion conducted in Australia found heterogeneous opinions on the decriminalisation of drugs for personal possession and use. Those in support of decriminalisation of drugs highlighted that medicalisation approach can be the best solution for people caught in possession of drugs for personal use. In Africa, a consultant for human rights and drug policies in Ghana supported decriminalisation of drug use. They stated that there should be distinction between how we treat drug traffickers and drug users. The harsh sentences should be for those who traffic drugs and have an alternative approach (decriminalisation) for the drug users (Bridge & Loglo, 2017).

It can be argued that several practitioners in the field of drug abuse might believe decriminalisation is a viable option. However, without advocacy to push for this approach to be implemented, nothing is likely to change. Participants of this study are therefore justified in claiming that resources need to be availed for them to effectively advocate for policy change.

It must be noted that there are also some participants who were against decriminalisation of drugs for personal use indicating that social circumstances in South Africa are not supportive of decriminalisation. For instance, SW4 said that *"Decriminalisation of drugs for personal use will make things worse in our country. I do not think such policy can work here. Looking at circumstances around here and all social ills. There is poverty, there is HIV, I think there is a lot. People here are frustrated; there are lot of problems here already". SW4, February 2021.* There were concerns that more social problems will arise if the country shifts towards decriminalisation of drugs for personal use. Similar arguments were reported in Kenya where critics of decriminalisation were concerned about the impact that decriminalisation will have on the society's moral standards (Chesang, 2013). They further stated that based on the social problems in the country, decriminalisation will bring more problems than solutions.

In Ghana critics for decriminalisation argue that there would be an increase in drug use and abuse in the country due the policy shift (Bird, 2019). This was also supported by one of the criminal expert editor who raised that opponents of decriminalisation around the world thinks that the decriminalisation of drugs would send a message to societies that drug use is a socially acceptable behaviour (Johnson & Karekwaivanane, 2015). These views resonate with “a study on perceptions of decriminalisation of marijuana that was conducted with the South African University students, which has found that decriminalisation of marijuana will increase the rate of use. Also, in the same study minority of those who were in support of decriminalisation of marijuana has reasoned that it will not “exert any impact” on the number of users” (Mametja & Ross, 2020:501).

However, it must be noted that the individuals who oppose decriminalisation do so based on their perception, not empirical evidence. Evidence from countries such as Portugal, where decriminalisation is a widely accepted policy alternative, does not suggest that decriminalisation increases drug use. Even in South Africa, there is no evidence that there is an increase in marijuana since the decriminalisation of private use.

5.6 Stakeholder’s involvement

Addressing the drugs challenge is only possible through a multi-sectoral approach. This is largely because different stakeholders have different roles to play. In this study, it emerged that there is lack of cooperation among different stakeholders who have interests in the outcomes, processes, and implications of the implementation of NDMP. This resonates with what was found by Mbulayi and Makuyana (2017), who concluded that the unsuccessful implementation of NDMP in South Africa is probably a result of poor stakeholder interactions due the lack of social capital and repugnant and unpalatable religious and cultural beliefs. The stakeholders with roles to play are quite numerous and they include NGOs, society, family members, and community members. Unfortunately, several commentators have identified that, within many public health and clinical settings, stakeholder involvement remains rhetorical and could be hypocrisy (Alderson & Morrow, 2020).

Understanding the different roles and influence of different stakeholders can be illustrated by how the family of the drug user can play a role in their recovery. Marimuthu (2015) for example, explored the role played by family members of illicit drug users and discovered that they suffer emotionally, economically, and criminally because of the drug users' behaviour. This leads to the isolation of the drug users and driving them further away from institutions that may help them. Therefore, stakeholders such as family must be actively engaged. Participants highlighted the importance of involvement of these stakeholders for successful implementation of the NDMP. The need for stakeholder engagement is also discussed by the National Drug Master Plan (2019-2024) in which it cited that the success of the NDMP is dependent on meaningful and directed stakeholder involvement and engagement (Department of Social Development, 2020).

Another critical gap highlighted in this study is that some of the departments that are meant to play an active role are lagging or are too relaxed to pursue what is stipulated in policies such as the NDMP because managers of some of the departments are not pushing them enough to be actively involved. This is particularly true for the rehabilitation centres (health sector) since all the participants interviewed indicated that they had never heard about the NDMP. This is rather unfortunate given the reality that the drugs challenges significantly affect the physical health of some members of the South African population. The researcher also admits that the participants selected from health sector may not be conversant with the study subject even though they are working in the programme of substance abuse.

It is therefore argued that, if all members responsible for addressing the drugs challenge are not on board, then the implementation of the NDMP will be insufficient and debate on decriminalisation will be minimal, affecting the chances of decriminalisation becoming a policy reality. It is unfortunate that some of the experts expected to know about the NDMP are not conversant with it. The NDMP is clear that the complete participation of all stakeholders relevant to the drugs challenge is needed if it is to be successfully implemented.

According to Department of Social Development, (2020) there are several stakeholders that are accountable partners in the development of this plan, and they

need to play an active role during the implementation of the action plan. The roles of South African Government departments in the implementation of the NDMP 2019 - 2024 are mandated by the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008 to perform the duties conferred or imposed by the Act.

One way of improving knowledge of the NDMP is to involve professional councils responsible for creating the curriculum of different professionals, such as nurses, as well as their registration. The concept of harm reduction and decriminalisation can be taught in nursing schools so that the country develops professionals with relevant knowledge to address some of the most pressing issues of our time.

Participants highlighted that families must play a role in supporting their members who are recovering from drugs. However, there are still gaps in understanding their roles during the rehabilitation process. These views are supported by (Alderson et al., 2020:2) who alluded that there are several perceived benefits of involving stakeholders in policy implementation. Stakeholder involvement has the potential to present everyone involved in implementation and decision-making to different perceptions and standpoints which facilitate a broader understanding to be obtained regarding the community context that exists. Additionally, it may strengthen and enhance the credibility of services by promoting an understanding of the issues, reducing uncertainty, and promoting trust and legitimacy on behalf of service users which in turn could improve the sustainability of public health services.

Moreover, the researcher agrees with the assertions put forth by the authors below who indeed reiterate the pivotal role that need to be played by community, society, and ordinary people at large. In short people should be at the centre of implementation.

Essentially, the authors further emphasized that involvement of lay people is very important because it holds a form of legitimate expertise which can become ‘the basis for a powerful form of knowledge production’. Moreover, the researcher agrees with Alderson et al. (2020), while mentioning that despite the perceived benefits of stakeholder involvement, the process of involving stakeholders in the implementation process can be complicated as any individual can be considered a stakeholder if they are affected by or can affect an issue. Furthermore, the identity of individual

stakeholders is not fixed, the level of interest an individual has regarding an issue and the ability to influence may fluctuate. An array of terms such as patient, client, service user and customer are interchangeably used in health and social care contexts. The multifaceted nature of drug abuse and misuse lends itself to individuals encompassing multiple identities where needs are managed across statutory and voluntary services covering both health and social needs (Alderson et al., 2020).

5.7 Impacts of criminalisation of drug use

5.7.1 Stigma

Several studies from different countries have indicated that drug users are stigmatised in society (da Silveira, et al., 2018; Gyawali et al., 2018). In this study, the participants also revealed that illegal drug users are stigmatised in society as well. HP3 said that *"Due to this stigma, drug users are afraid to come out and seek health care. Most of them are non-adherent to treatment. As soon as they enter facilities, they are called names and no one takes them seriously" HP3, February 2021*. In addition to that, they also indicated that this is a barrier for drug users to seek rehabilitative services and health care. It can be argued, therefore, that approaches to address the drugs challenge in South Africa must help to reduce this stigma.

This is important because, according to Gammon and Hunt (2019) stigmatisation is associated with depression in drug users resulting in their distrust towards those that provide rehabilitative care. Similar findings were found on a study by Lander et al., (2013), where parents of drug users reported that due to fear of stigmatisation, they often delay help seeking for their children that are on drugs. It is only when the situation has worsened that help is sought. Furthermore, stigma contributes to relapse and incompletion of rehabilitative services even in those that access these services. The stigma results in marginalisation of drug users in societies. Although efforts are put in place to educated communities to support drug users and to reduce stigmatisation, drug users still face this stigma. Even in health care settings, drug users are often undermined by health care workers. Provisions of health services to drug users are often delayed and, in some instances, the quality of services provided is compromised (McGinty et al., 2020). As stated by participants this often results in

drug users being non-adherent to treatment and lost to follow-up. Some participants stated that the stigma towards drug users is justified given the crimes that they have committed. SW4 alluded that *"I think what contributes to stigma is the way they conduct themselves when they are using. Remember they steal, they kill, they do lot of things. I think the stigma is associated with their behaviour" SW4, February 2021.* Lloyd (2013) stated that more efforts should be put in place for communities to understand the psychological impact of drugs on the users to reduce the blame that users receive form their communities.

Stigma is a difficult phenomenon to mitigate as it is rooted deep in societal norms. Participants highlighted the need to strengthen community education and the involvement of families at the initial stages of rehabilitative care for drug users. To highlight the need for community involvement SW3 said *"When we do treatment, we focus more on people who are using drugs. I think educating the community in general will make them understand that these are people with disorders. They will understand that they are sick and need health attention. The families that are stigmatizing against their own that are using drugs need education" SW3, February 2021*. Community education is supported by Lloyd (2013), who encouraged governments to make efforts to diminish fears towards drug users. Evidence based strategies are necessary for the reduction of community stigma on drug addiction. Such strategies should continuously be evaluated to determine whether they are effective or not.

Although there are vast differences between prevention strategies implemented by the developing and developed countries, two common factors are emphasised by the authors throughout the African, US and European literature. One of the important roles that parents, and families can play in effective substance abuse prevention programmes and strategies across all spheres whether it is Africa, the US or Europe. Secondly, is the importance of integration and cooperation of various stakeholders, organisations, and institutions across all spheres of society in fighting the scourge of substance abuse and ensuring effective implementation of substance abuse prevention programmes and strategies.

5.7.2 Implications of embroiling drug users in the criminal justice system

Arresting drug users has long lasting impacts on their social well-being. It also negatively affects the functioning of a country's justice system by blotting the courts and prisons whose crimes must be treated as social challenges. This is illustrated by what was stated by Sarkin, (2019) who stated that South Africa is among the top countries with overcrowded prisons due to substance abuse. Participants in this study, particularly members of SAPS and social workers, seem aware of the challenges of embroiling drug users within the criminal justice system. Several of them indicated that sending drug user to courts results in them having a criminal record which may affect their prospects of getting employment. PO4 alluded that *"These people do not contribute in crime. They should be helped instead of given a criminal record. Because you meet a person who only smoke drugs and arrest him" PO4, February 2021*. This will have lasting impacts on the lives of the arrested drug users.

This line of reasoning is not unique to South Africa. Social scientists are increasingly calling for a change in policy approach. This is because arrests hardly improve the life of the drug users. Often, arrests were made to reach set targets (statistical purpose) and most young people were arrested more than once on same charges of illegal drug possession for personal use. It is often the case that drug users continue with their addiction after release from prison.

In an American study it was reported that 80% of drug users relapse after imprisonment (Chamberlain et al., 2019). This trend supports the statement that incarceration has little impact on the fight against drug use. According to the participants, these arrests did not yield any positive results in curbing the increase in drug abuse. Most of those arrested on drug possession are released within a period of three months. PO3 said that *"Personally on the side of justice I feel like there is nothing that is being done. We at SAPS level, we just arrest for the sake of statistics, but when those people reach courts, they are released. They do not keep people for three months in cases of drugs" PO3, February 2021.* Reasons for release could be that the prosecution in the justice system find the charges not serious or releases are made to ease the overcrowding in prison.

It is now increasingly being accepted that the police must employ different approaches when dealing people engaging in drugs. Although there is no official recommendation for police officers, they still use their own discretion in arresting those found in possession of drugs for personal use. It was highlighted by some participants that, with most users being young, an arrest is likely to affect their employment opportunities; hence personal discretion based on the behaviours of the users is used. Chesang (2013) indicated that relying on lengthy incarceration for minors increases the burden on the criminal justice. It furthermore exposes them to infectious diseases acquired through sharing of syringes in jails.

It is, therefore, not surprising that the former president of Nigeria Olusegun Obasanjo, who once served as the chair of West African Commission on drugs supported those countries, should do away with criminalising drugs for personal use. The incarceration of drug users worsened the situation in the already overburdened criminal justice system. Criminalisation was not yielding any results, hence he advocated for a change in approach and a policy shift towards decriminalisation.

5.8 Conclusion

This chapter has examined some of the expert's opinion relating to decriminalisation of drug and substance abuse prevention strategies that have been implemented in some of the African countries such as Nigeria and Kenya. It has also drawn on international family-based prevention programmes that have been found to be effective in the US and in European countries (UK, Spain, and Germany) and highlighted some of the advantages of such programmes and how such programmes can be effective in minimising substance abuse among minors.

Although the socio-economic situation of American and European families is different to those in Africa, specifically South Africa, the decline in family or parental care has been found to be a problem affecting the American, European, and South African contexts alike.

Chapter 6: Conclusion and recommendations

6.1. Introduction

This chapter is comprised of summary, major findings, recommendations, and conclusion. The research question, purpose and objective of the study will also be discussed. The purpose of this research has been to explore perceptions of expert's views on the decriminalisation of drug use in South Africa. There are limited research studies regarding the decriminalisation of drug use in RSA and there has been no research studies which explored the perceptions of social workers, health care workers and police officers regarding decriminalisation of drug use in RSA. The study also wanted to describe the possible strategies for decriminalisation of drug use in SA.

6.2 Conclusion

Drug abuse is an ongoing global challenge with the prevalence of drug abuse and drug use disorders increasing significantly in recent years. Even more unsettling is that it appears that the prevalence of drug abuse in South Africa is rising. The abuse of alcohol and substances among adolescents is a pressing public health challenge in South Africa. The perceived failure to reduce the prevalence of drug use over the past years has driven some to question the efficacy of measures designed to deal with the scourge as stipulated by South Africa's National Drugs Master Plan. One line of argument is that the NDMP criminalizes drug use, and this may have the opposite impacts on what is hoped for. Regarding the drug challenge facing South Africa, one of the policy options that is gaining popularity is the decriminalization of drug use and possession for personal use. This study attempted to explore the perceptions of the experts in the field of substance abuse regarding the efficacy of decriminalising drug possession and use in South Africa. I defined experts as people who have five years or more work experience as practitioners and providers of services to people that use drugs in the field of substance abuse.

The literature review consulted in this study focused on the aim and objectives that underpinned this study. The international and local directives on this subject were also discussed in the chapter. The historical developments of this subject in South Africa and abroad were also discussed in this chapter. The literature derived from

the legislative frameworks, academic journals and books including internet search engines relevant to the study phenomenon.

Qualitative methodology was applied for this study. A basic interpretative study research design was adopted as the focus was the building of this knowledge. The study was conducted at Gauteng province within the Department of Social Development, South African Police Service and two treatment centres namely, Witpoort treatment centre and Dr Fabian and Ribeiro treatment centre. The population was consisting of social workers, health care workers and SAPS officials. Data were collected using semi-structured interviews. Interviews were conducted face to face and using virtual platform (Zoom). Data were transcribed and analysed using thematic analysis. Furthermore, issues relating to elements to ensure trustworthiness and ethical considerations were also presented.

Data presentation, interpretation, and analysis were done. Data were presented focusing on the themes and emerged themes stemming from the purpose and objective of the study. The analysed data provided a clear understanding of information collected from the selected participants of this study. The presented data was then discussed and supported by the literature relevant to the subject.

The research question, purpose and objectives were aimed at exploring the perceptions of social workers, police officers and healthcare practitioners on the decriminalisation of drug use in South Africa. These professionals had different perceptions regarding decriminalization of drug use in SA. Eleven out of fifteen of the participants were in support of decriminalization of drug use. Their views were that the current approaches in fighting the drug problem are not yielding positive results hence a need to explore an alternative approach. They highlighted that a health led approach can be the best solution for people caught in possession of drugs for personal use. Those who were against the decriminalisation of drug use felt that decriminalisation would result in an increase in drug use and drug dealers will flock into the country to sell drugs. They further said that the scourge of drug abuse is fuelled by social ills not criminalisation of drug use, therefore the country should address social problems and the drug problems may also be reduced. Those who advocated for decriminalisation of drug use policy indicated that there are several issues that the country needs to firstly address before we can embark on the

decriminalisation approach. Their concerns were surrounding resources needed to implement such policy, without which decriminalisation approach will fail to reach its goal. They favoured the Portugal drug policy of decriminalisation of drug possession for personal use and they think that if resources are gathered prior implementation, it can be successful even here in South Africa.

6.3. Recommendations

This study has established different thoughts on the subject matter of decriminalisation of drug use. The substance abuse problem is fast growing in SA, therefore different ways of dealing with this problem need to be explored. Decriminalisation is a new phenomenon that can be explored as an alternative approach. More studies need to be conducted to gather ideas from experts in the substance abuse subject.

The respondents from the Department of Social Development were familiar with the NDMP and understood their roles and those of other stakeholders. Participants from SAPS and DOH were not conversant with the NDMP and these are the important stakeholders in the implementation of this master plan. The NDMP is an important document in fighting substance abuse problem in SA, it is therefore crucial for all stakeholders involved to know and fully understand their roles and responsibilities. The study recommends that more workshops and trainings be conducted for these important stakeholders. Stigma was identified as a major barrier for access to treatment and support for drug users, based on this finding, this study recommends that more awareness campaigns need to be conducted in communities. The researcher recommends that different stakeholders who are involved in drugs issues need to start a conversation about decriminalization of drug use to see if it can be a solution to drug problem.

The main research question asked in this study: What are the perceptions of substance abuse experts on the decriminalization of drug use in Gauteng Province, South Africa? For which the answer is: Majority (11 out of 15) of the participants were in support of decriminalization of drug use. Their views were that the current approaches in fighting drugs problem are not yielding positive results hence a need to explore an alternative approach.

References

Adda, J., McConnell, B., & Rasul, I. (2014). Crime and the Depenalization of Cannabis Possession: Evidence from a Policing Experiment. Journal of Political Economy, 122(5), 1130-1202. doi:10.1086/676932

Agan, A., & Starr, S. (2017). The effect of criminal records on access to employment. American Economic Review, 107(5), 560-564.

Akinosoglou, K., Apostolakis, E., Marangos, M., & Pasvol, G. (2013). Native valve right sided infective endocarditis. European journal of internal medicine, 24(6), 510-519.

Alderson, P., & Morrow, V. (2020). *The ethics of research with children and young people: A practical handbook*. Sage.

Allshouse, A. A., & Metz, T. D. (2016). 854: Trends in self-reported and urine toxicology (UTOX)-detected maternal marijuana use before and after legalization. American Journal of Obstetrics & Gynecology, 214(1), S444S445.

Amankwaa, L. (2016). Creating protocols for trustworthiness in qualitative research. Journal of cultural diversity, 23(3).

Aspinall, E. J., Nambiar, D., Goldberg, D. J., Hickman, M., Weir, A., Van Velzen, E., Hutchinson, S. J. (2014). Are needle and syringe programmes associated with a reduction in HIV transmission among people who inject drugs: a systematic review and meta-analysis. International Journal of Epidemiology, 43(1), 235-248. doi:10.1093/ije/dyt243

Assefa, A., Tegegne, K. T., Tessema, M. K., Tegegne, E. T., & Denbo, A. M. (2020). Life Time Prevalence of Khat Chewing and Its Socio Demographic Correlates Among Adults Age 15-49 Years in Ethiopia: A Population Based Study Using the 2016 Demographic and Health Survey Data.

Atun, J. M. L., Mendoza, R. U., David, C. C., Cossid, R. P. N., & Soriano, C. R. R. (2019). The Philippines' antidrug campaign: Spatial and temporal patterns of killings linked to drugs. International Journal of Drug Policy, 73, 100-111.

Auckloo, M. B. K. M., & Davies, B. B. (2019). Post-mortem toxicology in violent fatalities in Cape Town, South Africa: A preliminary investigation. Journal of Forensic and Legal Medicine, 63, 18-25. doi:https://doi.org/10.1016/j.jflm.2019.02.005

Ary, D., Jacobs, L. C., Irvine, C. K. S., & Walker, D. (2018). Introduction to research in education. Cengage Learning.

Baisley, K., Chimbindi, N., Mthiyane, N., Floyd, S., McGrath, N., Pillay, D., Gareta, D. (2018). High HIV incidence and low uptake of HIV prevention services: The context of risk for young male adults prior to DREAMS in rural KwaZulu-Natal, South Africa. PLoS One, 13(12), e0208689.

Ball, A. L. (2007). HIV, injecting drug use and harm reduction: a public health response. Addiction, 102(5), 684-690.

Banerjee, A., & Chaudhury, S. (2010). Statistics without tears: Populations and samples. Industrial psychiatry journal, 19(1), 60.

Bathje, G., Pillersdorf, D., & Du Bois, S. (2019). Authoritarianism, attitudes toward harm reduction and the stigmatisation of people who use drugs. Alcoholism and Drug Addiction/Alkoholizm i Narkomania, 32(2), 77-86. doi:10.5114/ain.2019.87624

Bellg, A. J., Borrelli, B., Resnick, B., Hecht, J., Minicucci, D. S., Ory, M., Czajkowski, S. (2004). Enhancing treatment fidelity in health behavior change studies: best

practices and recommendations from the NIH Behavior Change Consortium. Health Psychol, 23(5), 443-451. doi:10.1037/0278-6133.23.5.443

Benfer, I., Zahnow, R., Barratt, M. J., Maier, L., Winstock, A., & Ferris, J. (2018). The impact of drug policy liberalisation on willingness to seek help for problem drug use: A comparison of 20 countries. International Journal of Drug Policy, 56, 162-175. doi:https://doi.org/10.1016/j.drugpo.2018.03.032

Bergen-Cico, D. K. (2015). War and drugs: The role of military conflict in the development of substance abuse: Routledge.

Bewley-Taylor, D., & Jelsma, M. (2012). Regime change: re-visiting the 1961 Single Convention on Narcotic Drugs. International Journal of Drug Policy, 23(1), 7281.

Biancarelli, D. L., Biello, K. B., Childs, E., Drainoni, M., Salhaney, P., Edeza, A., Bazzi, A. R. (2019). Strategies used by people who inject drugs to avoid stigma in healthcare settings. Drug and alcohol dependence, 198, 80-86. doi:https://doi.org/10.1016/j.drugalcdep.2019.01.037

Bird, L. (2019). Domestic Drug Consumption in Ghana: An Under-Reported Phenomenon. Global Initiative Against Transnational Organized Crime.

Bridge, J., Hunter, B. M., Atun, R., & Lazarus, J. V. (2012). Global Fund investments in harm reduction from 2002 to 2009. International Journal of Drug Policy, 23(4), 279-285. doi:https://doi.org/10.1016/j.drugpo.2012.01.013

Bruno, T. L., & Csiernik, R. (2020). An Examination of Universal Drug Education Programming in Ontario, Canada's Elementary School System. International Journal of Mental Health and Addiction, 18(3), 707-719.

Burris, S., Blankenship, K. M., Donoghoe, M., Sherman, S., Vernick, J. S., Case, P., . . . Koester, S. (2004). Addressing the "risk environment" for injection drug users: the mysterious case of the missing cop. The Milbank Quarterly, 82(1), 125-156.

Capano, G., & Howlett, M. (2009). Introduction: The determinants of policy change: Advancing the debate. Journal of Comparative Policy Analysis, 11(1), 1-5.

Carrasco, C. A., & Durán-Bustamante, M. (2018). War on drugs, violence, and the share of low-income workers in Mexico. Economics Bulletin, 38(2), 696-702.

Carroll, C., Patterson, M., Wood, S., Booth, A., Rick, J., & Balain, S. (2007). A conceptual framework for implementation fidelity. Implementation Science, 2.

Chetty, R. (2015). Social complexity of drug abuse, gangsterism and crime in Cape Flats' schools, Western Cape. Acta Criminologica: African Journal of Criminology & Victimology, 2015(Special Edition 3), 54-65.

Collingwood, L., O'Brien, B. G., & Dreier, S. (2018). Evaluating ballot initiative support for legalised marijuana: The case of Washington. International Journal of Drug Policy, 56, 6-20.

Cooper, H., Moore, L., Gruskin, S., & Krieger, N. (2005). The impact of a police drug crackdown on drug injectors' ability to practice harm reduction: A qualitative study. Social Science & Medicine, 61(3), 673-684. doi:https://doi.org/10.1016/j.socscimed.2004.12.030

Courtwright, D. T. (1978). Opiate addiction as a consequence of the Civil War. Civil War History, 24(2), 101-111.

Couto e Cruz, C., Salom, C. L., Dietze, P., Lenton, S., Burns, L., & Alati, R. (2018). Frequent experience of discrimination among people who inject drugs: Links with health and wellbeing. Drug and alcohol dependence, 190, 188-194. doi:https://doi.org/10.1016/j.drugalcdep.2018.06.009

Coyne, C. J., & Hall, A. (2017). Four decades and counting: The continued failure of the war on drugs. Cato Institute Policy Analysis(811).
Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. Theory into practice, 39(3), 124-130.
Creswell, J. W., & Poth, C. N. (2016). Qualitative inquiry and research design: Choosing among five approaches. Sage publications.
Cullen, F., Bradford, S., & Green, L. (2012). Working as a practitioner-researcher. Research and Research Method for Youth Practitioners, 90-112.
Cumming, C., Troeung, L., Young, J. T., Kelty, E., & Preen, D. B. (2016). Barriers to accessing methamphetamine treatment: A systematic review and metaanalysis. Drug and alcohol dependence, 168, 263-273. doi:https://doi.org/10.1016/j.drugalcdep.2016.10.001
Dada, S., Harker Burnhams, N., Erasmus, J., Lucas Charles Parry, W., Bhana Sandra Pretorius, A., & Weimann Helen Keen, R. (2019). Monitoring alcohol, tobacco and other drug abuse treatment admissions in South Africa. SACENDU (South African Community Epidemiology Network on Drug Use) April, 1-72.
Da Silveira, P. S., de Tostes, J. G. A., Wan, H. T., Ronzani, T. M., & Corrigan, P. W. (2018). The stigmatization of drug use as mechanism of legitimation of exclusion. In Drugs and social context (pp. 15-25): Springer.
Das, P. & Horton, R. 2019. The global drug problem: change but not progression. *The Lancet,* 394**,** 1488-1490.

De Vos, A., De Hauw, S., & Van der Heijden, B. I. (2011). Competency development and career success: The mediating role of employability. Journal of vocational behavior, 79(2), 438-447.
Department of Social Development. (2020). National Drug Master Plan 2019 – 2024. Pretoria, RSA: Government Print.
Doss, C., & Quisumbing, A. R. (2018). Gender, household behavior, and rural development.
Eccles, M. P., & Mittman, B. S. (2006). Welcome to Implementation Science. Implementation Science, 1(1), 1. doi:10.1186/1748-5908-1-1
Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative content analysis: A focus on trustworthiness. SAGE open, 4(1), 2158244014522633.
Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. American journal of theoretical and applied statistics, 5(1), 1-4.
Farrell, M., Martin, N. K., Stockings, E., Bórquez, A., Cepeda, J. A., Degenhardt, L., McKetin, R. (2019). Responding to global stimulant use: challenges and opportunities. The Lancet, 394(10209), 1652-1667. doi:https://doi.org/10.1016/S0140-6736(19)32230-5
Fazey, C. S. J. (2003). The Commission on Narcotic Drugs and the United Nations International Drug Control Programme: politics, policies and prospect for change. International Journal of Drug Policy, 14(2), 155-169. doi:https://doi.org/10.1016/S0955-3959(03)00004-5
Fellingham, R., Dhai, A., Guidozzi, Y., & Gardner, J. (2012). The 'war on drugs' has failed: Is decriminalisation of drug use a solution to the problem in South Africa? South African Journal of Bioethics and Law, 5(2), 78-82.

Fernandes, R. M., Cary, M., Duarte, G., Jesus, G., Alarcão, J., Torre, C., Carneiro, A. V. (2017). Effectiveness of needle and syringe Programmes in people who inject drugs – An overview of systematic reviews. BMC Public Health, 17(1), 309. doi:10.1186/s12889-017-4210-2

Flick, U. (2010). Triangulation. In Handbuch qualitative Forschung in der Psychologie (pp. 278-289): Springer.

Ford, C., & Bressan, J. (2014). Ending the mass criminalisation of people who use drugs: a necessary component of the public health response to hepatitis C. BMC infectious diseases, 14(6), 1-5.

Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. The qualitative report, 20(9), 1408.

Galvão, A. E. O., Saavedra, L., & Cameira, M. (2018). Economic and sociocultural poverty in drug abuse: from individual to sociopolitical responsibility. Saúde e Sociedade, 27, 820-833.

Gammon, J., Hunt, J., & Musselwhite, C. (2019). The stigmatisation of source isolation: a literature review. Journal of Research in Nursing, 24(8), 677-693.

Gardner, A., & Brindis, C. (2017). Advocacy and policy change evaluation: Theory and practice: Stanford University Press.

Girelli, G. (2021). 'Alternative facts': Public opinion surveys on the death penalty for drug offences in selected Asian countries. International Journal of Drug Policy, 103155.

Goffman, E. (1963). Stigma: Notes on the management of spoiled identity: Simon and Schuster.

Goffman, E. (2009). Stigma: Notes on the management of spoiled identity: Simon and Schuster.

Goldman, J. E., Waye, K. M., Periera, K. A., Krieger, M. S., Yedinak, J. L., & Marshall, B. D. L. (2019). Perspectives on rapid fentanyl test strips as a harm reduction practice among young adults who use drugs: a qualitative study. Harm Reduction Journal, 16(1), 3. doi:10.1186/s12954-018-0276-0

Gonçalves, R., Lourenço, A., & Silva, S. N. d. (2015). A social cost perspective in the wake of the Portuguese strategy for the fight against drugs. International Journal of Drug Policy, 26(2), 199-209. doi:https://doi.org/10.1016/j.drugpo.2014.08.017

Gootenberg, P., & Campos, I. (2015). Toward a New Drug History of Latin America: A Research Frontier at the Center of Debates. Hispanic American Historical Review, 95(1), 1-35. doi:10.1215/00182168-2836796

Guan, W.J., Ni, Z.Y., Hu, Y., Liang, W.H., OU, C.Q., HE, J.X., Hui, D. S. (2020). Clinical characteristics of coronavirus disease 2019 in China. New England journal of medicine, 382(18), 1708-1720.

Gunn, A. J., Sacks, T. K., & Jemal, A. (2016). "That's not me anymore": Resistance strategies for managing intersectional stigmas for women with substance use and incarceration histories. Qualitative Social Work, 17(4), 490-508. doi:10.1177/1473325016680282

Gurule, J. (1998). The 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances-A Ten Year Perspective: Is International Cooperation Merely Illusory. Fordham Int'l LJ, 22, 74.

Gyawali, S., Sarkar, S., Balhara, Y. P. S., Kumar, S., Patil, V., & Singh, S. (2018). Perceived stigma and its correlates among treatment seeking alcohol and opioid users at a tertiary care centre in India. Asian Journal of Psychiatry, 37, 34-37. doi:https://doi.org/10.1016/j.ajp.2018.07.018

Hammarlund, R., Crapanzano, K. A., Luce, L., Mulligan, L., & Ward, K. M. (2018). Review of the effects of self-stigma and perceived social stigma on the treatment-seeking decisions of individuals with drug- and alcohol-use disorders. Substance abuse and rehabilitation, 9, 115-136. doi:10.2147/SAR.S183256

Harm Reduction Coalition. (2020). Building Power and Equity with People who Use DrugsTthrough Access, Advocacy and Action. Retrieved from https://harmreduction.org/

Hartford, L. B., Van Koughnett, J. A. M., Murphy, P. B., Knowles, S. A., Wigen, R. B., Allen, L. J., . . . Maciver, A. H. (2019). The standardization of outpatient procedure (STOP) narcotics: a prospective health systems intervention to reduce opioid use in ambulatory breast surgery. Annals of surgical oncology, 26(10), 3295-3304.

Hawk, M., Coulter, R. W. S., Egan, J. E., Fisk, S., Reuel Friedman, M., Tula, M., & Kinsky, S. (2017). Harm reduction principles for healthcare settings. Harm Reduction Journal, 14(1), 70. doi:10.1186/s12954-017-0196-4

Herold, M. D., Rand, C., & Frank, V. A. (2019). Enactments of a “holistic approach” in two Danish welfare institutions accommodating young adults with offending behavior and drug use experiences. Drugs and Alcohol Today.

Hesterman, J. L. (2013). The terrorist-criminal nexus: An alliance of international drug cartels, organized crime, and terror groups: CRC Press.

Holland, A. (2020). An ethical analysis of UK drug policy as an example of a criminal justice approach to drugs: a commentary on the short film Putting UK Drug Policy into Focus. Harm Reduction Journal, 17(1), 97. doi:10.1186/s12954020-00434-8

Houle, B., Mojola, S. A., Angotti, N., Schatz, E., Gómez-Olivé, F. X., Clark, S. J., Menken, J. (2018). Sexual behavior and HIV risk across the life course in rural South Africa: trends and comparisons. AIDS care, 30(11), 1435-1443.

Institute for Drugs and Drug Addiction. (2013). National Report to the EMCDDA: ‘Portugal’ – New developments, Trends and In-depth Information on Selected Issues, . Retrieved from http://www.emcdda.europa.eu/html.cfm/

Jabeen, I., Venkataswamy, M., Sadaf, J., Reddy, M. N., Mallika, A. N., & Sushmitha, M. (2018). Drug abuse, addiction, its causes and treatment. Research Journal of Pharmaceutical Dosage Forms and Technology, 10(4), 259-265.

Johnson, D. T., & Fernquest, J. (2018). Governing through Killing: The War on Drugs in the Philippines. Asian Journal of Law and Society, 5(2), 359-390. doi:10.1017/als.2018.12

Keehn, E. N. (2018). Decriminalization and the UN Human Rights Bodies. Harvard Law School Human Rights Program Research Working Paper Series, HRP, 18-002.

Kimergård, A., Foley, M., Davey, Z., Dunne, J., Drummond, C., & Deluca, P. (2017). Codeine use, dependence and help-seeking behaviour in the UK and Ireland: an online cross-sectional survey. Qjm, 110(9), 559-564. doi:10.1093/qjmed/hcx076

Koram, K. (2019). The War on Drugs and the global colour line: Pluto Press.

Lempert, R., (2010). Towards a theory of decriminalization.University of Michigan:Public Law working paper

Levine, H. G., & Reinarman, C. (2004). Alcohol prohibition and drug prohibition: Lessons from alcohol policy for drug policy. Drugs and society: US public policy, 43, 48-49.

Liamputtong, P., & Serry, T. (2013). Making sense of qualitative data. Research methods in health: Foundations for evidence-based practice, 365-379.
Lubaale, E. C., & Mavundla, S. D. (2019). Decriminalisation of cannabis for personal use in South Africa. African Human Rights Law Journal, 19, 819-842.
Luong, H. T., Hoang, L. T., Le, T. Q., Hoang, T. A., Vu, M. T., Tran, H. Q., & Thomson, N. (2021). 'We realised we needed a new approach': Government and law enforcement perspectives on the implementation and future of the drug decriminalisation policy in vietnam. International Journal of Drug Policy, 87, 102990. doi:https://doi.org/10.1016/j.drugpo.2020.102990
Marwick, A. E., & Caplan, R. (2018). Drinking male tears: Language, the manosphere, and networked harassment. Feminist Media Studies, 18(4), 543559.
Matsumoto, A., Santelices, C., & Lincoln, A. K. (2020). Perceived stigma, discrimination and mental health among women in publicly funded substance abuse treatment. Stigma and Health, No Pagination Specified-No Pagination Specified. doi:10.1037/sah0000F226
Mazuru, N. (2018). Zimbabwean Youths and the Insecurities from "Bronco" Abuse. Rethinking Securities in an Emergent Technoscientific New World Order: Retracing the Contours for Africa's Hi-jacked Futures, 297.
Mburu, G., Ayon, S., Tsai, A. C., Ndimbii, J., Wang, B., Strathdee, S., & Seeley, J. (2018). "Who has ever loved a drug addict? It's a lie. They think a 'teja' is as bad person": multiple stigmas faced by women who inject drugs in coastal Kenya. Harm Reduction Journal, 15(1), 29. doi:10.1186/s12954-018-0235-9
McAuley, A., Palmateer, N. E., Goldberg, D. J., Trayner, K. M. A., Shepherd, S. J., Gunson, R. N., Hutchinson, S. J. (2019). Re-emergence of HIV related to injecting drug use despite a comprehensive harm reduction environment: a cross-sectional analysis. The Lancet HIV, 6(5), e315-e324. doi:https://doi.org/10.1016/S2352-3018(19)30036-0
McClellan, C., Lambdin, B. H., Ali, M. M., Mutter, R., Davis, C. S., Wheeler, E., Kral, A. H. (2018). Opioid-overdose laws association with opioid use and overdose mortality. Addictive behaviors, 86, 90-95.
McLean, K. J. (2018). A kind of peace: Tracking the reflexive and resilient drug war. International Journal of Drug Policy, 51, 117-120.
Meel, R., & Essop, M. R. (2018). Striking increase in the incidence of infective endocarditis associated with recreational drug abuse in urban South Africa. SAMJ: South African Medical Journal, 108, 585-589.
Melchior, M., Nakamura, A., Bolze, C., Hausfater, F., El Khoury, F., Mary-Krause, M., & Da Silva, M. A. (2019). Does liberalisation of cannabis policy influence levels of use in adolescents and young adults? A systematic review and metaanalysis. BMJ open, 9(7), e025880.
Mihalic, S. (2004). The importance of implementation fidelity. Emotional and Behavioral Disorders in Youth, 4(4), 83-105.
Mill, J. S. (1909). John Stuart Mill: Autobiography, Essay on Liberty (Vol. 25): PF Collier & son.
Miuli, A., Stigliano, G., Lalli, A., Coladonato, M., D'Angelo, L., Esposito, F., Schifano, F. (2020). "Purple Drank"(Codeine and Promethazine Cough Syrup): A Systematic Review of a Social Phenomenon with Medical Implications. Journal of Psychoactive Drugs, 52(5), 453-462.

Moffat, B. M., Johnson, J. L., & Shoveller, J. A. (2009). A gateway to nature: Teenagers' narratives on smoking marijuana outdoors. Journal of environmental psychology, 29(1), 86-94.
Mokwena, K. (2016). “Consider our plight”: A cry for help from nyaope users. health sa gesondheid, 21, 137-142.
Moradmand-Badie, B., Tran, L., Oikarainen, N., Degenhardt, L., Nielsen, S., Roberts, J., . . . Larney, S. (2021). Feasibility and acceptability of take-home naloxone for people released from prison in New South Wales, Australia. Drug and alcohol review, 40(1), 98-108.
Munger, M., & Schaller, T. (1997). The prohibition-repeal amendments: A natural experiment in interest group influence. Public Choice, 90(1), 139-163.
Natan, M. B., Beyil, V., & Neta, O. (2009). Nurses' perception of the quality of care they provide to hospitalized drug addicts: Testing the theory of reasoned action. International Journal of Nursing Practice, 15(6), 566-573.
Nilsen, P. (2015). Making sense of implementation theories, models and frameworks. Implementation Science, 10(1), 53. doi:10.1186/s13012-0150242-0
Nyabadza, F., & Coetzee, L. (2017). A systems dynamic model for drug abuse and drug-related crime in the Western Cape province of South Africa. Computational and mathematical methods in medicine, 2017.
Pear, V. A., Ponicki, W. R., Gaidus, A., Keyes, K. M., Martins, S. S., Fink, D. S., Cerdá, M. (2019). Urban-rural variation in the socioeconomic determinants of opioid overdose. Drug and alcohol dependence, 195, 66-73.
Platt, L., Minozzi, S., Reed, J., Vickerman, P., Hagan, H., French, C., Hutchinson, S. (2018). Needle and syringe programmes and opioid substitution therapy for preventing HCV transmission among people who inject drugs: findings from a Cochrane Review and meta-analysis. Addiction, 113(3), 545-563.
Polit, D. F., & Beck, C. T. (2012). Nursing research: Generating and assessing evidence for nursing practice: Lippincott Williams & Wilkins.
Rasmussen, N. (2015). Chapter Two - Amphetamine-Type Stimulants: The Early History of Their Medical and Non-Medical Uses. In P. Taba, A. Lees, & K. Sikk (Eds.), International Review of Neurobiology (Vol. 120, pp. 9-25): Academic Press.
Rhodes, T., Platt, L., Sarang, A., Vlasov, A., Mikhailova, L., & Monaghan, G. (2006). Street policing, injecting drug use and harm reduction in a Russian city: a qualitative study of police perspectives. Journal of Urban Health, 83(5), 911925.
Ricciardelli, R., Maier, K., & Hannah-Moffat, K. (2015). Strategic masculinities: Vulnerabilities, risk and the production of prison masculinities. Theoretical Criminology, 19(4), 491-513.
Ripstein, A. (2006). Beyond the harm principle. Philosophy & Public Affairs, 34(3), 215-245.
Ruggiero, V. (2009). On liberty and crime: Adam Smith and John Stuart Mill. Crime, law and social change, 51(3), 435-450.
Sabatier, P. A. (1988). An advocacy coalition framework of policy change and the role of policy-oriented learning therein. Policy sciences, 21(2), 129-168.
Sander, G., Shirley-Beavan, S., & Stone, K. (2019). The global state of harm reduction in prisons. Journal of Correctional Health Care, 25(2), 105-120.
Savin-Baden, M., & Major, C. H. (2013). Qualititative research: the essential guide to theory and practice. *Qualitative Research: The Essential Guide to Theory and Practice. Routledge*.

Schaneberg, B. T., Crockett, S., Bedir, E., & Khan, I. A. (2003). The role of chemical fingerprinting: application to Ephedra. *Phytochemistry*, *62*(6), 911-918.
Scheibe, A., Shelly, S., Hugo, J., Mohale, M., Lalla, S., Renkin, W., . . . Marcus, T. S. (2020). Harm reduction in practice - The Community Oriented Substance Use Programme in Tshwane. African Journal of Primary Health Care & Family Medicine, 12, 1-6.
Scheibe, A., Young, K., Moses, L., Basson, R. L., Versfeld, A., Spearman, C. W., Hausler, H. (2019). Understanding hepatitis B, hepatitis C and HIV among people who inject drugs in South Africa: findings from a three-city crosssectional survey. Harm Reduction Journal, 16(1), 28. doi:10.1186/s12954019-0298-2
Scheim, A. I., Maghsoudi, N., Marshall, Z., Churchill, S., Ziegler, C., & Werb, D. (2020). Impact evaluations of drug decriminalisation and legal regulation on drug use, health and social harms: a systematic review. BMJ open, 10(9), e035148.
Schomerus, G., Corrigan, P. W., Klauer, T., Kuwert, P., Freyberger, H. J., & Lucht, M. (2011). Self-stigma in alcohol dependence: consequences for drinkingrefusal self-efficacy. Drug Alcohol Depend, 114(1), 12-17. doi:10.1016/j.drugalcdep.2010.08.013
Sischy, J., & Blaustein, J. (2018). Global drug policy at an impasse: Examining the politics of the 2016 United Nations General Assembly Special Session. International Journal of Drug Policy, 60, 74-81. doi:https://doi.org/10.1016/j.drugpo.2018.07.018
Sorensen, G., Emmons, K., Hunt, M. K., & Johnston, D. (1998). Implications of the results of community intervention trials. Annu Rev Public Health, 19, 379-416. doi:10.1146/annurev.publhealth.19.1.379
Soussan, C., & Kjellgren, A. (2019). Alarming attitudinal barriers to help-seeking in drug-related emergency situations: Results from a Swedish online survey. Nordic Studies on Alcohol and Drugs, 36(6), 532-541.
Specka, M., Kuhlmann, T., Sawazki, J., Bonnet, U., Steinert, R., Cybulska-Rycicki, M., Scherbaum, N. (2020). Prevalence of Novel Psychoactive Substance (NPS) Use in Patients Admitted to Drug Detoxification Treatment. Frontiers in psychiatry, 11, 569-569. doi:10.3389/fpsyt.2020.00569
Stafford, M. C., & Scott, R. R. (1986). Stigma, deviance, and social control. In The dilemma of difference (pp. 77-91): Springer.
Stevens, A., Hughes, C. E., Hulme, S., & Cassidy, R. (2019). Depenalization, diversion and decriminalization: A realist review and programme theory of alternatives to criminalization for simple drug possession. European Journal of Criminology, 1477370819887514.
Stewart, D. P. (1989). Internationalizing the war on drugs: The UN convention against illicit traffic in narcotic drugs and psychotropic substances. Denv. J. Int'l L. & Pol'y, 18, 387.
Stoa, R. (2018). Craft Weed: Family Farming and the Future of the Marijuana Industry: MIT Press.
Strydom, P. (2011). Contemporary critical theory and methodology: Taylor & Francis.
Sweeney, S., Ward, Z., Platt, L., Guinness, L., Hickman, M., Hope, V., Smith, J. (2019). Evaluating the cost-effectiveness of existing needle and syringe programmes in preventing hepatitis C transmission in people who inject drugs. Addiction, 114(3), 560-570.

The European Union. (2015). European Monitoring Centre for Drugs and Drug Addiction New psychoactive substances in Europe: An update from the EU Early Warning System March 2015. Retrieved from Luxembourg: http://www.emcdda.europa.eu/system/files/publications/65/TD0415135ENN.pdf

United Nations Office on Drugs and Crime. (2019). World Drug report 2019. Retrieved from https://wdr.unodc.org/wdr2019/index.html

Unlu, A., Tammi, T., & Hakkarainen, P. (2020). Drug decriminalization policy: literature review: models, implementation and outcomes.

van Boekel, L. C., Brouwers, E. P. M., van Weeghel, J., & Garretsen, H. F. L. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. Drug and alcohol dependence, 131(1), 23-35. doi:https://doi.org/10.1016/j.drugalcdep.2013.02.018

Verissimo, A. D. O., & Grella, C. E. (2017). Influence of gender and race/ethnicity on perceived barriers to help-seeking for alcohol or drug problems. Journal of substance abuse treatment, 75, 54-61.

Vuong, T., Ritter, A., Shanahan, M., Ali, R., Nguyen, N., Pham, K., Le, G. M. (2018). Outcomes of compulsory detention compared to community-based voluntary methadone maintenance treatment in Vietnam. Journal of substance abuse treatment, 87, 9-15.

Wall, M. M., Mauro, C., Hasin, D. S., Keyes, K. M., Cerda, M., Martins, S. S., & Feng, T. (2016). Prevalence of marijuana use does not differentially increase among youth after states pass medical marijuana laws: commentary on and reanalysis of US National Survey on Drug Use in Households data 2002–2011. International Journal of Drug Policy, 29, 9-13.

Weiss, M. G., & Ramakrishna, J. (2006). Stigma interventions and research for international health. The Lancet, 367(9509), 536-538.

Wildeman, C., & Wang, E. A. (2017). Mass incarceration, public health, and widening inequality in the USA. The Lancet, 389(10077), 1464-1474.

Wolfe, T. R., & Bernstone, T. (2004). Intranasal drug delivery: an alternative to intravenous administration in selected emergency cases. Journal of Emergency Nursing, 30(2), 141-147.

World Health Organisation. (2021). Alcohol, Drugs and Addictive Behaviours Unit. Retrieved from https://www.who.int/teams/mental-health-and-substanceuse/alcohol-drugs-and-addictive-behaviours/drugs-psychoactive/cannabis

Zelenev, A., Li, J., Mazhnaya, A., Basu, S., & Altice, F. L. (2018). Hepatitis C virus treatment as prevention in an extended network of people who inject drugs in the USA: a modelling study. The Lancet Infectious Diseases, 18(2), 215-224.

Zibbell, J. E., Asher, A. K., Patel, R. C., Kupronis, B., Iqbal, K., Ward, J. W., & Holtzman, D. (2018). Increases in acute hepatitis C virus infection related to a growing opioid epidemic and associated injection drug use, United States, 2004 to 2014. American journal of public health, 108(2), 175-181.

Appendix 1: Interview schedule: Gauteng Department of Social Development

Research topic: Experts perceptions on the decriminalization of drug use for criminal justice and health in Gauteng province.

SECTION A: Demographic information

Academic qualification:

Years of experience working on substance abuse program:

SECTION B: Interview schedule

1. What is your professional perspective on the effectiveness of the National Drug Master Plan in South Africa?
2. What is your understanding about decriminalization of drug?
3. Portugal is a country which decriminalizes individual found in possession of illicit drugs that is meant for personal consumption. If the person is caught by law enforcements, rather than proceeding them through the justice system, the person is presented to the multidisciplinary committee comprised of Social workers, Health professionals and state prosecutors wherein they proposes health treatment to those that they have a drug consumption problem.

Based on Portugal's drug policy, what is your professional perception about having a similar approach of decriminalization of illicit drug consumption in SA?

4. In your professional view and experience, what would be the best approach to address drug abuse problem in SA?
5. There is a societal stigma on people who uses drugs, what could be contributing to this stigma and how do you think such stigma can be avoid.
6. How do you feel about the criminalization of nonviolent individuals that use illicit drugs?
7. What impact do you believe criminalization has on an individual that has been penalized for using illicit drugs?

Appendix 2: Interview schedule: Gauteng South African Police Service (SAPS)

Research topic: Experts perceptions on the decriminalization of drug use for criminal justice and health in Gauteng province.

SECTION A: Demographic information

Academic qualification:

Years of experience working on substance abuse program:

SECTION B: Interview schedule

1. What is your professional perspective on the effectiveness of the National Drug Master Plan in South Africa?
2. What is your understanding about decriminalization of drug use?
3. Portugal is a country which decriminalizes individual found in possession of illicit drugs that is meant for personal consumption. If the person is caught by law enforcements, rather than proceeding them through the justice system, the person is presented to the multidisciplinary committee comprised of Social workers, Health professionals and state prosecutors wherein they propose health treatment to those that they have a drug consumption problem.

Based on Portugal's drug policy, what is your professional perception about having a similar approach of decriminalization of illicit drug consumption in SA?

4. What is your professional view on the criminalization of non-violent individuals who use illicit drugs?
5. We hear of arrests made by law enforcements on people found in possession of drugs almost every day in Gauteng province. How do these arrests impact the justice system?
6. What impact does penalization for using illicit drugs have on an individual?
7. What effect can the change from criminalization to decriminalization of drug use have for South African criminal justice system?

Appendix 3: Interview schedule: Gauteng Department of Health

Research topic: Experts perceptions on the decriminalization of drug use for criminal justice and health in Gauteng province.

SECTION A: Demographic information

Academic qualification:

Years of experience working on substance abuse program:

SECTION B: Interview schedule

1. What is your professional perspective on the effectiveness of the National Drug Master Plan in South Africa?
2. What is your understanding about decriminalization of drug?
3. Portugal is a country which decriminalizes individual found in possession of illicit drugs that is meant for personal consumption. If the person is caught by law enforcements, rather than proceeding them through the justice system, the person is presented to the multidisciplinary committee comprised of Social workers, Health professionals and state prosecutors wherein they propose health treatment to those that they have a drug consumption problem.

Based on Portugal's drug policy, what is your professional perception about having a similar approach of decriminalization of illicit drug consumption in SA?

4. There is a societal stigma on people who uses drugs, what could be contributing to this stigma and how do you think such stigma can be avoided?

Appendix 4: Department of Social Development's approval to conduct research.

GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

Enquiries: Dr. Sello Mokoena
Tel: 082 331 0786
File no.: 03/11/20

Dear Mukhethwa Netshivhumbe

RE: APPLICATION TO CONDUCT RESEARCH IN THE GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT

Thank you for your application to conduct research within the Gauteng Department of Social Development.

Your application to conduct research on **"Experts Perceptions on the Decriminalisation of Drug Use for Criminal Justice and Health in SA"** ***[University of the Witwatersrand]*** has been considered and approved for support by the Department as it was found to be beneficial to the Department's vision and mission. The approval is subject to the Department's terms and conditions as stated on the GDSD application form.

You have permission to interview officials and beneficiaries within facilities regulated by the department, conduct observations and access relevant documents where necessary.

May I take this opportunity to wish you well on the journey you are about to embark on.

We look forward to a value adding research and a fruitful co-operation.

With thanks

Dr. Sello Mokoena
Director: Research and Policy Coordination
Date: 17/11/2020

Appendix 5: SAPS' approval to conduct research

South African Police Service — Suid-Afrikaanse Polisiediens

Privaatsak Private Bag X94	Pretoria 0001	Faks No. Fax No.	(012) 393 2126

Your reference/U verwysing:

My reference/My verwysing: 3/34/2

THE HEAD: RESEARCH
SOUTH AFRICAN POLICE SERVICE
PRETORIA
0001

Enquiries/Navrae: Lt Col Joubert
AC Thenga
Tel: (012) 393 3118
Email: JoubertG@saps.gov.za

APPROVED

M Netshivhumbe
UNIVERSITY OF THE WITWATERSRAND

RE: PERMISSION TO CONDUCT RESEARCH IN SAPS: EXPERTS PERCEPTIONS ON THE DECRIMINALIZATION OF DRUG USED FOR CRIMINAL JUSTICE AND HEALTH IN SOUTH AFRICA: UNIVERSITY OF THE WITWATERSRAND: MASTERS DEGREE: RESEARCHER: M NETSHIVHUMBE

The above subject matter refers.

You are hereby granted approval for your research study on the above mentioned topic in terms of National Instruction 1 of 2006.

Further arrangements regarding the research study may be made with the following office:

The Provincial Commissioner: Gauteng:

- **Contact Person:** Col Peters
- **Contact Details:** (011) 547 9131
- **Email Address :** petersNS@saps.gov.za/ estebethJ@saps.gov.za

- **Contact Person:** SAC BA Mphatse
- **Contact Details:** (011) 547 9131
- **Email Address:** MphatseB@saps.gov.za

Kindly adhere to paragraph 6 of our attached letter signed on the **2021-02-26** with the same above reference number.

MAJOR GENERAL
THE HEAD: RESEARCH
DR PR VUMA

DATE: 2021-03-24

Appendix 6: Consent form

Title of project: Experts perceptions on the decriminalization of drug use for criminal justice and health in Gauteng province.

Name of researcher: Mukhethwa Netshivhumbe

I, …….., agree to participate in this research project. The research has been explained to me and I understand what my participation will involve. I agree to the following:

(Please circle the relevant options below).

I agree that my participation will remain anonymous	YES NO
I agree that the researcher may use anonymous quotes in his / her research report	YES NO
I agree that the interview may be audio recorded	YES NO
I agree that the information I provide may be used anonymously after this project has ended, for academic purposes by other researchers, subject to their own ethics clearance being obtained.	YES NO

Note that you can withdraw your participation from the study at any point.

Name of participant:……

Signature:…….

Date:……

Name of person seeking consent:……

Signature:…….

Date:……..

Appendix 7: Witwatersrand Ethics approval letter

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

WITS SCHOOL OF GOVERNANCE
UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Research Office:
Sithembile Xaba
Tel: 011 717 3133
Email: Sithembile.Xaba@wits.ac.za

Research Director:
Prof Pundy Pillay
Tel: 011 717 3501
Email: pundy.pillay@wits.ac.za

30 November 2020

Dear Mr Mukhethwa Netshivhumbe

Title: Experts' perceptions on the decriminalization of drug use for criminal justice and health in South Africa.
Student Number: 2299708
Degree: Master of Management in the field of Governance
Ethics Clearance Number: *WSG-2020-33*

All candidates must satisfy the University's ethical standards for research. Your ethics application has been received and reviewed by the Wits School of Governance Human Research Ethics Committee.

Your ethical clearance has been approved subject to you getting permission to conduct research from all sites where research is conducted. The letter(s) of permission to undertake research must be submitted to the WSG Research Office and kept on file with your final proposal and other ethics documents.

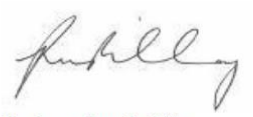
You may commence your data collection under the guidance of your supervisor. In the event that the scope, methodology or nature of the research changes, you are required to submit another ethics application reflecting the changes.

The onus is on you as the candidate, with support from your supervisor, to ensure your research complies with university human research ethics policies and protocols at all stages of the research process.

It is recommended that you keep this letter in a safe place as you are responsible for ensuring you have proof of ethics clearance. You will need to lodge the ethics clearance / protocol number with Faculty before final submission of your research report. If you do not have an ethics clearance number, you are not permitted to graduate.

Please do not hesitate to contact me if you have any queries.

Yours sincerely



Professor Pundy Pillay
Research Director

Appendix 8: Participants' information sheet



Participant Information Sheet

Dear Sir / Madam,

My name is Mukhethwa Netshivhumbe and I am a Masters student in Management at the University of the Witwatersrand, Johannesburg. As part of my studies, I have to undertake a research project, and I am researching the experts' perceptions on the decriminalization of drug use for criminal justice and health in Gauteng province, South Africa. I am under the supervision of Murray Cairns. The purpose of this research is to explore perceptions of experts/specialist stakeholders' views on the decriminalisation of drug use in Gauteng province, South Africa.

As part of this project, I would like to invite you to take part in an interview. This activity will involve a single interview of answering questions and will take around 30 to 45 minutes. With your permission, I would also like to record the interview using a digital device.

There will be no personal costs to you if you participate in this project, You will not receive any direct benefits from participation but there are no disadvantages or penalties if you do not choose to participate or if you withdraw from the study. You may withdraw at any time or not answer any question if you do not want to. The interview will be completely confidential and anonymous as I will not be asking for your name or any identifying information, and the information you give to me will be held securely and not disclosed to anyone else. I will be using a pseudonym (false name) to represent your participation in my final research report.

If you have any questions during or afterwards about this research, feel free to contact me on the details listed below. This study will be written up as a research report which will be available online through the university library website. If you wish to receive a summary of this report, I will be happy to send it to you (optional). The data collected from this research project will be stored in password protected file in a hard drive and will be kept for 5 years. With your permission the data collected from this research project may be used by other researchers. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (NonMedical), telephone +27(0) 11 717 1408, email hrec-medical.researchoffice@wits.ac.za

Yours sincerely,

Researcher

Mukhethwa Netshivhumbe
2299708@students.wits.ac.za
Cell no.:0832593513

Supervisor

Murray Cairns
Murray.Cairns@wits.ac.za
Tel. no.: