An exploration of the problem representations constructed within the South African National Drug Master Plan 4th Edition (2019-2024), for a more nuanced understanding of the challenges and opportunities for harm reduction strategies in South Africa.

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Abstract

This dissertation critically examines problem representations in South Africa's National Drug Master Plan 2019-2024 (NDMP), using Carol Bacchi's (2009) “What’s the Problem Represented to be?” methodology. It challenges the conventional framing of the "drug problem" as self-evident, revealing power dynamics and historical influences shaping policy decisions. In the mini-dissertation, tracing the historical evolution of drug policy, from the prohibitionist United Nations International Drug Control Regime (IDCR) to the Addiction-as-Disease model and finally recent harm reduction methods, contextualises contemporary problem representations found in the most recent NDMP.

This paper the NDMPs representation of people who use drugs (PWUD) being deeply in ingrained historical, racialized tropes. Its emphasis on demand reduction overlooks complex realities and neglects harm reduction strategies which is defined by pragmatic, yet compassionate principles and procedures designed to reduce the harmful effects of risky and dependent drug use. Secondly the NDMP represents society and the economy as a problem because of the complex interplay between substance abuse, gangsterism, and their adverse effects on the economy, contributing to issues of poverty, unemployment, and inequality. Lastly, the NDMP represents institutional capabilities as a problem because of ineffective coordination, governance, and leadership within institutions. Thus, this paper finds that through these representations, the NDMP expresses an intention to shift from prohibition towards public health or human rights strategies, however the complexities the representations it embeds present challenges to the practical and ideological implementation of harm reduction.

To address these issues, recommendations put forward in this mini dissertation include a comprehensive NDMP review, direct engagement of policymakers with affected communities, legislative reforms integrating harm reduction, and fostering collaboration among institutions and stakeholders to ensure effective responses. Leadership embracing harm reduction and education against stigmatisation are crucial for a humane and effective response. The path to harm reduction in South Africa necessitates a paradigm shift in policies, perceptions, and practices, striving for inclusivity and compassion reflective of harm reduction principles and reducing the harms associated with substances like Nyaope.

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List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AOD	Alcohol And Other Drugs
ARV	Anti-Retroviral
CBD	Central Business District
CCI	Count the Costs Initiative
CDA	Central Drug Authority
DSD	Department of Social Development
HIV	Human Immunodeficiency Viruses
IDCR	International Drug Control Regime
INCB	International Narcotics Control Board
M&E	Monitoring And Evaluation
NDMP	National Drug Master Plan
NPS	New Psychoactive Substances
NSP	Needle Exchange Programs
OAT	Opioid Agonist Therapy
OHCHR	Office Of the United Nations High Commissioner for Human Rights
OST	Opioid Substitution Therapy
PWUD	People Who Use Drugs
SAPS	South African Police Service
SARS	South African Revenue Service
SSP	Syringe Service Programs
STI	Sexually Transmitted Infection
SUD	Substance Use Disorders
TB	Tuberculosis
UN	United Nations
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
US	United States of America
WHO	World Health Organization
WPR	What's The Problem Represented to Be

1. Introduction

In 2022, the minister of Social Development, Ms Lindiwe Zulu, described substance abuse and substance abuse disorders in South Africa as having reached “epidemic proportions” (CDA, 2022:2). It is against this backdrop that the minister presented the South African National Drug Master Plan (NDMP) 4th edition (2019 – 2024), which she described as South Africa’s response to “building a world and a South Africa free of substance abuse” (CDA, 2022:2). The NDMP is “a single national strategic document developed in accordance with the Prevention of and Treatment for Substance Abuse Act (No. 70 of 2008). It covers all national concerns regarding substance use, abuse and misuse; summarises national policies and laws authoritatively; defines priorities and operational plans; and allocates responsibilities to control and respond to substance abuse in our country”’ (CDA, 2022:5).

The topic of illicit drug consumption in South Africa has largely been addressed, both by policymakers as well as the general population as an issue necessitating a problem-solving paradigm. Conventionally, this issue, referred to as the "drug problem," has been heavily entangled and frequently equated to a multitude of "social issues," necessitating evidence-based policies to address and resolve this concern. Within the context of evidence-based policy, there exists an underlying presumption that identifiable and objective problems are being addressed in an uncontroversial and scientifically rigorous manner. Researchers conduct empirical investigations on various interventions and subsequently recommend the most appropriate course of action. The “problem” of alcohol and other illicit drugs operates as an often-unquestioned portrayal of a condition that requires rectification, often imbued with negative value connotations (Bacchi, 2018).

This paper endeavours to unveil the ways in which the problem of illicit drugs is represented in the NDMP 2019 – 2024. Using Carol Bacchi’s (2009) “What’s The Problem Represented to Be?” (WPR) framework, this paper aims to uncover the ways in which the NDMP represents the problem of drugs and what opportunities or challenges emerge for harm reduction strategies in South Africa. This paper adopts Bacchi’s (2009) contention that the problem is not inherently self-evident but rather, it has been constructed as a specific type of problem, characterized by distinct parameters, causal factors, consequences, and proposed solutions. The purpose for these constructions could be for financial gain on the part of the state and institutions who

benefit from the militarization of the “drug problem”, it also could be for the benefit of illicit economies, international parties who have vested interests in the dominance of a specific drug regime or any other reason. Whilst the potential influence of institutional, regulatory frameworks, influential states/institutions and specific modes of knowledge on society are briefly addressed in late chapters, this is not the central concern of this paper. Rather this paper shall focus on the following three themes: (1) The problem representations of PWUD; (2) The problem representations of society and economy; and (3) The problem representations of institutional capabilities. Whilst other themes may emerge from the text, these three are selected because they allow a comprehensive understanding of how drugs are represented in the NDMP as each theme, individual, society and institutional, contributes as far as possible, to a holistic perspective of the goals of the NDMP. These themes encompass various facets associated with drug policy as they each account for the complex interplay of factors influencing drug use.

This exploration carries significant implications because our governance of illicit substances is not solely guided by objective, evidence-based policies, but is profoundly influenced by the ways in which these policies frame and conceptualize the "drug problem," as exemplified in the NDMP 2019-2024. Consequently, this paper seeks to scrutinize those representations as they are constructed in the NDMP 2019-2024 through the seven goals stipulated in the NDMP and their emergent themes. This paper does not attempt to position harm reduction as the ultimate and only correct response to the “drug problem”. This approach aims to offer a more nuanced understanding of the challenges and opportunities for implementing harm reduction strategies within the South African context as it is growing in popularity, albeit slowly and in its most conservative fashions. This presents new and interesting opportunities for South Africa just as harm reduction has done so in other countries in which it was implemented (Harm Reduction International, 2022).

1.1. Case Study: Nyaope

Despite numerous interventions, research advancements, and iterations of the NDMP, South Africa continues to grapple with widespread drug use, particularly evidenced by the emergence and prevalent use of Nyaope (Khine and Mokwena, 2016:92). Originating in the early 2000s, Nyaope (also known as Whoonga, Kataza, Plazana, Unga, and BoMkon) is a highly potent

street drug (Mthembi, Mwenesongole & Cole, 2021:1). 'Nyaope' is a Tswana term meaning a mixture or 'mishmash' (Mthembi et al., 2021:1). Aptly named, Nyaope is a blend of "third-grade heroin, cannabis products, antiretroviral drugs, and other materials added as cutting agents" (Mthembi et al., 2018). Its primary components include "diamorphine in combination with cannabis and/or other psychotropic substances" (Mthembi et al., 2018:115). Nyaope combines central nervous system (CNS) depressants and CNS stimulants, making each batch unique in composition. Major constituents of CNS depressants in Nyaope include opiates (heroin, codeine) and opioids (methadone, tramadol), along with non-opiate depressants such as dextromethorphan and benzodiazepines (Khine and Mokwena, 2016:94). It also contains CNS stimulants like amphetamine, methamphetamine, and cathine (Khine and Mokwena, 2016:94). Additionally, minor ingredients like acetaminophen, caffeine, antiretrovirals, and binding agents are present in varying amounts in different batches (Khine and Mokwena, 2016:94). The variable composition of Nyaope contributes to its highly addictive nature.

The creation of this cocktail mixture is an attempt to evade prosecution for drug use and trade (Khine and Mokwena, 2016). Drug users and dealers reintroduce existing illicit drugs, such as heroin or weed, into the market with new names to disguise them from authorities (Khine and Mokwena, 2016). The need to conceal these illicit drugs from authority figures is a response to the widely accepted prohibitionist approach to drug use adopted by both South Africa and much of the globe (Khine and Mokwena, 2016). Cocktail mixtures, therefore, are drug dealers' efforts to avoid criminal prosecution for drug use and sale by combining other, often dangerous substances with an illicit drug, partly to escape detection from authorities and also to achieve a greater high (Mthembi et al., 2018). However, unlike many other cocktail mixtures in existence in South Africa that quickly decline in favour among users, Nyaope use has proven particularly resilient and devastating to the lives of its users (Mthembi et al., 2018).

Almost exclusively used by young black and coloured males from poor socio-economic backgrounds (Hunter, 2021:60), users of this drug often lose their jobs if they are working, drop out of school, resort to criminal activities, and fall into a life of homelessness (Mthembi et al., 2018). Nyaope use and its users have gained prominence in the cultural consciousness and conversation for several reasons. Firstly, because of the novelty of the substance (Hunter, 2021). Nyaope is not well known or understood by people who do not smoke it, and many are unaware of its composition or mode of administration (Hunter, 2021). What is widely known, however, is how seemingly addictive the substance is (Conway-Smith, 2013). Nyaope quickly

gained a notorious reputation with heavy warnings proliferating that taking Nyaope was an almost surefire ticket to addiction and an often-predictable downward spiral thereafter (Conway-Smith, 2013).

The consequence of Nyaope use is no more evident than when taking a brief stroll into the South African Central Business Districts (CBD) of Durban or Johannesburg. Whoonga (as Nyaope is referred to in Durban) users have overhauled and occupied a tract of land near the train tracks in the Albert Park area of Durban CBD (Farley, 2014). This place has now come to be called "Whoonga Park" and is feared and often avoided by pedestrians and other users of the Durban CBD (Farley, 2014). Often dressed in dirty and dishevelled clothing, the mostly young, male, and black inhabitants of Whoonga Park are often seen washing the taxis of the nearby taxi station, or participating in other similar piece work for money (Hunter, 2021). Nyaope users are nicknamed "amaphara" (the singular word being iphara), derived from the word "parasites," and while it is widely used in reference to Nyaope users because of the petty thefts often committed by them, this term is considered a derogatory word (Hunter, 2021). Nyaope gained international spotlight as users initially began robbing HIV clinics and local communities to make the drug (Mthembi et al., 2018). Antiviral drugs are used as a cutting agent for Nyaope because of the common psychotropic side-effects, like hallucination, that they produce (Mthembi et al., 2018). The inclusion of antiviral drugs as a key component in the creation of this drug has resulted in both local health professionals and HIV-positive patients being targeted and robbed of their ARVs (Mthembi et al., 2018).

Recent reports have emerged indicating that children as young as 8 years old have been found smoking Nyaope (Lefoka and Netangaheni, 2022:1). Approximately 15% of South African youth, including young women, are susceptible to drug use, and the prospects of coming into contact with Nyaope are even higher than that at 15% (Lefoka and Netangaheni, 2022:1). South Africa faces nearly twice the global drug consumption rate, and the highest rate in Africa (Lefoka and Netangaheni, 2022:2). A steady increase in the consumption of several drugs has been observed with Nyaope being the most prominent (Lefoka and Netangaheni, 2022:2). Injecting Nyaope is on the rise, posing severe health and social risks, including transmission of HIV and hepatitis C through contaminated needles, skin and vein damage, arrest, and imprisonment (Lefoka and Netangaheni, 2022:2). Nyaope users are one of the most stigmatised amongst key populations in SA, limiting their access to healthcare and protection (Lefoka and

Netangaheni, 2022:2). With the various complexities that it presents, an integrated approach is needed address the harms associated with Nyaope.

In 2014 the South African government criminalized the possession and distribution of Nyaope, with potential prison sentences of up to 25 years for selling it (Varshney et al., 2022:2). Four years later, the South African Constitutional Court handed down a judgment declaring the legislation criminalizing the use, possession, purchase, and cultivation of cannabis unconstitutional (DSD, 2018:28). These divergent approaches highlight the complexities of substance use and abuse in South Africa. Thus, with this in mind, using Carol Bacchi's (2009) "What's the problem represented to be?" approach, this paper endeavours to examine and uncover the problem representations evident in the latest version of the National Drug Master Plan.

1.2. Methodology

Carol Bacchi's post-structuralist approach to policy analysis, commonly referred to as the "What's the problem represented to be?" approach, hereinafter referred to as WPR, constitutes a method facilitating a critical examination of policy by scrutinizing the manner in which the "problem" is depicted within the policy documentation (Bacchi, 2009). The WPR framework posits that policies play an active role in shaping the very problems they claim to address. Consequently, the WPR approach departs from the prevalent problem-solving paradigm in policy research, introducing a novel paradigm that centres on questioning the construction of problems (Bacchi, 2009). WPR challenges the conventional presentation of policy as a rational response to objectively defined problems, demonstrating instead that policies are contingent products of prevailing policy or political discourses (Clarke, 2019:190). The approach thus seeks to unravel the power relations inherent in the discursive framing of problems, and subsequently, their solutions (Carson & Edwards, 2011:65).

WPR does not concern itself with 'intentionality' and identifying 'gaps' between the stated objectives of a particular policy and its real-world outcomes. Rather it focuses on the conceptual underpinnings upon which policies are constructed (Bacchi, 2009:xix). By making the problem itself the focus of analysis, WPR makes it possible to uncover the political,

epistemological, and historical contexts which are constitutive of the problem representation (Riemann, 2023).

The task in a WPR analysis is thus to read policies with an eye to discerning how the problem is represented. This subject is thereafter subjected to critical scrutiny through a set of six questions. These six questions are as follows:
"Question 1: What's the problem represented to be in a specific policy or policies?
Question 2: What deep-seated presuppositions or assumptions underlie this representation of the 'problem'?
Question 3: How has this representation of the 'problem' come about?
Question 4: What is left unproblematic in this problem representation? Where are the silences? Can the 'problem' be conceptualized differently?
Question 5: What effects are produced by this representation of the 'problem'?
Question 6: How and where has this representation of the 'problem' been produced, disseminated, and defended? How has it been and/or how can it be disrupted and replaced?" (Bacchi, 2009:x).
During the use of this approach, these questions are applied to the specific policy problem presentations.

Initially, Carol Bacchi, the creator of this approach to policy analysis described it as the "What's the problem" approach, however clarification was further required as many readers misunderstood this question as an endeavour to uncover the "authentic problem" within policy and then devise a suitable remedy (Bletsas & Beasley, 2012). Thus, the acronym for WPR, "What's the problem represented to be?" was created to clarify that the intent of this analysis is beginning with the assumed solutions (i.e., policies) and subjecting them to a critical examination of the way in which they present the problem (Bletsas & Beasley, 2012).

1.2.1. WPR Theoretical Foundations

The theoretical foundations of WPR lie in post-structuralism, feminism, social constructivism, and Foucault's notion of governmentality (Bacchi & Eveline, 2010:117). Within the WPR framework, social constructivism is used to emphasise the impact of social forces in shaping our perceptions of the world thus putting forth a belief that knowledge is a social construction

(Riemann, 2023). This implies that our understanding of drugs and related issues is not objective or absolute. Instead, our understanding of drugs is shaped by social integrations, cultural norms, historical contexts and power dynamics. The historical context of drug use in South Africa is one that of racialized understandings of substances and those who use them, i.e., "Chinese opium," "Indian Hemp," "European Liquor" and "Native beer" (Waetjen, 2019). This racialization persists today with certain substances being ascribed to certain groups, i.e., Nyaope being consumed predominantly by black people (Hunter, 2021), methamphetamine being consumed predominantly by coloured people (Howell, 2015), and cocaine being consumed predominantly by white people (Peltzer and Phaswana-Mafuya, 2018). Through legalisation of certain drugs in South Africa such as tobacco, alcohol and most recently, cannabis, we have also come to understand them as more socially acceptable than other illegal substances (CDA, 2022).

Post structuralism furthers the understanding of drug use being a social construct, by shedding light on how knowledge wields power and how power plays a pivotal role in the production of distinct forms of knowledge (Foucault, 1980). This interplay of power and knowledge has specific effects on subject positions and the production of specific subjectivities, which poststructuralists treat as emergent rather than fixed (Bacchi & Eveline, 2010:119). As subjectivity is always "embodied," WPR explores the tangible effects that the framing of problems and policies wield on lived experiences (Bacchi & Eveline, 2010:119).

Thirdly, Feminist body theory locates the body as a centre stage in the analysis of social-cultural life and as a political site (Beasley & Bacchi, 2000:345). Bacchi's work directs attention to how policies impact individuals' lives, particularly in the context of the gender-based disparities they may possess, and also to the intrinsic gendering potential within policies themselves (Bacchi & Eveline, 2010:112). This highlights how policy representations actively participate in the constitution, perpetuation, and reinforcement of "specific categories of social being" (Bacchi & Eveline, 2010:112), including those of "women" and "men". In this vein, WPR does not simply scrutinize the inequalities that policies can potentially generate; it also highlights the profound influence policies exert in shaping gendered, heteronormative, racialized and class based (Bacchi, 2017). WPR aligns itself with the side of those who are harmed. The goal is to intervene to challenge problem representations that have these harmful effects. Furthermore, it offers alternative perspectives that may mitigate some of these adverse consequences (Bacchi, 2009:44).

Lastly, WPR adopts insights from governmentality studies by taking policies through which we are governed as the entry point for analysis (Bacchi & Eveline, 2010:119). The approach embraces a comprehensive interpretation of governance to include the vast array of institutions, agencies and "knowledges", that shape and control human behaviours' (Bacchi & Eveline, 2010:119).

1.2.2. Why WPR?

The primary objective of this paper is not to assess of the policy's practical application or how efficient it is as a governance instrument. Rather this paper seeks to identify the discursive strategies used to render substance use a problem in the NDMP 2019-2024. Thus, this paper asks: how does the South African National Drug Master Plan 4th Edition (2019-2024) represent the "substance abuse problem", and how does this representation align with or diverge from the principles of harm reduction? To do this, this paper shall employ the WPR approach to its analysis of the NDMP 2019-2024.

To employ the WPR approach, this paper will apply five of the six questions posed in Bacchis (2009) framework to the NDMP 2019-2024 document. This approach is useful for various reasons. Each question provides specific utility to the policy analysis process. Question 1, "What's the problem represented to be in a specific policy or policies?", assists in clarifying the embedded problem representation within a policy (Bletsas & Beasley, 2012). Question 2, "What deep-seated presuppositions or assumptions underlie this representation of the 'problem'?" encourages reflection on the underlying origin of this representation of the 'problem' (Bletsas & Beasley, 2012). Question 3, "How has this representation of the 'problem' come about?" encourages consideration of the processes through which this understanding of the 'problem' emerged (Bletsas & Beasley, 2012). Question 4, "What is left unproblematic in this problem representation?" encourages scrutiny of possible gaps or limitations in this representation of the 'problem', also encouraging imagining of potential alternatives (Bletsas & Beasley, 2012). Question 5, "What effects are produced by this representation of the 'problem'?" encourages thought into how the problem can materially impact people's lives (Bletsas & Beasley, 2012). Lastly, Question 6, "How and where has this representation of the 'problem' been produced, disseminated, and defended? How has it been and/or how can it be

disrupted and replaced?" encourages awareness of the contestation surrounding representation of the 'problem' (Bletsas & Beasley, 2012).

Furthermore, Bacchi introduces a seventh step within this framework, which involves applying the six questions to one's own problem representations (Bletsas & Beasley, 2012). This additional step emphasises the importance of considering the interplay between the researcher's own positionality and the policies they examine (Bletsas & Beasley, 2012). It also encourages the researcher to apply the set of six questions to any re-conceptualizations or policy proposals they present (Bacchi and Bonham, 2014).

1.2.3. Limitations of WPR

Like any research method, the WPR approach has its limitations. Firstly, the WPR approach places a significant emphasis on the researcher's interpretative skills. As the analysis heavily relies on the researchers' interpretations, there exists the potential for bias. Additionally, with its concentration on the origin and construction of problem representations, a WPR analysis neglects analysis of the implementation phase. Whilst the questions do prompt one to hypothesis on the effects of the representation (i.e., question five), a WPR analysis does not present the audience with the actual impact of the policies as outlined in research or discovered in the monitoring and evaluating segment of policy application. Thus, WPR studies should avoid making definitive conclusions about the impact of policies or interventions in real life. While it can speculate on potential effects, the study cannot directly assess the real-world outcomes of these policies beyond inferences from previous examples when they are provided.

In a WPR analysis, where the observations place a significant emphasis on the researcher's interpretative skills, it is crucial to acknowledge the personal biases that shape my perspective. My interest in this policy document has been shaped by familial experiences with Nyaope, and other drug, addition. This personal connection and subsequent investigations into the effectiveness of various interventions pertaining to substance abuse harms (Scheibe et al, 2020a:6), has led me to lean towards favouring harm reduction strategies. Despite this inclination, my commitment is to approach the research objectively, acknowledging my bias and ensuring a comprehensive analysis that considers diverse viewpoints. To counteract biases, I employed reflexive practices such as critical self-reflection and seeking feedback and

constructive criticism from supervisors and peers. Additionally, an inquiry into the opportunities and challenges for harm reduction in the South African context was also chosen because of the changing global tide from preferences for abstinence and criminal justice perspectives, to embracing harm reduction perspectives (Stevens, Hughes, Hulme & Cassidy, 2021:30).

1.3. Conclusion

In conclusion, this chapter has set the stage for an examination of the problem representations in the South African National Drug Master Plan (NDMP) 4th Edition (2019-2024). This paper shall challenge the conventional framing of the "drug problem" which has historically been framed as an inherently self-evident issue requiring rectification. This paper hopes to reveal how this ‘drug problem’ is constructed within the NDMP. Embracing the WPR framework, this paper aims to offer a more nuanced understanding of the challenges and opportunities for implementing harm reduction strategies within the South African context.

The significance of this exploration lies in acknowledging that our governance of illicit substances is not solely guided by objective, evidence-based policies but is profoundly influenced by the ways in which these policies frame and conceptualize the "drug problem." These representations are not exclusively factual or empirical and continue to perpetuate a particular narrative pertaining to drugs, PWUD and the institutions that govern us and drugs. Understanding this is important because it emphasises the role of ideology, cultural attitudes, and societal norms in policy formation. Thus, would thus promote transparency about the potential biases inherent in policy decisions that can disproportionately impact marginalised communities, in the context of drugs, contribute to the stigmatisation of individuals associated with drug use, lead to discriminatory practices, hinder effective public health interventions and inevitably exacerbate social inequalities which has drastic financial implications. Understanding the normative nature of drug representations is vital to recognizing and addressing the social injustices embedded in drug policies.

This research specifically concentrates on unpacking the NDMP's representations, exploring the themes of People who Use Drugs (PWUD), society and economy, and institutional capabilities. The analysis will navigate through five of the six questions of the WPR

framework, revealing the underlying assumptions, origins, and effects produced by the inherent drug representations in the NDMP. This paper shall use the recent rise and persistence of Nyaope use in South Africa as an illustration, of the pervasiveness, complexities and challenges associated with illicit drug use in South Africa. Nyaope's resilience and devastating impact on individuals, communities, and the healthcare system underscore the urgent need for nuanced policy responses.

However, before the analysis of the NDMP commences, this paper shall provide a contextualisation of the historical evolution of drug policy in South Africa. Beginning first with brief explorations into the evolution of prohibitionist drug policies, the addiction-as-disease model and harm reduction strategies. The chapter will locate each of these models in the historical evolution of drug policy in South Africa, arriving at the NDMP 4th edition which is the subject of this evaluation. The following chapter aims to unearth the ideological foundations that have shaped drug policies in South Africa. Understanding this allows for a nuanced examination of how certain representations of the "drug problem" have been historically constructed and institutionalized.

2. The Historical Evolution of Drug Policy

Drug use, and its effects, is deeply ingrained in the history of South Africa. A 2008 study revealed that 438 drug syndicates operate in the country (Ngcobo, 2019:32). The rate of Drug use in South Africa is double the global average (Ngcobo, 2019:32). Beginning this historical account with cannabis, the precise date of its arrival remains disputed, however, B.M du Toit, places it the 17th century (Paterson, 2009:20). The subsequent cultivators of it being the Khoikhoi (Paterson, 2009:20). In terms of drug use, the pre-apartheid era in South Africa is defined by racialised negative descriptions of drug users. Colonial officials perpetuated segregated associations of drug use by using terms like 'Chinese opium,' 'Indian hemp,' 'European liquor,' and 'Native beer' (Waetjen, 2019). This practice reinforced racialised thinking as it pertains to drugs. The concerns of colonial officials and prominent African community leaders grew as substance use bred racial intermingling in a time when this was prohibited (Waetjen, 2019).

In subsequent years, these apprehensions would culminate in the first drug prohibitions in South African history (Waetjen, 2019). While global discourse around drug use in the early twentieth century was characterized by the prohibition of cannabis (Waetjen, 2019), only in 1870 did cannabis become a regulated substance in the then Colony of Natal (now a part of South Africa) (Paterson, 2009:43). This prohibitionist trajectory advanced with the enactment of the 1922 Customs and Excise Duties Amendment Act which banned the cultivation, sale, possession and use of cocaine, a number of opiates and cannabis in the Colony of Natal and in the Cape Colony (Paterson, 2009:43). Over 50 years after the initial prohibition of Cannabis, in 1923, South Africa petitioned for the inclusion of cannabis within the roster of internationally prohibited substances by the Council of the League of Nations' advisory committee on the Traffic in Opium and Dangerous Drugs (Paterson, 2009:53). Subsequently, in 1925 the League of Nations heeded the South Africa's request, endorsing cannabis prohibition (Paterson, 2009:53).

This chapter shall explore three prominent paradigms that have dominated drug policy since the twentieth century, that being criminal (prohibition) models, disease policy models and harm reduction models. Beginning in an era tainted by racism and colonial trade wars, prohibition-based drug control, which once enjoyed global consensus (Ditrych & Sanchéz-Avilés, 2018),

has since evolved into the medicalised paradigm of addiction as disease and then now, the pragmatic, human rights-based harm reduction paradigm. Tracing the origins of each of these models, as this chapter shall briefly does, will provide context to their insertion in South African drug policy, specifically the NDMP. Understanding how these paradigms emerged and maintained their prominence will help in assessing whether opportunities exist for harm reduction interventions in the South Africa.

2.1. Prohibition

Drug prohibition is defined as a legal system under which the production, supply and use (or possession) of a list of specified drugs is outlawed and subject to punitive sanction. (Rolles, 2010). The global framework for drug prohibition is defined by three United Nations Drug conventions, influencing domestic laws worldwide known as the International Drug Control Regime (IDCR). However, the roots of this regulatory approach date back to the 1909 Shanghai Opium Commission, a crucial moment that established a multilateral framework regulating the cultivation, possession, sale, and consumption of psychoactive substances (Ditrych & Sanchéz-Avilés, 2018). This marked the beginning of international norms governing drug use and solidified a prohibitionist approach in international drug treaties.

2.1.1. The Legal Framework of Prohibition

In 1909, 38 delegates from 13 countries met in in Shanghai to address the "opium problem" (Barop 2015:115). Some of the countries represented included China, the United States of America, Japan, Great Britain, Russia etc. (Barop, 2015:116). However, China, Great Britain and the United States of America were considered the most prominent and influential delegations in this convention (Barop, 2015:117). The 38 delegates would form what is now known as the Shanghai Opium Commission and set resolutions to establish the basic assumption that non-medical use of opium is "evil" and should be prohibited (Barop 2015:115). This consensus has remained at the centre of most national and international illicit substance legislation and led to the tendency to regulate substance through law enforcement measures (Barop 2015:115). Subsequently, 1912 International Opium Convention marked the first multilateral treaty specifically focused on regulating the production, trade, and consumption of psychoactive substances (Ditrych & Sanchéz-Avilés, 2018:217). This commission led to what

can be considered the beginning of the global consensus on the "drug problem" (Ditrych & Sanchéz-Avilés, 2018:217). Following this convention, various international treaties were adopted to restrict the use of these substances to medical and scientific purposes (Ditrych & Sanchéz-Avilés, 2018). Over time, these treaties evolved to include stricter controls on production, trade, and consumption (Ditrych & Sanchéz-Avilés, 2018). The regulatory and prohibitionist framework established by the convention became part of broader international security frameworks, initially under the League of Nations and later within the United Nations system (Ditrych & Sanchéz-Avilés, 2018:218).

The main aim of the global drug control system was these two goals: making sure essential medicines from narcotics or psychotropic substances are available, and at the same time, implementing strict oversight on their use, production, and trade beyond medical and scientific purposes (Ditrych & Sanchéz-Avilés, 2018:218). The realization of these goals required state parties each establish domestic frameworks for drug control. (Ditrych & Sanchéz-Avilés, 2018:218). Furthermore, state parties were required to incorporate into their domestic legal frameworks criminal offenses associated with drug-related activities, such as possession, cultivation, and trade (Ditrych & Sanchéz-Avilés, 2018:218).

Three UN conventions form the foundation of the legal framework governing global drug prohibition known as the International Drug Control Regime (IDCR) (Ditrych & Sanchéz-Avilés, 2018:218). These conventions are: The 1961 Single Convention on Narcotic Drugs, as amended in 1972 also known as the Single Convention (United Nations, 1972). The Single Convention extended the scope of regulatory control to further drugs such as cannabis and the coca leaf (Paoli, Greenfield, and Reuter, 2012:930). The Single Convention also founded the International Narcotics Control Board (INCB) and was considered the most prohibitionist document yet adopted (Paoli et al., 2012:930).

The next convention forming the basis of the IDCR is the 1971 Convention on Psychotropic Substances, also known as the Psychotropics Convention (United Nations, 1977). This convention most prominently placed strict controls over hallucinogens (Paoli et al., 2012:930). The last convention founding the IDCR is the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances also known as the Trafficking convention (UN, 1988). The goal of this convention was to harmonize global criminal legislation and enforcement activities aimed at curbing drug use and drug trafficking through

punitive measures (Paoli et al., 2012:931). 95% of UN member states are party to these three IDCR conventions (Ditrych & Sanchéz-Avilés, 2018:219). This global consensus towards the control and prohibition of psychoactive substances marks a substantial departure from the historical permissiveness of drug cultivation, use and trade that spanned the previous 2000 years and has come to establish the new normative stance towards drug use (Ditrych & Sanchéz-Avilés, 2018:220).

The greatest influences over the creation of this IDCR framework were the dominant colonial powers, with the United States of America being considered the greatest influence amongst them all (Ditrych & Sanchéz-Avilés, 2018:221). The factors that contributed to the establishment and consensus of the IDCR ranged from geopolitical considerations, internal state politics, economic interests and moral values held by state parties (Ditrych & Sanchéz-Avilés, 2018). A prime example of this is the United States of America. During the tenure of US President Theodore Roosevelt and during the time of the 1898 US occupation of the Philippines the disastrous effect of opium addiction on social and economic order became prominent (Martin, 2020:484). A fact-finding mission lead by Episcopal Bishop Charles Henry Brent recommended government monopoly on opium, prohibiting its use and sale except for medical purposes (Martin, 2020:484). Impressed by these recommendations, in 1906 US President Roosevelt proposed an international conference on opium which resulted in the 1909 Shanghai Convention (Martin, 2020:484). This US case study shows the colonial, racist and capitalist impetus behind drug control regimes.

2.1.2. Prohibition in South African Legal Frameworks

In the South African context, the formalization of national drug prohibition occurred in 1992 through the legislative enactment of the Drugs and Drug Trafficking Act No. 140 of 1992 (Drugs Act) (Fellingham, Guidozzi, Dhai, & Guidozzi, 2012). Although the notion of prohibition had long been the prevailing paradigm in addressing drug usage and misuse, the Drugs Act solidified prohibition and legal regulation of "the use, possession, distribution, and manufacturing of drugs" in South Africa (Fellingham et al., 2012). Significantly, the Drug Act introduced legal presumptions that shift the burden of proving innocence from the prosecution to the accused, which is uncommon in South African criminal law (Vieira, 2021).

Having subscribed to the IDCR Conventions 1992 Drugs Act fulfilled the states requirement to codify these international regulations in domestic law (Fellingham et al., 2012). In the 1994 democratic transition, the country underwent policy transformation and came to embrace a social welfare approach to development and matters of public health (Greyer and Lombard. 2014:329). This approach was outlined in the 1994 White Paper for Reconstruction and Development and the 1997 White Paper on Social Welfare (DSD, 2013:3). The South African Reconstruction and Development Programme promoted a developmental, basic needs, and human rights approach, aiming for "social justice, building human capabilities, and enhancing livelihoods and social functioning" (Patel, 2005:208 in Greyer and Lombard. 2014:329). The first drug control policy document of the new democratic era, the 1999 – 2004 NDMP, emerged within the political and legal context of the social welfare approach, the 1992 Drug Act, and the UN IDCR. The 1999-2004 NDMP was influenced by these whilst navigating operating under the human-rights centred South African constitution, which is recognized as one of the world's most progressive constitutions prioritizing human rights and dignity for all (Scheibe et al., 2020b).

South Africa implemented the NDMP in accordance with the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008 (CDA, 2022:5). The NDMP is a strategic framework designed to address national concerns surrounding substance use, misuse and abuse, as well as promote collaboration between the government and relevant stakeholders in substance abuse prevention (CDA, 2022:5). The Central Drug Authority (CDA) under the support of the Department of Social Development (DSD) and the Secretariat, oversees the conceptualization, coordination and implementation of the NDMP (Scheibe, Shelly, & Versfeld, 2020). The 1999 rendition of the NDMP was the inaugural rendition and was focused on the mitigation of health hazards and other negative consequences of drug abuse including the transmission of communicable diseases, associated injuries, and untimely fatalities (Scheibe et al, 2020b).

This focus in line with the social welfare approach adopted in South African policy documents. Subsequent versions of the plan increasingly emphasise punitive measures and the rehabilitation of individuals involved in substance use. Dr. Zola Skweyiya, the Minister of Social Development at the time, highlighted the urgency of the 2006-2011 NDMP, linking substance abuse to issues like poverty, crime, reduced productivity, unemployment, dysfunctional family life, chronic diseases, and premature death (DSD, 2007a:1). Consequently, the NDMP 2006-2011, the second rendition of the NDMP, calls for a concerted

effort from the government and various sectors of society to make South Africa a "drug-free society" (DSD, 2007a:5).

The subsequent NDMP, 2013-2017, continues the prohibitionist vision of "a drug free society" (DSD, 2013:3). This 3rd iteration of the NDMP was initially praised for its integration of harm reduction, with its demand and supply reduction-oriented approaches, attempting to supplement the criminal justice legislation with strategies intended to minimise the demand for illegal drugs (DSD, 2013:29). However, the document was ultimately criticised for "speaking a language of reduction and rehabilitation but actually serving to place even more emphasis on individual volition and guilt" (Howell, and Couzyn, 2015:4), and thus furthering the reach of the criminal justice system by placing a greater emphasis on the legal responsibilities of the individual.

In addressing the increasing use of Nyaope, in 2013 the South African government made an amendment to the Drug Act, incorporating the constituent components of Nyaope into Schedules I and II of the Act (Monyakane, 2016:230). The supposed rationale behind this amendment was to streamline the legal processes entailed in prosecuting offenses associated with Nyaope (Monyakane, 2016:230). This amendment resulted in substantial public opposition with particular concern on the punitive aspects of prescribing sentences for offenders (Monyakane, 2016:230). The main concern was that the proposed amendments were trying to tackle a health-related concern through juridical mechanisms (Monyakane, 2016), which in some ways surmises the entire prohibition regime.

2.1.3. The Effects of Prohibition Policy

The International Drug Policy Consortium (IDPC), a global network of over 190 community led networks, grassroots groups, advocacy NGOs and international organisation, released a report in 2018 that found that the policy of drug prohibition has "engendered the establishment of an expansive and financially lucrative underground drug market, giving rise to criminality, violence, and corruption" (IDPC, 2018). Contrary to the IDCR's intended outcome of eradicating drug production, trade, and use, the prevalence of drug use remains significant, with an estimated 275 million individuals engaging in drug use globally (IDPC, 2018:7). Within the context of South Africa, the proportion of illicit drug users amounts to 8.6% in 2023

(Badisa, 2023), an increase from 7% of the population in 2018 (IDCR, 2018). These drug users contribute to an illicit economy that registers a global annual turnover of roughly US$500 billion (IDCR, 2018). Notably, efforts aimed at ending the supply of illicit drugs has exhibited limited success and efficiency, as evidenced by data sourced by the IDCR from the United Nations Office on Drugs and Crime (UNODC) which indicates a lack of reduction in the global cultivation rates of opium, coca, and cannabis within the period 2009-2018 (IDCR, 2018:7). In contrast, 800 new psychoactive substances (NPS) have emerged in the global drug market (IDCR, 2018:8). Between 2009 and 2018, at least 3940 people were executed for a drug offence (IDCR, 2018:8).

The enactment of prohibition policies has amplified the risk and association with criminality surrounding illicit drugs, surpassing what might be anticipated under a framework of legal regulation (IDCR, 2018). To demonstrate this, it is crucial to understand the difference between drug use and harm resulting from criminal activities that are drug related (Nadelmann, 1989). The health and social harms of drug use are a result of the ingestion of potentially harmful psychoactive substances themselves (Taylor, 2016). These harms include the mental and physical health and relational harms resulting from substance misuse (Taylor, 2016). This is different from drug-related harms, which are not intrinsically caused by the act of drug use itself (Taylor, 2016). Within the category of drug related harms, is criminality, violence, and corruption that have become integrally entwined with the illicit drug trade (Taylor, 2016). It is noteworthy that this criminal activity does not stem from just consuming drugs but could rather be viewed as a consequence of embracing prohibitionist drug policies and the ensuing “war on drugs” (Fellingham et al., 2012, Taylor, 2015, Schiebe et al, 2020).

Some of the global effects of the prohibitionist regime have included erroneous spending and resource allocation to drug law enforcement and state militarization in the quest to prosecute and regulate substance use (Count the costs initiative (CCI), 2012:3). Illegal drug markets have arisen, characterised by violence between criminal organisations and police or other rival organisation. Criminal organisations have weakened and corrupted governments, police and judiciaries in an effort to protect and expand their business (CCI, 2012:4). Resulting underdevelopment, primarily in developing countries has resulted in the spread of HIV and other health costs (CCI, 2012:4). Unregulated cultivation and processing of drug crops leads to the unsafe disposal of toxic waste which then pollutes soil, groundwater and waterways (CCI, 2012:4). A significant proportion of street crime is linked to the illegal drug trade with rival

drug gangs fighting for control of the market (CCI, 2012:4). The criminalisation of drugs has led to high-risk behaviours such as injecting drugs unhygienic environments and with potentially contaminated tools (CCI, 2012:4). In some states, the punishment for drug use is disproportionate to the supposed safety harm to society with incarceration often resulting (CCI, 2012:6). The right to health and access to healthcare is frequently denied to drug users (CCI, 2012:6). Cultural and indigenous rights of groups such as the religious Rastafarians whose religious customs require the use of cannabis, has been undermined (CCI, 2012:6). Stigma associated with drug use can dehumanise and provide justification for serious abuses, including in some instances torture (CCI, 2012:7). Vulnerable women have been drawn into drug trafficking, risking not only their health and safety, but also resulting in disproportionately harsh sentences (CCI, 2012:7).

Thus, it is evident that the prohibitionist approach to drug policy exacerbates the health and safety vulnerabilities associated with drug use by contributing to an environment where the trade of illicit drugs occurs outside of legal frameworks, rendering the actors exempt from the norms and guidelines that regulate legitimate markets (CCI, 2016). While the ingestion of drugs does carry physical, mental and health risks, these risks are increased when the producers and suppliers of illicit drugs remain outside of regulatory mechanisms (CCI, 2016). A contrast is the well-established medical and scientific health and safety standards governing other psychoactive substances such as alcohol and tobacco (CCI, 2016). The consequence of the drug trade operating outside of regulatory mechanisms manifests in the availability of substances with uncertain potency, quality and constituency. These substances may become contaminated with hazardous additives and Nyaope is a prime example of this (Mthembi et al., 2018).

One devastating impact that the IDCR has had is the further marginalisation and destruction of vulnerable populations. Criminal drug enterprises frequently gravitate towards regions already characterized by underdevelopment, where the economic infrastructure is frail and state governance is fragile (Cheteni, Mah and Yohane, 2018). Criminal enterprises gravitate to these regions, which are often inhabited by black and other marginalised communities, due to the suitability of such conditions for the establishment of an underground drug economy (Cheteni et al., 2018). Thus, a parallel economic framework is established where impoverished communities who have few viable opportunities to participate in the formal economy, gravitate rather to working within the illicit drug economy (Cheteni et al., 2018). Many of these networks are often run by gangs, which introduce an additional element of violence in their operating

regions (Cheteni et al., 2018). Thus, one can observe how the ensuing instability and proliferation of criminal activities that accompanies prohibitionist interventions further undermines development and entraps marginalised, often black and coloured, communities in a vicious cycle of crime, violence and poverty (Cheteni et al., 2018).

2.2. The Addiction as Disease Model

Emerging somewhat as a response to the prohibitionist approach to drug control is the addiction-as-disease model. Commonly conceptualized now as a “chronic relapsing brain disease” (Acker, 2010:73), the idea of addiction being considered a disease has been a subject of ongoing debate and conceptual challenges. The term "addiction as disease" has been used, but the complexities of behaviours related to drug use make it difficult to neatly categorize them under this concept (Reinarman, 2005:312). A clear and universally accepted categorization of addiction as a disease remains elusive amongst scholars (Reinarman, 2005:312).

2.2.1. A History of the Addiction as Disease Model

Reinarman, (2005:310) traced the origins of the addiction-as-disease model back to the moral enterprise of Dr Benjamin Rush and other early “temperance crusaders” who attempted to give specific form to a growing concern over self-control by “drunks” (Reinarman, 2005:310). This attempt resulted in the idea of drunks as people stricken with a disease of will which rendered them powerless (Reinarman, 2005:312). Before the concern that resulted in the conceptualization of addiction as disease, drunks were assumed to have a will, capacity to make choices and a love of drinking too much (Levine, 1978 in Reinarman, 2005:310). However, Reinarman, (2005:311) argues that the early 19th century industrialization created a cultural context in which time was viewed as commodity, which is used and spent, rather than simply experienced (Reinarman, 2005:311). Further, the influence of Protestantism and early capitalism, discouraged indulgence in pleasure, promoting rather religious devotion and economic productivity (Reinarman, 2005:311). Because of this, a new concept of the "modern western individual" emerged (Reinarman, 2005:312). Within this context, the idea that a substance could lead to a loss of self-control became a conceivable notion. (Reinarman, 2005:310). In other words, as societal and religious views changed, the emphasis on

individualism grew and the idea that substances could influence one's ability to maintain self-control started to be considered (Reinarman, 2005). Reinarman (2005:311) thus presents the end of the 19th century in England as the birthplace and the leaders of the British Society for the Scientific Study of Inebriety as the people who located drug-taking as under the label of "addiction-as-disease".

Through the years, addiction as disease embarked upon numerous conceptual evolutions, first the 20th century conceptualization of addiction as disease included "physiological dependence as indicated by tolerance and withdrawal symptoms" (Reinarman, 2005:311). Thus, was proven too restrictive a definition because tolerance and withdrawal were not universally experienced symptoms (Reinarman, 2005:311). Then more elaborate definitions emerged such as WHO's (1950) definition of drug addiction as "a state of chronic or periodic intoxication due to regular use of a drug, including a compulsion to continue, a tendency to increase dose, both psychic and physical dependence, and detrimental effects on the user as well as society" (Reinarman, 2005:311). This definition faced criticism as much illicit drug use does not entail all or most of these characteristics (Reinarman, 2005:311). Reinarman (2005:312) notes that the current widely adopted definition of addiction as disease derives from a series of criteria listed in the Diagnostic and Statistical Manual (DSM-5) published by the American Psychiatric Association. This definition requires drug users meet three of seven criteria that range from "vague and context-dependent behavioural indicators such as using more of a drug than intended, to classical tolerance and withdrawal" (Reinarman, 2005:312).

The emergence of the Addiction as Disease model can often be thought of as having evolved over time due to the gradual accumulation of scientific discoveries by scholars engaged in drug policy and the public health realm (Reinarman, 2005). The Addiction as Disease paradigm has thus often been thought of as evolving as a result of scientific discoveries which have ushered addiction studies away from the moralistic, prohibitionist conceptualizations of addiction to addiction being understood as a result of the pharmacological properties of psychoactive substances interacting in the human body (Reinarman, 2005). This interaction is believed to lead to compulsive (i.e., addictive) and destructive behaviours and thus form the basis for the conceptualization of addiction as a disease (Reinarman, 2005).

2.2.2. Criticisms Of The Addiction As Disease Model

However, addiction researchers are yet to identify either a gene as the source of the pathology of addiction or an organ as the site at which the core pathology of addiction operates (Reinarman, 2005). The brain has typically been cited as the organ in which addiction-as-disease resides (Reinarman, 2005). Neuroscientists conduct research using magnetic resonance imaging (MRI) to show how the brain's "pleasure centre" or reward circuitry reacts and makes longer-term adaptations to psychoactive substances (Volkow, 2003 in Reinarman, 2005:308). However, critics are quick to point out that whilst these studies confirm a biological component, they have yielded an "embarrassment of riches" as a wide variety of licit and illicit substances and many adrenaline-inducing or pleasurable activities illicit a simper response (Reinarman, 2005:308). Many of these activities or substance involve no drugs at all i.e., gambling, acts of cooperation, talk therapy and generosity (Reinarman, 2005:308). Yet these substances and activities can also produce the very same changes in brain function along the "common pathway" hypothesis used in research to substantiate the addiction as disease theory (Reinarman, 2005:308).

In proving the brain as site and organ of the disease of addiction, proponents argue that there are common pathways which operate as compulsions thus showing the body's natural reward system being altered by prolonged drug use, thus creating a physical inability to resist drugs (Stevens, 2011:36). This disease model of addiction posits that physiological changes in the brain resulting from repeated substance use contribute to compulsive drug-seeking behaviour, a loss of control over use, and continued use despite negative consequences (Acker 2010). This model likens addiction to other chronic medical conditions like diabetes or hypertension, suggesting that medical intervention is essential for effective treatment (Acker 2010).

Critics of the disease-as-addiction model regularly raise the point that "many of the harms taken as key indicators of addiction are not caused directly by repeated use of a drug, rather they are a function of the interaction between the various characteristics of users' psychological sets and those of the social settings of use, the relative social stability or marginalisation of the user, as well as dosage, chronicity of use and other more standard variables which themselves are influenced by such sets and settings" (Reinarman, 2005:312). Furthermore, that despite decades of scientific work, addiction-as-disease still lacks a "truly uniform set of symptoms

and a distinct site, source, and course of pathology that are necessary and sufficient for the presence of the disease of addiction" (Reinarman, 2005:312).

Additionally, whilst initially appearing to be an evolution from the prohibitionist perspective of drug use and being heralded as an advancement in understandings of drug use and addiction, the disease model of addiction has since come to be seen as a re-enforcement of the prohibitionist ideology by another means. As asserted by Albert (2010:NP) "The supposition that those afflicted by the disease of addiction have their rational capacities stripped from them so that they cannot resist their desires is a metaphysical or religious construction akin to earlier notions of mental illness that attributed it to demonic possession, and indeed drugs said to possess the innate capacity to enslave their users are frequently spoken of in the language of demonology or possession. In this respect addiction is best seen as a secularised, rationalised form of earlier ideas about possession in which an individual's will is usurped by an external and malign force or demon."

The model has long fuelled the Prohibitionist Drug Movement, asserting that drug use compromises irrational conduct and thus justifies state intervention through prohibitionist policies. This model enjoyed prominence in the drug field for quite some time, with proponents believing that this model would replace the prohibitionist model and encourage the de-stigmatisation of People Who Use Drugs (PWUD), removal of the criminal justice system from the accepted interventions for PWUD and usher in a paradigm of widespread treatment availability for PWUD. Proponents believed that the disease definition would provide grounds for discovering new and improved treatments (Acker, 2010:74).

However, this model has been scrutinized for its pathologizing of PWUD (Walker et al., 2019, Acker, 2010, Stevens 2011 et, al). Addiction as disease is accused of medicalisation, viewing social life and social problems as diseases (Du Rose, 2015). Formerly other non-medical conditions such as homosexuality and aging were also defined as medical problems (Zola, 1983:295). However, this process of medicalisation is critiqued for being a tool through which drug users are governed (Du Rose, 2015). Medicalisation operates as a form of social control and regulation whereby social and structural issues, such as poverty and social inequalities, are individualised and regarded as symptoms of a disease (Du Rose, 2015). In the realm of drugs, medicalisation has provided legitimacy to punitive and intrusive policies and practices and compliments prohibition and punishment regimes (Du Rose, 2015). Prohibitionists have no

problem with adopting the medical understanding of drug use as an addiction, understanding dependent users as victims of disease and thus legitimating social and legal regulation of said users traditionally performed by law and religion (Szasz, 1970; Foucault, 2006 [1965]).

Medicalisation has also been accused of obscuring the underlying causes of addiction which can include poverty and other socio-economic issues, instead presenting health as an individual issue (Du Rose, 2015). Here dependent users who are often parts of marginalised communities are pathologized and treated with medical therapies and drugs instead of having the root causes of their substance use addressed. Feminist authors have also contended that this medical sphere is largely a patriarchal institution which maintains the social inequality of women, constructing as disease their illicit drug use (and other behaviours such as pregnancy and sexual health), to control and regulate women's bodies (see, for example, Ehrenreich and English, 1974).

The ideology supporting Addition as disease does not consider the possibility that individuals may consciously choose to partake in the effects of psychoactive substances, even without an objective need to. Contrastingly, the Harm Reduction approach to drug use acknowledges the potential adverse consequences of drug use while asserting that people engage in drug use because it aligns with their choices, rather than being compelled by drug constituencies and their effects (Davies, 1997). Harm reduction posits that drug use is just one of various activities that have the potential to influence judgment and is insufficient to categorically assert that drug use invariably leads to irrationality (Stevens, 2011).

It is important to recognize that drugs themselves are not inherently addictive, and their use does not universally result in addiction for all users (Reinarman, 2005). On a global scale, only a minority, estimated at 10-15% of all users, experience problematic drug dependence (Eastwood, Fox, and Rosmarin, 2016:10). The loss of volition and the inability to make rational decisions inherent in addiction-as-disease are not inevitable outcomes of regular drug use but rely on and result from social and psychological variables such as peer pressure, mental health conditions, environmental triggers etc. (Reinarman, 2005:182). The reduction of addiction to the realm of neurobiology oversimplifies the complex interplay between social, psychological, and physiological factors (Stevens, 2011).

O'Malley (2008) argues that the disease model not only pathologizes dependency but also strips drug taking of all its pleasurable and social dimensions. O'Malley and Valverde (2004)

have demonstrated how pleasure has been silenced in official discourses on illicit drugs as drug use is often conceived in legislative and other conceptualizations as something that occurs without reason, compulsively, and unpleasantly. However, O'Malley and Valverde (2004) argue that this does not represent the diversity of drug users experiences, where drug use can be a source of pleasure, a form of pain management, a object of recreation and a plethora of other reasons.

Arising in 1980s UK, harm reduction gained popularity in response to the threat to public health formed by the HIV/AIDS pandemic (Du Rose, 2015). With South Africa having more people living with HIV than any other nation (Human Sciences Research Council, 2018), the inclusion of harm reduction in recent South African policy documents is of particular interest. Harm reduction positions drug use not as a medical pathology to be cured through treatment as positioned by addiction-as-disease. Nor does harm reduction position drug use as a wilful criminal act that should be punished as positioned by prohibitionist and criminal justice centred models of drug control. Rather, harm reduction understands drug use as a normal activity that can be performed in a variety of ways, including excessively, non-excessively, dependent and non-dependent (Du Rose, 2015). The role of policies such as the NDMP being assessed here, becomes to equip users with the means to make informed decisions about their drug consumption. The subsequent section will delve further into harm reduction.

2.3. Harm Reduction

2.3.1. Ideological Roots Of Harm Reduction

Epistemologically, harm reduction is rooted in the premise that drug policy should prioritize the alleviation of societal harms associated with the production, use, and regulation of drugs. Thus, harm reduction represents a paradigm shift in the realm of drug policy. This shift, as articulated in the American Journal of Public Health, challenges the traditional emphasis on making drug use less acceptable and drugs less available, advocating for a more nuanced approach (Reuter & Caulkins, 1995, in Marlatt, 1996:780).

Marlatt (1996) identifies four fundamental assumptions of harm reduction that distinguish it from the moral/criminal and disease models of drug use and drug addiction. Firstly, harm

reduction operates as a clear-cut public health paradigm, shifting its focus from drug use to the consequences of risky, often dependent drug behaviour (Marlatt, 1996:785). Unlike the moral model, which views illegal drug use as criminal activity, and the disease model, which considers addiction as a biological or genetic disease, harm reduction pragmatically evaluates the consequences of drug use in terms of the potential harm or benefit posed by drug use to both the drug user and to society (Marlatt, 1996:785). This approach recognises the practical reality that many individuals engage in drug use and other high-risk behaviours.

Secondly, harm reduction acknowledges that while abstinence is an ideal outcome, viable alternatives that prevent harm exist (Marlatt, 1996:786). In contrast to the moral and disease models, which insist on absolute abstinence as the sole acceptable objective of drug regulation, harm reduction integrates abstinence as an ultimate aspiration within a continuum ranging from exceedingly harmful to less harmful consequences (Marlatt, 1996:786). This perspective allows for positive responses aimed to reduced harm by characterizing the harmful effects of drug use along a continuum (Marlatt, 1996:786). Thirdly, harm reduction has evolved primarily as a "bottom-up" approach, driven by the advocacy efforts of individuals with lived experiences of addiction, rather than a "top-down" policy directive (Marlatt, 1996:786). Initiatives like the Junkiebond, formed in 1980 in Rotterdam, exemplify grassroots advocacy (Marlatt, 1996:786). Junkiebond engaged in proactive lobbying to improve living conditions for individuals with substance use disorders (Marlatt, 1996:786). The formation of the Junkiebond played a crucial role in initiating the first needle exchange program in Amsterdam in 1984, ensuring access to clean needles for the injection of drugs and thus limiting health risks (Marlatt, 1996:786).

Lastly, harm reduction advocates for low-threshold access to services as an alternative to high-threshold methodologies in conventional drug dependency treatment programs (Marlatt, 1996:787). Conventional drug treatment programs often require abstinence as a prerequisite for admission, creating high thresholds for accessing addiction treatment (Marlatt, 1996:787). Harm reduction advocates for the elimination of these high thresholds, adopting a "get on board, get involved, and get started" paradigm (Marlatt, 1996:787). This low-threshold approach actively engages and collaborates with the target population to develop new programs and services, lessening the stigma associated with seeking assistance for drug-related issues (Marlatt, 1996:787). Harm reduction thus offers an integrative, destigmatised framework for addressing high-risk substance use and sexual practices (Marlatt, 1996:787). The Durban low

threshold opioid substitution therapy (OST) programme is an example of this (Scheibe et al., 2020b:288).

In addition to Marlatt's foundational work, Tammi (2004:384-385) contributes five attributes commonly associated with the harm reduction framework. These attributes include a commitment to value neutrality, treating drug users as ordinary citizens with full responsibilities and participation rights, a foundation in pragmatism and scientific rigor, emphasis on human rights and humanistic values, and prioritization of public health concerns (Tammi, 2004:384-385). These attributes reflect a distinct departure from moralistic viewpoints, deviant characterizations, specific ideologies, human rights violations perpetuated in the context of the war on drugs, and a criminality-centric perspective (Riley et al., 1999, in Tammi, 2004:385).

2.3.2. The Call For Harm Reduction

In 2019, the United Nations' central coordinating entity, the Chief Executives Board for Coordination, issued a directive to member states, urging the promotion of "alternative measures to conviction and punitive actions in suitable circumstances, including the potential decriminalisation of drug possession for personal use" (Stevens, Hughes, Hulme & Cassidy, 2021:30). This directive did not emerge in isolation but rather evolved from years of concerted advocacy for alternative paradigms in addressing drug-related issues (Sevens et al., 2021). For instance, in 2012, leaders of Colombia, Mexico, and Guatemala jointly appealed the United Nations to expedite its General Assembly Special Session (UNGASS) on drugs, originally scheduled for 2019 (Eastwood, Fox and Rosmarin, 2016). These nations, deeply affected by the disastrous effects of stringent prohibitionist policies, called for a substantive discourse to explore alternative strategies (Eastwood, et al., 2016). The nations ultimately achieved their objective with the UNGASS convening earlier than scheduled, in April 2016 (Eastwood, et al., 2016).

Earlier than that, the Global Commission on Drug Policy, a coalition comprising former heads of state, human rights advocates, global health experts, business leaders, economists, and United Nations dignitaries, consistently advocated for drug decriminalisation since the publication of their inaugural report in 2011 (Eastwood, et al., 2016:6). In subsequent years,

various influential organizations and entities, including the Joint United Nations Programme on HIV/AIDS (2012), the World Health Organization (WHO, 2014), the United Nations Development Programme (UNDP, 2015), and the Office of the United Nations High Commissioner for Human Rights (OHCHR, 2015), all voiced the need to decriminalize personal drug possession. Even the United Nations Office on Drugs and Crime (UNODC) concurred with this perspective in a collaborative publication in 2015.

The International Narcotics Control Board (INCB) has unequivocally asserted that the legalization of illicit substances such as Nyaope is not a feasible course of action, as it would contravene the existing framework of the United Nations drug conventions, to which South Africa is a committed signatory (INCB, 2019). Consequently, legalization stands as an impractical response to the adverse repercussions associated with Nyaope. This section delves into alternatives to the policy of prohibition.

2.3.3. Harm Reduction In Practice

Stevens et al. (2021) undertake the task of establishing a system for categorizing alternative approaches to drug regulation than the dominant IDCR. They identify three classes of alternative responses, namely, depenalisation, diversion, and decriminalisation (Stevens et al., 2021). Stevens et al. (2021:31) defines depenalisation as the practical removal of criminal sanctions without legislative changes. An example of this is the Dutch drug policy focusing on harm reduction and law enforcement targeting higher-level drug supply (Stevens et al., 2021:31). Secondly, Stevens et al. (2021:31) defines diversion as directing individuals away from criminal sanctions through educative, therapeutic, or social services. It can manifest as either 'de facto diversion,' rendering application at the discretion of justice entities or 'de jure diversion' formally incorporated diversion practices into legal statutes (Stevens et al., 2021:31). Diversion can operate independently of drug possession decriminalisation and can be illustrated by alternatives to punitive sanctions, including the following types of programmes: educational, treatment, rehabilitation, aftercare, and social integration programs, for individuals involved in drug-related offenses (Stevens et al., 2021:31). Stevens et al., (2021:31) defines decriminalisation as the removal of criminal sanctions for drug possession. Decriminalisation can occur under any of three subcategories, replacing sanctions with (1) civil penalties, (2) both diversion and civil sanctions, or (3) neither diversion nor civil sanctions.

Eastwood, et al., (2016:8) reveal how some countries adopt a decriminalisation model yet, have implemented detrimental mechanisms to address drug use in lieu of criminal sanctions. For example, several Southeast Asian nations have introduced "compulsory detention centres" in lieu of conventional prison, where individuals can be involuntarily confined for periods of up to two years (Eastwood, et al., 2016:8). These centres have been scrutinised for perpetuating grave human rights transgressions upon detainees, including instances of physical abuse, sexual assault, and forced labour (Eastwood et al., 2016:8). The subsequent sections of this paper will refer to the practice of harm reduction that uses diversion tools.

The concept of harm reduction has undergone significant evolution. Marlatt (1996:779) defines harm reduction as a pragmatic, yet compassionate set of principles and procedures designed to reduce the harmful consequences of risky and dependent drug behaviour for both drug user and for the society in which they live. Tammi (2004) provides a useful exploration of the diverse dimensions of the harm reduction school of thought. Tammi (2004) identifies three prominent factions of harm reduction that speak to the ways in which harm reduction is observed in practice: the professional public health faction, the mutual-help and identity faction, and the global justice faction.

The professional public health faction, according to Tammi (2004:385), traces the roots of harm reduction back to 19th-century health practices. During this period, British pharmacists and medical practitioners advocated for the prescription of opiates to individuals struggling with addiction (Tammi, 2004:385). This approach challenged established traditional approaches to drug use issues, such as the criminal justice centred prohibitionist approach to substance use (Marlatt, 1996:785). The Netherlands played a pioneering role in departing from conventional drug policies, particularly in 1972, when the Narcotics Working Party emphasised the alignment of drug policy with the inherent risk levels of various substances (Marlatt, 1996:784). This paradigm shift eventually led to the enactment of a revised Dutch Opium Act in 1976 in Netherlands, introducing a clear distinction between drugs deemed "unacceptably risky" and those considered to have comparatively lower risk (Marlatt, 1996:784).

This work can be attributed to the professional public health faction. This faction is most associated with population-level, health-oriented strategies that preventatively target the ‘risk behaviours’ of marginalised groups (Solanki, 2019). Those in this faction include doctors,

nurses, psychologists, psychiatrists, social workers, academics, administrators etc (Solanki, 2019). The key site of activity for this faction is scientific and academic study of public health and harm reduction interventions, producing evidence on risk aversion and other related topics (Solanki, 2019). Examples of this faction in South Africa include scholarly work done by academic such as Dr. Andrew Scheibe (2011, 2019, 2020), a medical doctor who works in harm reduction research and policy, and Shaun Shelly (2017, 2020) a researcher at the University of Pretoria.

Next is the Mutual-Help and Identity Movement faction (Tammi, 2004). This can also be considered the Grassroots Mutual Aid faction (Solanki, 2019). This faction includes service user groups as well as activist user groups (Solanki, 2019). Many of the groups in this faction operate in collaboration with institutional groups to accomplish their aims, whether that be provision of services to users or other goals (Solanki, 2019). This faction embodies the saying "nothing for us, without us," a saying which emphasises participation from target groups in the interventions aimed at them. These groups are those that give a voice to user groups and represent a more humane and pragmatic approach in drug policy through direct engagement with drug users (Tammi, 2004). The establishment of the "Junkiebond" (Junkie League) in Rotterdam in 1980 marked a milestone in this regard (Marlatt, 1996:784). Functioning as a quasi-trade union for hard-drug users, the Junkiebond advocated for the welfare of drug users, asserting that individuals facing substance use challenges were best equipped to identify their own issues (Marlatt, 1996:784). The Junkiebond played a crucial role in the initiation of the first needle exchange program in Amsterdam in 1984, where the Municipal Health Service supplied disposable needles and syringes to the Junkiebond for distribution, responding to the escalating risk of HIV transmission through shared needles (Marlatt, 1996:784).

In the South African landscape, the establishment of the service user group, South African Network of People Who Use Drugs (SANPUD) in 2018, is a prime example of a Mutual-Help and Identity Movement faction (CDA, 2022). Additionally, other activist and user groups exist in South Africa, such a Bellhaven harm reduction centre in Durban, opened in 2020 (UNC Gillings, 2021). Projects that preceded these groups include the likes of the first low threshold opioid substitution therapy (OST) programme in Durban opened by the Durban University of Technology's Urban Futures Centre (UFC), together with TB HIV Care (UNC Gillings, 2021).

The final faction of harm reduction identified by Tammi (2004) is the global justice faction. This faction perceives their "enemy number one" to be the US generated war on drugs and regard the drug issues as part of a global neo-liberal and imperialist regime (Tammi, 2004). This faction lobbies for the universality of human rights and for an analysis of the political and legal structures that maintain the global drug prohibition regime (Solanki, 2019). Activists in this faction attempt to persuade the state through social movement activism, and work with NGOs to recognize the human rights of PWUD (Solanki, 2019). There is an agreement in this faction of the harm of prohibitionist policies which often include human rights violations, and activists believe an end to these harms will be accomplished through decriminalisation or legal regulation of current illicit drugs (Tammi, 2004). In South Africa, this faction has been fairly successful in achieving some goals and the recent decriminalisation of cannabis is a prime example of such (Minister of Justice et al., 2018). On 18 September 2018, the Constitutional Court of South Africa decriminalised the private use, possession and cultivation of cannabis by an adult, for private consumption (Minister of Justice et al., 2018). The Court held that the criminalisation of cannabis violated the constitutionally enshrined right to privacy (Minister of Justice et al., 2018). This is one such example of and victory of the global justice faction of harm reduction.

2.3.4. Harm Reduction In South Africa

In the South African context, harm reduction interventions have been few and far between. The acceptance of harm reduction theories and practice has not gained widespread appeal (Scheibe et al., 2017). The harms associated with drug use in South Africa are similar to those experienced globally. They include exclusion from the formal economy, increased morbidity and mortality from communicable disease, inadequate service provision, stigmatisation and incarceration (Scheibe et al., 2017). The stigmatisation and marginalisation of substance users already in marginalised, low economic groups also presents several economic harms (Scheibe et al., 2017). The tide has been slow to change as it pertains to attitudes and perspectives concerning drug policy in South Africa (Scheibe et al., 2017).

A pivotal turning point emerged in 1999 when the National Drug Master Plan first broached the topic of incorporating harm reduction practices into its policies, notably needle and syringe programs (Shelly, 2019). However, this initial discourse lacked the practical guidance and

motivation needed for practical implementation. Subsequently, the 2006 iteration of the National Drug Master Plan once again made reference to harm reduction, positioning it as a fundamental facet of both prevention and treatment (Shelly, 2019). However, it was not until the 2013 edition that the principles of harm reduction were outlined plainly, accompanied by considerations of various approaches aimed at stemming the transmission of HIV (Shelly, 2019). These approaches notably included Opioid Substitution Therapy (OST) alongside needle and syringe programs (Shelly, 2019).

Much of the early South African harm reduction interventions and scholarship has occurred between 2011-2020, seemingly as a response to the emergence of Nyaope and the rise in its users (Van Niekerk, 2011, Monyakane, 2016, Harker et al., 2020, Marks et al., 2017, Scheibe et al., 2017, 2020a, Charlton et al., 2019). However, harm reduction interventions, which are largely funded and operated by independently funded NGOs and other groups, have experienced opposition from law enforcement (Scheibe et al., 2020a) as well as from political figures, including those who oversee drug policy (Scheibe et al., 2020a).

The 2013 – 2017 NDMP continued the growing trend of harm reduction inclusion in South African policy (DSD, 2018). However, it faced criticism for paying only lip service to harm reduction whilst in reality, the criminal enforcement response dominated the document (de WEE, 2022:47). This trend translated beyond policy into drug governance practice with Shelly and Howell (2018) reporting that arrests for drug related crimes increased from 205,164 in 2013 to 292,388 in 2017 (42%), which encompassed the operating period of the supposedly reformed NDMP (de WEE, 2022:47).

2.4. Conclusion

In conclusion, harm reduction emerges as a multifaceted approach that presents the opportunity for a pragmatic and compassionate approach to the governance of drugs. It is a framework aimed at reducing the harmful consequences of risky drug behaviour and dependence for both individuals and society. Harm reduction has been positioned as one of the three pillars of the latest (4th) edition of the NDMP. Methodologically, the 4th edition of the NDMP (2019 – 2024) presents the strongest and most sustained articulation of the harm reduction approach to date (de Wee, 2020). This policy document is thus best suited to assess the opportunities for harm

reduction interventions in South Africa. Assessing how drugs are represented as a problem in this NDMP will reveal whether opportunities do or do not exist for harm reduction application in South Africa and Carol Bacchi's (2009) "What's The Problem Represented to Be?" (WPR) methodology shall be used to achieve this. However, first the next chapter of this paper shall provide context and a framing of the NDMP 2019-2024.

3. The National Drug Master Plan

In response to the growing concerns surrounding substance abuse, the Department of Social Development (DSD) has released The National Drug Master Plan 4th Edition (2019-2024), henceforth referred to as the "NDMP". A drug master plan is defined as a "comprehensive national strategy that provides guidance to various government departments and entities involved in the multifaceted endeavour to diminish both the demand for and supply of illicit substances within the nation" (DSD, 2018:13). The NDMP serves as the primary strategic blueprint governing drug policy in South Africa (CDA, 2022) and is drafted in accordance with the stipulations of the Prevention of and Treatment for Substance Abuse Act (No 70 of 2008) (DSD, 2018:13). The NDMP is formulated under the leadership of the Central Drug Authority (CDA), supported by the DSD and the Secretariat (CDA, 2022).

3.1. The Central Drug Authority (CDA).

The CDA is a "statutory body tasked with helping to provide the evidence needed to ensure that Government policies and actions on drugs are effective, well-targeted and responsive to emerging threats and challenges" (CDA, 2022:2). The CDA was established to operationalize the NDMP and serves for a period of five years (CDA, 2022:2). The CDA advises the Minister of Social Development on any matter associated with abuse and misuse and is responsible for reviewing the national drug strategy every five years (DSD, 2018:66). The CDA is also supported by the Department of Social Development (DSD) and the secretariat to fulfil its mandate which is to oversee, coordinate and monitor the implementation of the goals of the NDMP (CDA, 2022:5). The CDA has a board comprising of 33 members, 20 of which are representatives from designated government agencies and 13 of which are independent members with managerial knowledge and experience in drug demand and supply (CDA, 2022:31). The board is the highest decision-making body of the CDA, with the 20 departmental members being appointed by the Minister of Social Development and the independent members being nominated by portfolio committees (CDA, 2022:31). Some departments represented on this board include the Departments of Basic Education, Home Affairs, Correctional Services, Transport, Social Development, Sports, Arts and Culture, National Treasury, and the South African Revenue Service (CDA, 2022:31). Additionally, to deliver on its mandate, the CDA must co-ordinate the efforts of all departments at national, provincial,

and local levels, facilitating the integration of the work of the different stakeholders, and reporting outcomes to Parliament (DSD, 2018:66).

3.2. The National Drug Mater Plan 2019-2024

The new 128-page NDMP (2019 – 2024) was released on 25 June 2020 (Shelly and Sigsworth, 2020:16). Unlike previous versions, people who use drugs (PWUD) participated in the consultative process that fed into the drafting of the latest plan (Shelly and Sigsworth, 2020:16). The NDMP is guided by several fundamental principles. Firstly, it operates on a human rights-based approach, respecting, protecting, and promoting human rights in alignment with the South African Constitution (DSD, 2018:17). The plan is adaptable and evidence-based, demonstrating a commitment to integrating new findings into its strategies (DSD, 2018:17). Emphasising a multi-sectoral and multi-lateral approach, the NDMP recognises that success hinges on collaboration between various government departments, stakeholders, and entities at different levels (DSD, 2018:17). The plan is people-centred, acknowledging the harms associated with substance use disorders (SUDs) and addressing the bio-psycho-socioeconomic issues related to the illicit cultivation, manufacture, and trafficking of drugs (DSD, 2018:17). Additionally, the NDMP emphasises inclusivity and participation, highlighting the importance of consulting with communities, PWUD, and other stakeholders in both the development and implementation phases (DSD, 2018:17).

The Plan professes a fundamental shift in policy orientation regarding addiction, evolving from an antiquated perception of addiction as a moral failing necessitating punitive measure, as espoused by early addiction scholars, towards a more contemporary framework that views addiction as a matter of public health concern (DSD, 2018). Throughout the development and execution of the NDMP, a multitude of stakeholders were actively engaged. These key stakeholders including state departments nationally, provincially and locally, non-governmental organizations, international bodies, public institutions and user groups (DSD, 2018:39). Some of these groups include: the United Nations Office on Drugs and Crime (UNODC), Traditional Healers Associations, research institutions, Local Drug Action Committees and the National Youth Development Agency (DSD, 2018:39). Of these groups the UNODC is the only group to have declared a public stance towards harm reduction (Eastwood, 2016:6). In 2015, the UNODC advocated for decriminalisation of drugs in a

position paper, however, this publication was suppressed immediately after its release (Eastwood, 2016:6). After that, the UNODC publicly endorsed decriminalisation in other joint publications (Eastwood, 2016:6). Beyond this, little public sentiment is expressed by these groups regarding harm reduction, and such is not alluded to in the NDMP 2019-2024 either.

The inclusion of a diverse array of stakeholders in the consultative process is instrumental in fostering a comprehensive understanding of the multifaceted challenges associated with substance abuse (DSD, 2018). This broad spectrum of participants could hopefully lead to the infusion of a wide range of perspectives, expertise, and experiences, thereby contributing to the development of a more holistic and well-informed approach to addressing issues related to substance abuse. The incorporation of groups such as "People Who Use Drugs" (PWUD) and "People Who Inject Drugs" (PWID) signals a commitment to inclusivity and representation within the policymaking process (DSD, 2018:39), however with little information regarding the level of stakeholder engagement and influence in the final document presented, this cannot be asserted as fact.

Following consultations with stakeholders, the target populations for the NDMP efforts were identified as: “youth both in and out of school, children, women, persons with disabilities, pregnant women, families (including child-headed households), disadvantaged individuals in vulnerable communities, occupational groups at risk (such as artists, athletes, and professionals), and key populations like LGBTIQ individuals, sex workers, and migrant workers” (DSD, 2018:47). The selection of these groups is based on the belief that socio-economic factors such as poverty, inequality, and unemployment contribute significantly to their increased drug use and the development of substance use disorders. The CDA emphasises that drug abuse affects people from all backgrounds but disproportionately impacts marginalised communities across social, racial, cultural, religious, and gender boundaries (CDA, 2022:5).

The vision of the NDMP 2019 – 2024 is a “South Africa free of substance abuse” (DSD, 2018:43). The mission of the NDMP 2019-2021 is to adopt a balanced, integrated, evidence-based approach to domestic drug use, misuse and abuse (DSD, 2018:43). It aims to create safe communities by investing in appropriate interventions and strategies outlined in the goals/objectives of the document. The goals/objectives are as follows:
“1) Demand reduction through prevention and treatment of drug use, misuse, and abuse.

2) Supply reduction through multi-sectoral cooperation.
3) Ensuring availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion.
4) Identify trends and control of New Psychoactive Substances (NPS).
5) Promote governance, leadership, and accountability for a coordinated multi-sectoral effective response, including economic development at community levels.
6) Strengthen data collection, monitoring, evaluation, and research evidence to achieve the goals.
7) Stimulate robust and sustainable economic growth aimed at reducing poverty, unemployment, and inequalities." (DSD, 2018:17).

These goals also serve as the subject of this paper's analysis to determine the problem representations in the NDMP. The 2019-2024 NDMP purports to represent a departure from the traditionally prohibitionist stance toward drug use (DSD, 2018). Recognizing that drug addiction is not solely attributable to a deficiency in willpower but may involve multifaceted causal factors underscores the inadequacy of prohibitionist responses to address the complex nature of the "drug problem". This perspective is prominently reiterated throughout the document, and manifests in one example as a stated intention to reduce the incarceration of individuals for minor, non-violent drug-related offenses (DSD, 2018:60). The Plan aligns itself with a discernible shift observable in other nations, wherein the focus of law enforcement activities has transitioned away from minor, non-violent drug dealers and users towards more effectively addressing the most pernicious aspects of the illicit drug market (DSD, 2018:60).

3.2.1 Harm Reduction In The NDMP

This proclaimed shift from criminal justice centred interventions to substance use is highly encouraging for proponents of harm reduction, as depenalisation constitutes a foundational tenet of this approach (Stevens et al., 2021). The NDMP places an emphasis on health-oriented strategies to address dependent and risky substance use (DSD, 2018:60). This offers the prospect of alleviating the burden on the criminal justice system. The NDMP acknowledges that treating drug use and dependence as a criminal offense has resulted in increased incarceration rates, overcrowded correctional facilities, and substantial social and economic costs (DSD, 2018:60). The NDMP continues to detail how the negative consequences inflicted

upon drug users who get caught in the criminal justice system are profound (DSD, 2018:60). A drug conviction leads to the creation of a criminal record, posing extremely difficult challenges for reintegration into society post-conviction, accompanied by profound stigmatisation due to the users newfound criminal status (DSD, 2018:60). Moreover, individuals subjected to the criminal justice system experience heightened involvement in criminal activities during their incarceration, coupled with a scarcity of suitable treatment access to address their substance use issues or rehabilitate them from the detrimental consequences of drug misuse (DSD, 2018:60).

While the explicit recognition of the imperative for harm reduction practices within the NDMP is a positive development, the NDMP does not recommend any legislative changes to support this. This is concerning considering that the historical implementation of de facto harm reduction programs in South Africa is marked by many challenges and much opposition. For instance, in May 2018, the city of eThekwini terminated a needle exchange initiative operated by the non-profit TB/HIV Care Association (van Dyk, 2018 in Scheibe, 2020b:288). This project, unique in its kind within the city, had provided clean needles and offered HIV testing to over 1,000 individuals since its inception in eThekwini in 2015 (van Dyk, 2018 in Scheibe, 2020b:288). Users expressed their appreciation and need for the program, followed by their disappointment at its closure, yet state officials held contrary views. For instance, Vuyo Ndlovu, spokesperson for the city of eThekwini, maintained staunchly that the project was causing more harm than good, necessitating the city's intervention in the "interest of its residents" (van Dyk, 2018 in Scheibe, 2020b:288). This statement bears significance because the spokesperson seemingly separates drug users from the broader community of the city's residents on whose behalf they are acting, emblematic of the continued stigmatisation faced by drug users.

Stigmatisation, notably prevalent toward Nyaope users, presents a significant challenge. Evidence of this is the use of the derogatory term "Amaphara" (singularly "iphara"), towards Nyaope users (Hunter, 2021). This term emerged in South African public discourse during the 2010s, as documented by Hunter (2021:60). "Amaphara" is derived from the word "parasites" and links Nyaope users, who are associated with petty theft due to the criminal activities some have resorted to in order to sustain their addiction (Hunter, 2021:60). The term is often used to condemn Nyaope users for supposedly “losing their humanity” because of their criminal ways, and their neglect of their personal appearance (Hunter, 2021:60). It is important to note that

while some users may engage in petty thefts, the primary source of their day-to-day income largely comes from piecework such as washing cars (Hunter, 2021:59). Significantly, Nyaope users have expressed profound feelings of degradation when being branded as "iphara," equating it to being treated like a dog (Hunter, 2021:60).

The stigmatisation of Nyaope users is pervasive, extending to the highest levels of the state, as illustrated by a 2018 speech by the Minister of Police, Bheki Cele, who expressed a determination to "end the problem of amaphara" (Hunter, 2021:62). Importantly, this stigmatisation extends even to healthcare facilities within South Africa, resulting in a range of negative consequences including denial of care, conditional access to care, shaming, breaches of confidentiality and privacy, and disproportionately long waiting periods for services (Scheibe et.al, 2020). The NDMP (DSD, 2018:49) underscores the importance of educational programs within communities as a pivotal component of drug demand reduction initiatives.

The strategy predominantly centres on education, treatment, and rehabilitation, employing individual-oriented methodologies, such as " community-based and participatory educational programmes that for example demystify beliefs about the benefits of substance use and train people to counter social pressure" (DSD, 2018:49). However, notably absent within the NDMP is any reference to endeavours aimed at not only educating the public but also stakeholders such as the Minister of Police and the municipality of eThekwini regarding the merits of harm reduction, and the necessity of shifting the national consciousness away from dominant prohibitionist perspectives regarding drug use. Given the history of a unidimensional public discourse regarding substance use that stigmatised drug users and resulted in punitive responses, an equally robust and far-reaching campaign is needed to transform the national mindset regarding appropriate and effective drug interventions, and to subsequently destigmatise PWUD. Educational awareness campaigns concerning harm reduction principles and the shortcomings of prohibitionist drug interventions is disappointingly absent from this rendition of the NDMP.

3.2.2 Noteworthy Tensions in the NDMP

Prior to commencing the WPR analysis of the NDMP goals, it is necessary to explore a few tensions inherent in the document as these have implications for understanding the problem

presentations, as well as for potential implementation of interventions. Firstly, the plan fails to adequately distinguish between varying patterns of drug use. Distinguishing between patterns of use is important because the risk of harm associated with drug use varies according to both the substance being used as well as the pattern of use (Parry and Myers, 2011:706). Distinguishing between patterns of use would have allowed for a more nuanced analysis of the NDMP, assessing how well the policy tailors interventions to the respective pattern of drug use. Throughout the document, the NDMP frequently uses the terms 'drug use', 'drug abuse' and 'drug misuse' interchangeably (DSD, 2018). Despite having provided a definition of substance use disorders (SUD) early in the document as "a general term used to describe a range of problems associated with drug use (including illicit drug and misuse of prescribed medication), and from drug abuse to addiction" (DSD, 2018:10), the plan fails to distinguish between these different patterns of drug use. Such differentiation is necessary for a nuanced understanding of the target population for the proposed interventions. The failure to distinguish between types of drug use may result in a one-size-fits-all policy that is less effective because it does not address specific causes and needs (Parry and Myers, 2011).

Scheibe et al., (2020a) have identified five broadly accepted categories in terms of patterns of drug use. These categories include experimentation, non-dependent adult use, conscious regulated use, dependence, and habituated use (also known as addiction) (Scheibe 2020a:4). Non-dependent adult use refers to drug use during social gatherings and in largely unproblematic ways (Scheibe et al., 2020a:4). Conscious, regulated use refers to drug use according to a set of cultural, religious or individual rules and accepted norms (Scheibe et al., 2020a:4). An example of this would be cannabis use by Rastafarians (Scheibe et al., 2020a:4).

Dependence refers to "a disorder of regulation of a specific drug use arising from repeated or continuous use of the specific drug" (Scheibe et al., 2020a:4). Dependence is characterised by a strong internal drive to use the specific drug and manifests in an impaired ability to control drug use, increasing priority given to drug use over other activities and persistence of use of drugs despite harm or negative consequences (Scheibe et al., 2020a:4). Dependence occurs when a body adapts to the presence of a particular drug due to long-term exposure thus withdrawal symptoms begin to arise (Scheibe et al., 2020a:4). Habituated drug use, commonly referred to as addiction, is defined as a person's loss in control over their drug use, using drugs as an automatic response to problems, necessary for them to feel alive and engaged (Scheibe et al., 2020a:4). Habituated use is often also dependent and applies to an all-consuming

relationship with a drug, person, or activity to the detriment of the individual (Scheibe, et. Al., 2020a:4, emphasis added). A nuanced understanding of the specific pattern of drug use referred to throughout the plan would yield several benefits, including the tailoring of interventions to address the unique needs and risks associated with each pattern of drug use (Scheibe, et. Al., 2020a:4). It would also assist in guiding the allocation of resources, mitigating stigma, and facilitating more efficient evaluations of the outcome of targeted interventions (Scheibe, et. Al., 2020a:4). Additionally, the World Health Organization has shifted away from using terms such as drug "misuse" and "abuse" because of the stigma attached to such terms, preferring more precise and less judgemental language such as "drug dependence" and "harmful use of drugs" (WHO, n.d.).

The second tension to note exists within the NDMPs definition of harmful substances. Historically, the state has rationalized the permissiveness of certain psychoactive substances such as alcohol and tobacco whilst prohibiting other psychoactive substances such as heroin, weed and cocaine on the basis of the degree of harm caused (Scheibe, et. Al., 2020a). However, the NDMP does not provide an account for the differences in harms resulting from different classes of drugs. The NDMP uniformly classifies all psychoactive substances as inherently harmful irrespective of their chemical constituency or the individual drug users' pattern of use. Potential for harm associated with drug use is contingent upon the chemical properties of the substance being used and the pattern of use (i.e., frequency and quantity of use, and route of administration). Drug policy should take such differences into account.

The next tension is the NDMPs omission of the varied administration modes of drugs and their subsequent varied degrees of harm. Drugs can be taken by different administration modes for example, drugs injected into veins result in a swift onset and peak of effects (Scheibe, et. al., 2020a:4). This can result in heightened risks such as overdose for opioids and arrhythmia for stimulants like cocaine (Scheibe, et. al., 2020a:4). The pharmacological impact of a drug is not predictable (Scheibe, et. al., 2020a:4). Drug effect is controlled by the drug itself, physiological and psychological characteristics of the individual taking the substance, and the environmental context in which the drug is taken (Scheibe et al., 2020a:5). Additionally, as underscored by Scheibe et al., (2020a:6) the harms related to drugs are also reliant upon the societal and structural circumstances, i.e., stigma.

In applying Bacchi's (2009) WPR questions to the NDMP 2019-2024, this paper shall focus on the following three themes: (1) The problem representations of PWUD; (2) The problem representations of society and economy; and (3) The problem representations of institutional capabilities. Whilst other themes may emerge from the text, these three themes are selected because they allow a comprehensive understanding of how drugs are represented in the NDMP as each theme, individual, society and institutional, offers as far as possible, a holistic perspective of the goals and areas of impact of the NDMP. These themes also encompass various facets associated with drug policy and they each account for the complex interplay of factors that influence drug use.

Analysing the problem representations of PWUD sheds a light on how the policy frames the intended targets of its interventions. This representation emerges most prominently in the 1st objective of the NDMP which is, "(1) Demand reduction through prevention and treatment of drug use, misuse and abuse" (DSD, 2018:43). Exploring the problem representations of society and the economy allows an understanding for how the NDMP perceives the broader implications of drug use and reveals whether the policy considers how interconnected drug-related problems and broader societal and economic challenges are. This representation emerges most prominently in the 7th objective of the NDMP, namely, "(7) Stimulate robust and sustainable economic growth aimed at reducing poverty, unemployment and inequalities" (DSD, 2018:43).

Lastly, analysing how institutional capabilities are represented as a problem is necessary for evaluating the practicality and feasibility of the proposed interventions. This theme explores how the NDMP perceives the capabilities of institutions to implement and enforce proposed strategies, as implementation is a crucial objective of policy. This representation emerges most prominently in the emerges in objectives 2 – 6 of the NDMP. These objectives are "(2) Supply reduction through multi-sectoral cooperation (3) Ensuring availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion. (4) Identify trends and control of New Psychoactive Substances (NPS), (5) Promote governance, leadership, and accountability for a coordinated multi-sectoral effective response; including economic development at community levels, and (6) Strengthen data collection, monitoring, evaluation, and research evidence to achieve the goals" (DSD, 2018:43).

Thus, this paper will provide an application of Bacchi's first 5 questions to these 3 themes as they emerge in the NDMP objectives. The purpose of this analysis is not to define or better understand what the drug problem is in the NDMP. Rather, this analysis aims to investigate the meanings produced about drugs in the NDMP and interrogate the processes, taken-for-granted assumptions and silences that make these representations possible. Rather than simply accepting the problems and subsequent solutions proposed in the NDMP, this analysis aims to scrutinise the ways in which the problem of drugs is thought about, proposing, as Bacchi (2009) contends that problems are ''endogenous – created within – rather than exogenous – existing outside' policy processes" (Bacchi, 2009:x).

4. Representations of People Who Use Drugs

The themes, descriptions and tropes surrounding drug users have a long-seated history. In South Africa, these tropes were framed by colonialism and thus have long-standing racialised discourse which dehumanises black and other marginalised races (Hunter, 2021:62). Drug users are seen as lazy, criminal, uneducated etc (Howell, 2015). Discourses concerning drugs and drug users are an effective tool with which to engage with, and reveal, societal concerns about drug users. As Howell (2015:138) asserts, "the morally charged fears, panics and outcries concerning specific drugs, and drug users, that periodically emerge are often reflections of deeper tension, turmoil, and transition." In South Africa, drug use and PWUD have become convenient scapegoats on which South Africa's pressing, but far more complex, politico-social problems and anxieties can be blamed. As explained by Howell (2015:138) "understanding how these discourses operate is important in developing more effective strategies and policing protocols, as these discourses both inform understandings and set the parameters of what can be thought possible." For as moral condemnation and stigma prevail, effective reduction or rehabilitation efforts are prevented. This section thus serves to assess the way in which drug users have been articulated and positioned in the NDMP 2019-2024. To understand, as Bacchi would ask, what the problem is represented to be as it pertains to drug users in the NDMP 2019-2024.

4.1. Defining The User

Before one begins to think about drug use and users, one needs to be aware of the meanings of the words used (McDermott, 2013:195). When we come across words such as "drugs" we bring to it a limited "common-sense" view of these concepts that has been shaped by our culture, the media, our own prejudices, and other factors (McDermott, 2013:195). It is thus important to identify and define the terms used, to sort fact from opinion, and uncover which aspects of our understanding of these matters are socially constructed and which have a material basis "in the pharmacology of the drug and psychology and biochemistry of us as human beings" (McDermott, 2013:195).

To refer to the drug user, the NDMP (DSD, 2018:8-9) makes use of two phrases, namely; (1) People who inject drugs (PWID); "People who inject drugs represent the sub-group of people

who use the intravenous route to administer drugs" and (2) People who use drugs (PWUD); "People who use drugs is the collective term used in this plan to refer to people who ingest drugs irrespective of the route of administration." The NDMP's representation of PWUD and PWID is encapsulated in its first objective of demand reduction through prevention and treatment of drug use, misuse and abuse (DSD, 2018:43).

4.2. Defining Demand Reduction

The NDMP defines demand reduction as "a general term used to describe policies or programmes directed at reducing the consumer demand for psychoactive drugs" (DSD, 2018:49). The document continues to explain that "it is applied primarily, but not exclusively, to illicit drugs and focuses on education, treatment, and rehabilitation strategies, as opposed to law enforcement strategies that aim to bar the production and distribution of drugs" (DSD, 2018:49). The document identifies four examples of demand reduction strategies, namely,
(1) "Individual oriented strategies such as community-based and participatory educational programmes that for example demystify beliefs about the benefits of substance use and train people to counter social pressure.
(2) Environment oriented strategies such as participatory efforts at redressing socio-economic deprivation and increasing opportunities for non-risky activities.
(3) Specialised and broad-brush clinical services that provide short and long-term therapy as well as additional services such as medical treatment and occupational training, focused on reducing drug-related harms and disability, enhance rehabilitation, and prevent relapses and recurrences of drug misuse and SUD and,
(4) Community-based information campaigns that assist the public to detect risky drug use early and access appropriate preventive services" (DSD, 2018:49).

The NDMP acknowledges that demand reduction is delivered along a "continuum of care encompassing different stakeholders, players and implementers" (DSD, 2018:49). This continuum encompasses prevention, early intervention, treatment and aftercare and reintegration (DSD, 2018:49-53). The NDMP adopts a health and welfare approach which is an approach to substance use and related harm that acknowledges the variability of substance use across time, place, and individuals (DSD, 2018:49-53). The health and welfare approach emphasises that substance use is influenced by the social and physical context in which users

live, with choices affected by societal and environmental factors (DSD, 2018:49-53). This approach views drug use as a result of interactive relationships among psychoactive substances (agents), individuals consuming them (hosts), and the context of use (environment) known as the Drug Triad (DSD, 2018:53). While the Health and Welfare Approach provides a robust framework for understanding drug use and related harm, the NDMP frequently uses broad terms such as "multidimensional," "variable," and "context," which, while comprehensive, may lack specificity. It would benefit from further clarification on how these terms are operationalized and measured in practice.

Additionally, whilst the NDMP acknowledges its influence from various local and international agencies and scientists (DSD, 2018:53), the approach might benefit from a more explicit consideration of cultural factors endemic to South Africa influencing substance use. Cultural contexts such as traditional customs where many African traditions make use of illicit substances in rituals (Mulungwa, 2018) and religious beliefs such as those belonging to Rastafarianism (Olofinbiyi and Mulaudzi, 2022). This acknowledgement can significantly impact attitudes towards drug use, and presenting some of these nuances in the South African society would enhance the health and welfare approach's cultural sensitivity.

The demand reduction model focuses on remediation of an individual's desire or demand for drugs, typically placing emphasis on prevention and treatment programs (Marlatt, 1996:785). The aim of the demand reduction approach to illicit drug use is to reduce and eventually eliminate the prevalence of drug use by primarily focusing on the drug user (Marlatt, 1996:785). This approach inevitably positions the act of using drugs as negative and undesirable thus warranting effort towards the reduction of drug demand. Demand reduction can be accomplished through various interventions, such as primary prevention, reduction of drug-related harm, treatment, after-care and re-integration etc. (DSD, 2018:5). However, the NDMP makes explicit mention of demand reduction through the mechanisms of prevention and treatment. Thus, this analysis will explore the NDMPs representation of PWUD/PWID through the expressed goal of demand reduction through prevention and treatment of drug use, misuse and abuse.

Several representations emerge in the NDMP as it pertains to PWUD. In terms of demand reduction through prevention of drug use, a representation of PWUD in the NDMP emerges that underscores a perspective that drug demand occurs on behalf of PWUD because they

experience social pressure to engage in substance use (DSD, 2018:49). This represents the user as demanding drugs because they lack will power and succumb to peer pressure. The NDMP creates this representation of PWUD by suggesting solutions such as to "counter social pressure" experienced by PWUD (DSD, 2018:49).

In terms of demand reduction through treatment of drug use, a representation of PWUD emerges in the NDMP that users engage in drug use because they lack treatment options (DSD, 2018:51). This is illustrated through statements which reveal that "availability and access to treatment services remains limited." (DSD, 2018:51). Whilst this may be a representation better suited under the theme of institutional capability, the NDMP uses the unavailability of treatment options to reveal a perspective of users who have not accessed treatment as having not maximised their "physical, mental, and social abilities" and lacking "full social reintegration" (DSD, 2018:51). Through these statements a representation of users thus emerges in the NDMP as people who are socially isolated/pathological. (DSD, 2018:51). However, this paper will delve further into a representation of PWUD in the NDMP that centres around the idea of education. This perception was selected because education often plays a crucial role in shaping attitudes, beliefs and behaviours towards various social issues, including drug use, and as articulated earlier in this paper, the WPR methodology is concerned with the shaping of ideas and their subsequent construction as particular problems to be solved.

4.3. The Problem Represented About PWUD In The NDMP

In terms of demand reduction through prevention of drug use, the representation of the PWUD in the NDMP underscores a perspective that their drug use stems from ill-informed beliefs about the benefits of substance use (DSD, 2018:49). Such ill-informed beliefs could include a belief that drug use has the ability to enhance creativity (Sessa, 2008). This is a widespread belief, however there is growing literature that challenges and demystifies this belief (Sessa, 2008). The NDMP creates the representation of users demanding drugs because they hold ill-informed beliefs about the benefits of substance use through statements such as those that say substance use can be prevented through demystification of "beliefs about the benefits of substance use" held by users (DSD, 2018:49).

The second and third questions of the WPR methodology delve into the underlying presuppositions and the genesis of the representation. The representation of PWUD using drugs because they are ill-informed about the benefits of substance use (DSD, 2018:49) presupposes that PWUD are making uninformed or misguided decisions and lack accurate knowledge about drugs. This viewpoint often implies that if individuals were better informed about the risks and benefits of drug use, they might make different choices. It suggests that education and awareness could lead to more responsible decision-making regarding drug use. This is evident as the NDMP recommends "participatory educational programmes that for example demystify beliefs about the benefits of substance use and train people to counter social pressure" (DSD, 2018:49).

In terms of the origins of these representations, the NDMP is not clear on the origins, data or research that informed this representation. This reader is thus left to make assumptions regarding the origins of this representation. The origins may lie in the South African education statistics. In 2014, Siceleo township ward 10 councillor, Ace Boland, made a remark in a Youth empowerment expo organised by the Department of Social Development in partnership with Government Communication and Information System (GCIS) and the Gauteng Premier's Office that "Our youth must not stand in the streets and smoke nyaope and drink alcohol. They must [rather] go to school to learn, so they can take this country forward" (Mhlongo, 2014).
As of 2023, it was found that only "46% of 15–19-year-olds are enrolled in general upper secondary education. A further 32% are enrolled in lower secondary programmes and 5% in tertiary programmes" (OECD, 2023). Using this metric, the NDMP would have to assume that it is in educational facilities that accurate information regarding drugs is taught and by missing school, target populations are missing the opportunity to be informed accurately regarding drugs and thus make better decisions.

WPR's fourth question prompts an exploration of what remains unexamined within the prevailing representation, urging an examination of the silences and an invitation to envision alternative perspectives. As it pertains to the representation of drug users being ill-informed regarding the benefits of drug use, the NDMP does not consider the possibility of drug users knowing both the positives and negatives of substance use and using drugs regardless. The harm reduction approach explored in earlier sections of this paper perceives substance users as knowingly, rationally, and consciously using substances (Marlatt, 1996). The NDMP does not acknowledge this possibility.

The NDMP also leaves unproblematic the quality of education provided regarding drugs. No insight is given in this regard within the NDMP. An alternative paradigm could consider educating youth and target populations about the dangers of dependent and risky drug use but also about safe drug use practices, which might contribute to de-stigmatisation. This would be similar to the evolution in strategies against the HIV/AIDS pandemic in South Africa wherein the implementation of prevention and treatment campaigns which included the provision of condoms and ARVs as well as education on HIV resulted in a decline in the incidence of HIV in 15–49-year-olds significantly, during a time in which the HIV pandemic was at its height in South Africa (see Johnson et al., 2012: 1544).

Similarly, interventions could shift from stigmatising, criminalising and denying access to health care for drug users, to providing education on the various methods of drug administration, patterns of drug use, associated harms, methods of safe drug use, ways to avoid overdose and avoid dependent and habituated use. This approach plus an increased availability of harm reduction services and other alternative treatment services would move South Africa beyond the abstinence models to include constructive conversations and interventions aimed at mitigating drug related harms. This could mirror the success of campaigns promoting safe sex and education regarding disease transmission, as well as increased availability of treatment services in controlling the spread of HIV/AIDS.

Question five of the WPR methodology probes the effects engendered by the adopted representation of PWUD. The overt assertion that PWUD are uneducated about the dangers of drugs runs the risk of pathologizing and further stigmatizing these individuals, resulting in more significant harms. Stigma has played a significant role in the proliferation of illicit substance use and the associated harms that are rampant in South Africa. The NDMP acknowledges such, noting that efforts to solve the "drug problem" have tended to promote stigmatisation of PWUD (DSD, 2018:36). The NDMP further notes that stigmatisation often serves to exclude those whom policies are designed to protect and prevent people from seeking assistance and treatment (DSD, 2018:36). The results of stigma enacted because of the representation of PWUD crafted by the demand reduction approach include shame and negative self-evaluating thoughts, avoidance of treatment, failure to seek employment (Luoma et al., 2007:1332), avoidance of intimate contact with others, suboptimal treatment by police, government officials (Picchio et al., 2020:2), and even healthcare professionals, including

medical practitioners (Scheibe et al., 2020a). These are all effects engendered by this representation of PWUD.

4.4. Conclusion

In conclusion representations of PWUD embedded within the NDMP through its objective of demand reduction underscore perspectives that drug use stems from ill-informed beliefs about the benefits of substance use, the prevalence of social pressure to engage in substance use (DSD, 2018:49), and from a lack treatment options that would allow them to maximise their abilities, attain "freedom" and full social integration (DSD, 2018:51). The representation that PWUD are ill-informed about the benefits of substance use presupposes that PWUD are making uninformed or misguided decisions and lack accurate knowledge about drugs. This implies that if individuals were better informed about the risks and benefits of drug use, they might make different choices. The NDMP does not provide the basis for the representations it puts forth. This paper has introduced utterances made in events held by the same department tasked with drafting the NDMP may provide some insight into the representation of PWUD being ill-informed about benefits of substance abuse and demanding drugs out of peer-pressure.

Harm reduction theories have provided evidence that some PWUD do so actively and knowingly (Marlatt, 1996). The NDMP does not scrutinize the concept of demand reduction itself, nor does it make any reference to the evidence of ancient traditions of human consumption of psychoactive substances which was widely accepted. By not entertaining the potential for a permissive attitude towards substance use, the NDMP equally fails to consider an alternative paradigm of state provided comprehensive education on safe substance use and harm reduction strategies which could decrease the drug related harms experienced by PWUD.

Lastly, in line with Bacchi's fifth question, the effects of the representation of PWUD as ill-informed includes an emphasis on prevention instead of on educating PWUD on safe consumption strategies which would decrease the incidence of drug related harms experienced. Another effect of this representation of PWUD is a further pathologizing and stigmatisation of PWUD which would result in shame, negative self-evaluating thoughts, failure to see employment, avoidance of treatment, suboptimal treatment by police, government officials and healthcare works, as well as a plethora of other effects (Scheibe et al., 2020b). Stigmatisation

and its accompanying effects which could result of this problem representation create obstacles for the possible implementation of harm reduction efforts as PWUD will be reluctant to seek aid engage in support services out of fear of stigmatisation.

The next chapter of this paper shall examine the problem representation as it pertains to the South African society and economy evident in the NDMP. This shall be done through an analysis of the seventh objective of the NDMP, namely, to "Stimulate robust and sustainable economic growth aimed at reducing poverty, unemployment and inequalities" (DSD, 2018:70), as well as through a segment of the first objective of demand reduction through prevention and treatment of drug use, misuse and abuse, namely the section titled "Demand reduction in a community" (DSD, 2018:55).

5. Representations Of Society And Economy

This chapter shall explore the second theme emerging in the NDMP surrounding representations of society and the economy that emerge in the goals of the NDMP. Exploring the problem representation in relation to society and the economy allows an understanding for how the NDMP perceives the broader implications of drug use and reveals whether the policy considers the inter-connectedness between drug-related problems and broader societal and economic challenges. Whilst this theme emerges slightly in the first goal of the NDMP, its predominant emergence is in the 7th goal of the NDMP. Thus, this chapter shall begin by briefly exploring this theme's representations in goal one of the NDMP and then move to a more expansive WPR analysis of this theme's representations in goal seven of the NDMP.

5.1. Representations In Goal One Of The NDMP

Within the first goal of the NDMP of demand reduction through prevention and treatment of drug use, misuse and abuse, the NDMP presents a section pertaining to drug demand in a community. That section of the NDMP presents a representation of society that the local community is a site for drug demand and supply (DSD, 2018:55). The NDMP posits that the prevalence of certain socio-cultural conditions or pressures in a community provide support towards drug use (DSD, 2018:55). The conditions mentioned include "A lack of (or limited) social discrimination against drug use, and high social exposure to drug use" (DSD, 2018:55). Through this, a problem represented regarding society by the NDMP is that there is a norm of "community tolerance towards drug use; a belief that discrimination against drug use is mild or non-existent; a belief in the rewarding nature of drug use, and a personal attraction to drug use" (DSD, 2018:55). The NDMP positions these norms and beliefs as the cause of a high demand for drugs in a community.

Further in the first goal, the NDMP states that accessibility of drugs in a community depends on "opportunities available for using drugs, the knowledge and awareness of drug use, and the ways of in which substances are offered" (DSD, 2018:55). The NDMP then presents a "social public health approach" which recognises the complexity and variability of drug use across time and place and draws a link between drug use, PWUD and the conditions within which they live, that being societal and economic conditions, such as unemployment or social

marginalisation (DSD, 2018:55). The NDMP then advocates for close work with communities to understand "both the cause and system dysfunctions at that [community] level" (DSD, 2018:55). This presentation of a social public health approach is encouraging for proponents of harm reduction. Tammi (2004) considers the new public health approach and harm reduction as parallel causes. This new public health approach "encourages an engagement with issues of health and social justice where they are conceptualized in a close relationship and maintains an ecological perspective on how to achieve them" (Solanki, 2019:81). The public health faction of harm reduction introduces an imperative to work more directly with affected communities, as is articulated in this section of the NDMP.

The seventh and final goal outlined in the NDMP focuses on fostering robust and sustainable economic growth with the explicit aim of mitigating poverty, unemployment, and inequalities (DSD, 2018:70). The text suggests that the problem being addressed is the impact of substance abuse and gangsterism on South African society and the economy. The NDMP presents substance abuse as a significant issue in South Africa, leading to social problems such as crime, violence, and organized criminal activities (DSD, 2018:70). Substance abuse is also portrayed as a factor contributing to poverty, unemployment, and inequality (DSD, 2018:70).

The NDMP further presents gangsterism as a social ill that has manifested in various criminal activities, including shootings, prison riots, intimidation, killings, and organized crime (DSD, 2018:70). The representation suggests that gangsterism has evolved into a more organized and pervasive issue, with gangs operating as career criminals and forming part of larger criminal syndicates (DSD, 2018:70). Thus, the NDMP suggests that substance abuse and gangsterism have negative economic consequences for the South African society and as a hinderance to economic growth, increasing unemployment, and perpetuating inequalities within society (DSD, 2018:70). The NDMP is not clear on whether substance abuse is caused by these negative economic factors or causes them. Lastly, the NDMP introduces the National Intelligence Coordinating Committee (NICOC) and portrays it as playing a major role in combating substance abuse and gangsterism (DSD, 2018:70). The NICOC has developed the National Anti-Gangsterism Strategy, reflecting a coordinated effort to address substance abuse and gangsterism comprehensively (DSD, 2018:70). This presents a question of whether the NDMP believes society requires "management" by the state to adequately fulfil intended goals such as economic growth.

Within this seventh objective, the NDMP outlines a four-pillar approach to tackle gangsterism, namely: (1) Awareness (promoting collaboration with communities), (2) Prevention (government and civil society services and programs designed to deter individuals from joining gangs), (3) Intervention (comprising short, medium, and long-term strategies involving law enforcement, community, or civil society initiatives), and (4) Coordination (sequencing and synergizing programs, processes, and interventions, including joint operations and information-sharing) (DSD, 2018:70). The NDMP then outlines three key components to achieve this outlined strategy which is to (1) "Put systems and implement relevant policies and strategies (2) Coordinate relevant projects/programmes that will provide alternative development to the youths, unemployed, key populations etc. and (3) Monitor the impact and conduct implementation evaluation to measure the progress registered in terms of NDMP 2019 – 2024" (DSD, 2018:71).

5.2. The Problem Representation Of Society And The Economy In The NDMP

Thus, the problem that society and the economy are represented to be in the NDMP is entailing complex interplay between substance abuse, gangsterism, and their adverse effects on the economy, contributing to issues of poverty, unemployment, and inequality (DSD, 2018:70-71). Unlike previous prohibitionist perspectives which framed substance abuse solely as a law enforcement issue (Murhula and Singh, 2019), the NDMP through this representation recognises the complexity of substance abuse and gangsterism, incorporating social, economic and cultural dimensions in its representation and recommended intervention. This representation signals a departure from prohibitionist and criminal justice centred approaches, towards more comprehensive and multi-faceted understandings of substance use and abuse.

The second and third questions of the WPR methodology delve into the underlying presuppositions and the genesis of the representation. The way in which society and the economy is represented to be a problem in the NDMP because of the complex interplay between substance abuse, gangsterism and their effects on the economy assumes a direct causal link between substance abuse and the identified social and economic issues (DSD, 2018:70). Substance abuse and gangsterism are not only perceived as issues but also as ills with negative valence attached to them. The way in which society and the economy is represented to be a problem in the NDMP because of the complex interplay between substance abuse, gangsterism

and their effects on the economy presupposes that to address substance abuse, stakeholders must promote economic growth, poverty reduction, decreases in unemployment, and inequality (DSD, 2018:70). Indeed, current evidence is in line with the position that drug use increases in times of recession because unemployment increases psychological distress which increases drug use (Nagelhout, et al., 2017). However, other factors also contribute towards psychological distress which are not accounted for in this representation such as loneliness, health issues and family conflict (Pengpid & Peltzer, 2022).

This representation also assumes an association between drug use and gangsterism. This presupposition may be based on observed correlations between drug-related crimes and activities attributed to gangs. Law enforcement data, crime analyses, and sociological studies may contribute to the assumption that drug use and gangsterism are interconnected issues. Howell and Couzyn (2015:6) specifically highlight the linkage between the "epidemic" of methamphetamine and the proliferation of gang activity in the Western Cape. While evidence of a correlation between gangsterism and drug use exists, it is essential to emphasise that correlation does not equate to causation.

The representations' assumption that drug use and gangsterism are intrinsically tied together might be influenced by historical perspectives perpetuated by the drug prohibitionist regime. This historical stance often justified a militarized state response to illicit substances, conflating drug use with gangsterism and fostering a one-dimensional narrative, which risks occurring here if other linkages are not drawn to substantiate individual impetus towards gang affiliation. Tying drug use and gangsterism so intrinsically as the NDMP does enables responses which centre law enforcement and legitimizes criminalisation in the interest of the "public good." This link and subsequent militaristic interventions are the primary focus of the global justice faction of harm reduction as outlined by Tammi (2004). This faction argues that there are "seriously harmful" effects of international drug control on developing countries like South Africa such as diverting resources away from public health initiatives and towards the criminal justice system and effects such as human rights violations which include arbitrary arrests and disproportionate sentences (Tammi, 2004).

WPR's fourth question prompts an exploration into what remains unproblematic in the given representation, delving into the silences and the potential for alternative perspectives. What is most obviously missing from this representation is any account for the prevalence of

gangsterism in South Africa. As the NDMP aligns its intention to address substance abuse by fostering robust economic growth and curtailing gangsterism, which it says continues to "plague democratic South Africa" (DSD, 2018:70), the representation fails to draw a picture of the scale of the issue. No data is provided, or case studies referenced which could provide the reader with an indication of the prevalence of the issue of gangsterism. This omission renders it difficult to monitor or evaluate the implementation and outcomes of this objective. The representation also does not provide any evidence supporting this causal link between gangsterism, economic deprivation and substance abuse. In fact, the NDMP omits mention of the link between gangsterism and organised national and transnational crime (Viltoft, 2022). This link makes gangs increasingly able to maintain territorial and social control and renders government strategies less effective (Viltoft, 2022).

Secondly, there exists a silence surrounding the root cause of the economic deprivation to which substance abuse is correlated. South Africa's colonial and apartheid history created a legacy that contributed to poverty, unemployment, inequalities and subsequently the substance abuse which this representation identifies as correlated (Aliber 2003 in Cheteni et al., 2018:12). By drawing such a definitive link between substance use and gangsterism, this representation risks representing all gang participants as PWUD and unwilling participants in the gang-related activities. The representation negates the positive aspects that gangs might contribute to society and economy. This includes growth and financial security in marginalised neighbourhoods which are often excluded from the formal economy (MacMaster, 2007).

Additionally, the representation overlooks the potential for gangs to provide a distorted sense of power and importance through the execution of violence, intimidation and access to financial resources. Venter & Jeffries (2020:55) provides alternative theories that for individuals involved in gangs, the world they abandon is often one that has disenchanted and marginalised them. Gangs perceive society not as the functional space they desire but as a source of unjust power and dominance (Venter & Jeffries, 2020:55). As a result, gang members exist in a prolonged state of resistance (Brotherton 2008:123 in Venter & Jeffries, 2020:55), and in seeking an alternative space, they create what is referred to as "third space", emerging from the tension generated by society and political influences (Soja 1996:60 in Venter & Jeffries, 2020:55). This implies that gangs are often successful in establishing a new organizational structure to address the social and economic vacuum created by their marginalisation from

mainstream society and ineffective state institutions, such as the education system (Van Breda, 2007 in Venter & Jeffries, 2020:55).

This correlation, thus, of (1) gangsterism and substance abuse (2) the society, gangsterism and substance abuse and (3) society, gangsterism, substance abuse and economy is far more complex than represented in this NDMP objective. One further reason for this is because those often engaged in gang activity are members of marginalised communities (Viltoft, 2022). They are thus often the targets of the criminal justice interventions and with these marginalised communities often being impoverished, a criminalisation of poverty thus emerges (Viltoft, 2022). The simplification of this perception of society, economy and substance use, risks perpetuating marginalisation, emboldening stereotypes and negative perceptions of low-income segments of society, which are often those involved in drug related crime and gangsterism (Cheteni, et al., 2018:12), and justifying prohibitionist militarized responses to these segments of society.

Finally, to the question of the effects of the NDMP representation of society and economy as a problem because of the complex interplay between substance abuse, gangsterism and their effects on the economy is the hypervisibility of gangs and the marginalised communities in which they operate, potentially exacerbating stereotypes, fears or negative perceptions of those communities. An exacerbation of these stereotypes may further exclude these communities from society and from the formal economy, thrusting them back into the only economies available to them (Viltoft, 2022). As such this representation could perpetuate a cycle of marginalisation, substance abuse and crime which are both cause and effect of each other.

There is a clear class dimension at play in this representation. Cameron (2020) raises the perspective that substance users in affluent neighbourhoods such as cocaine users in Sandton, Gauteng or Constantia, Western Cape, are shielded within gated communities and remain largely immune to law enforcement. Instead, hyper-visible and societally expected substance users and drug-related criminals are spotlighted and become the targets of policies such as the NDMP and of state sanctioned interventions (Cameron, 2020). This strategy, Cameron (2020) asserts, enables policymakers to claim victories against drug-related issues by concentrating on accessible, smaller targets while allowing larger players, including kingpins, to operate with less interference.

Lastly, this representation of society and the economy as a problem in the NDMP because of the complex interplay between substance abuse, gangsterism and their effects on the economy raises the question of which society, or segment of society, is made most visible in the NDMP. The segment of society that is represented as a problem representation is the marginalised segments of society. That being, previously disadvantaged groups. This spotlighting of marginalised segments of society may serve to legitimise increased state surveillance over those segments. Once again, the global justice approach to harm reduction warns that increased surveillance, which is often accomplished through criminal justice systems, could result in harms effects which in this aspect could involve erosion of civil liberties (Tammi, 2004). These targeted interventions could very well breed social unrest and breakdown community-police relations.

5.3. Conclusion

In conclusion, the seventh objective of the NDMP which aims to stimulate robust and sustainable economic growth aimed at reducing poverty, unemployment and inequalities, represents society and the economy as a problem because of the "complex interplay between substance abuse, gangsterism, and their adverse effects on the economy, contributing to issues of poverty, unemployment, and inequality" (DSD, 2018:70-71). The representation signals a departure from prohibitionist and criminal justice centred approaches, towards more comprehensive and multi-faceted understandings of substance use and abuse. It presupposes the above-mentioned aims will address substance abuse, which it might be able to do somewhat but not entirely. Other factors are not considered in the representation such the link between gangsterism and organised national and transnational crime and the security and financial opportunities that gangs might provide to marginalised communities which are excluded from the formal economy. Nevertheless, the NDMPs recognition of the complex interplay between substance abuse, societal factors, and economic challenges creating opportunities for a more comprehensive and multi-faceted approach which harm reduction could be.

In goal 1 of the NDMP explored early in this chapter, the NDMP represents communities as a problem because of their tolerance towards drug use. This tolerance and lack of social discrimination against drug use is positioned as causing a high demand for drugs in communities. However, the NDMP presents a social public health approach which signals its

recognition of drug use as complex and variable. The NDMP draws a link between PWUD and the conditions within which they live, that being societal and economic conditions such as unemployment or social marginalisation. The NDMP then advocates for close work with communities which is encouraging for harm reduction opportunities because direct work with affected communities is an integral aspect of harm reduction's public health dimension. This presents another opportunity for harm reduction and specifically for the growth of the mutual-help and identity movement aspect of harm reduction which emerges from these community engagements to take root. Direct engagement by communities with PWUD such as Nyaope users could humanise them in the eyes of society, disrupting social and even potentially economic marginalisation of PWUD such as Nyaope users.

Despite its multi-dimensional approach, the NDMP representation leaves certain aspects unproblematised. The scale of gangsterism in South Africa is not adequately framed, and there is a silence concerning the root causes of economic deprivation correlated with substance abuse. The representation also neglects alternative perspectives on gangsterism, overlooking the potential positive aspects that might attract individuals to join gangs, such as a sense of belonging and empowerment. The effects produced by this representation is a hypervisibility of the marginalised communities in which the gang activities and substance abuse occurs, potentially exacerbating stereotypes and further excluding those communities from society and the economy. This representation of also reveals that the society and economy the NDMP is focused on and perceives as a problem is marginalised segments of society and this spotlighting of them by the NDMP may increase surveillance in those communities and erode civil liberties and community-police relations.

The final chapter of this analysis shall examine the problem representation as it pertains to the institutional capabilities evident in the NDMP. This shall be done through an analysis of objectives two through six of the NDMP, namely, (2) supply reduction through multi-sectoral cooperation; (3) ensuring availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion; (4) Identify trends and control of New Psychoactive Substances; (5) promote governance, leadership, and accountability for a coordinated multi-sectoral effective response; including economic development at community levels; and lastly (6) strengthen data collection, monitoring, evaluation, and research evidence to achieve the goals (DSD, 2018:58-69).

6. Representations of Institutional Capabilities

This chapter analyses five of the seven objectives of the NDMP to uncover how institutional capabilities are represented as a problem in the NDMP. These objectives, namely, objectives 2 through 6 of the NDMP range from supply reduction through multi-sectoral cooperation to ensuring the availability of controlled substances for medical purposes, tackling new psychoactive substances, promoting effective governance, leadership, and accountability, and strengthening data collection and research (DSD, 2018:58-69). The interventions proposed by the NDMP because of the problem it presents of ineffective institutional capabilities include the following (which also respectively represent objectives two through six of the NDMP): (2) supply reduction through multi-sectoral cooperation; (3) ensuring availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion; (4) Identify trends and control of New Psychoactive Substances; (5) promote governance, leadership, and accountability for a coordinated multi-sectoral effective response; including economic development at community levels; and lastly (6) strengthen data collection, monitoring, evaluation, and research evidence to achieve the goals (DSD, 2018:58-69). Each objective sheds light on how the NDMP represents the problem of substance abuse as resulting from ineffective institutional capabilities.

This chapter aims to unravel the nuanced representations of the problem of ineffective institutional capabilities represented within objectives two through six of NDMP. This shall offer insights into the complexities that institutions encounter in implementing drug control measures. Institutions are of great importance in policy documents as they are often tasked with implementation and enforcement of proposed strategies. Interventions and approaches adopted by institutions are more prominently bound by regulatory frameworks and the political influences that govern the realm of drug policy than PWUD and communities are. This chapter discusses a number of institutions which is fitting seeing that the NDMP repeatedly emphasises that for effective policy documents and successful implementation, inter-sectoral cooperation is required amongst institutions and relevant stakeholders (DSD, 2018:58). Thus, as these institutions are expected to operate in unison, it is fitting to analyse how the NDMP represents their capabilities as a problem in one chapter. However, before this paper explores how the NDMP represents institutional capabilities as a problem, it is important to first consider the

institutional and regulatory context under which these institutions operate as well as what has influenced such polices and regulatory frameworks specifically in the South African context.

6.1 Institutional And Regulatory Frameworks And Their Influences

As detailed in an earlier chapter, globally, the regulatory framework for the IDCR includes the 1972 Single Convention, the 1971 Psychotropic Convention, and the 1988 Trafficking Convention. South Africa, as a signatory to these conventions, implemented them through the 1992 Drugs Act, following a prohibitionist model. However, during the democratic transition in 1994, South Africa shifted its policies, adopting a social welfare approach outlined in the White Paper for Reconstruction and Development (1994) and the 1997 White Paper on Social Welfare. This approach focused on social justice, human capabilities, and enhancing livelihoods. The 1999-2004 National Drug Master Plan (NDMP) emerged within this context, guided by the social welfare approach, the 1992 Drug Act, and the UN IDCR. Thus, it is within these frameworks and under the protections of the South African constitution, which has been heralded as being one of the world's most progressive constitutions prioritising human rights and dignity for all (Scheibe et al., 2020b), that the institutions this chapter assess operate under.

It is imperative to recognize however, that there exists the influence of the agendas of other global superpowers such as China and Russia playing out in South African policy and perspectives because of partnerships like the BRICS (Brazil, Russia, India, China and South Africa) group (Scheibe et al., 2020b). For example, Russia has provided economic incentives to South Africa which has led to "undue" levels of influence as evidenced by the Russia-Africa Anti-Drug Dialogue (RAADD) in which South Africa's adherence to a multi-lateral commitment of mutual support for the drug prohibition promoted in RAADD led to South Africa failing to openly support the Common African Position of the African Union in 2015 even through the Deputy Minister of Social Development was the coordinator of this consensus position statement on behalf of the AU (Eligh, 2019:21). Scheibe et al., (2020b:287) have also posited that "South Africa is heavily reliant on international funders, their agendas also shape local health policies in ways that are not necessarily aligned with local needs." Research done by Mpanza et al., (2021) exploring how local drug polices respond to the national and international context revealed that "While international actors were absent in South African policy formulation processes, they had a strong influence on the focus of some policies. The

participation of local actors (SA) in the policy formulation processes was inconsistent, with the DSD and DoH [Department of Home Affairs] being the most common and consistent participants" (2021:146).

Lastly, whilst not particularly referring to a political framework, this 4th edition of the NDMP boasts the embrace of an evidence-based approach as one of its five principles to be adhered to in implementation of the interventions proposed (DSD, 2018:17). This is particularly interesting for the WPR methodology employed in this paper because Bacchi (2009) questions how knowledge/evidence is constructed and given legitimacy and authority in drug policy processes. Bacchi (2009) through the WPR methodology prompts a questioning of which voices may be heard in drug policy processes and how knowledge producers secure these privileged positions of influence. This is where the impetus for the 'problem-questioning' paradigm rests. Bacchi believes that knowledge is a contested concept with a range of political effects (Lancaster et al., 2017). Thus Bacchi, and this paper, contends that the academic knowledge which we call evidence is not merely an objective resource for governments to use in policy decision-making, but rather central to the way we are constituted and governed as political subjects (Lancaster et al., 2017). The earlier exploration into the Addiction as Disease model illustrated this construction of academic knowledge as the definition and characteristics for addiction to be constituted a disease underwent multiple evolutions (Reinarman, 2005). Evolution occurred from prohibitionist ideologies, towards a public health ideology which evolved into the technology of medicalisation which grants regulatory authorities' power to govern PWUD (Du Rose, 2015).

Thus, whilst the evidence-based paradigm embraced by the NDMP may initially appear encouraging and progressive as it reflects a NDMP that desires methodological rigour in the research used by employing evidence-based research, the evidence-based paradigm "actually rests on deeper assumptions which place limits around not only what can be said but also who can legitimately speak" (Lancaster et al., 2017). Thus, this paper encourages careful scrutinization of both the legal frameworks, political influences but also epistemic biases and powers through which institutions operate. Considering such, this chapter shall endeavour an exploration of the ways in which the NDMP represents the problem of institutional capabilities.

6.2. How Does The NDMP Represent The Problem Of Institutional Capabilities?

Throughout goals 2 through 6 of the NDMP emerges a common theme of institutional capabilities being represented as problems. The type of problems institutional capabilities are represented as includes being ineffective in coordination, governance, and leadership (DSD, 2018:58-69). The NDMP has presented this problem representation as detrimental because it leads to challenges in controlling drug supply, ensuring appropriate access to controlled substances, addressing new psychoactive substances and strengthening data collection, monitoring and evaluation and research evidence (DSD, 2018:58-69). A common thread in the NDMP is recommending legislative and regulatory modernisation and alignment to increase capabilities and subsequently address drug related harms (DSD, 2018:59). Through goals 2 through 6 there is a recognition of the criminal justice system's inefficiency in addressing matters of public health. This aligns with the global trend and the intention expressed in the chapter on a shift in the policy understanding of addiction, departing from prohibitionist approaches towards harm reductionist, public health and human rights-based approaches (DSD, 2018:59). This shift aligns with the global justice and new public health professionals' approach to harm reduction (Tammi, 2004). In a South African context, such a shift could see a more empathetic and humane approach be taken towards interventions for PWUD such as Nyaope users who are often the target of much marginalisation and regulation (Hunter, 20021).

It is not only the institutional capabilities of the criminal justice systems that are problematised in the NDMP. The third objective of "ensuring availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion" (DSD, 2018:62), represents the department of health as ineffective due to a deficiency in the availability and access to controlled substances for their legitimate purposes. The fourth objective of identifying trends and controlling new psychoactive substances (DSD, 2018:66) represents the South African Police Service as ineffective because of its inability to regulate the challenge of emerging New Psychoactive Substances (NPS) and Amphetamines Type Stimulants (ATS).

The fifth objective to "promote governance, leadership, and accountability for a coordinated multi-sectoral effective response' (DSD, 2018:66) as well as the second objective of " on supply

reduction through multi-sectoral cooperation, outlining goals of supply reduction through proactive law enforcement, effective responses to drug-related crime; countering money laundering and promoting judicial cooperation" (DSD, 2018:61) represents the department of social development and specifically, the CDA as ineffective. This is because both of these objectives involve enhancing operational coordination, reviewing and harmonising laws and policies which all fall under the purview of the CDA and are all substantially deficient according to the NDMP (DSD 2018). Lastly, the sixth objective to "strengthen data collection, monitoring, evaluation, and research evidence to achieve the goals" (DSD, 2018:68) also represents the CDA, DSD and Department of performance monitoring and evaluation (amongst others) as ineffective in its current state. This representation stems from recommendations and evaluations from previous NDMPs, as well as the CDAs own admission as it describes the current mechanisms for monitoring and evaluation drug related activities, as well as for data collection and research as insufficient (DSD, 2018:68-69).

Questions two and three of the WPR framework delve into the presuppositions and origins of the representation The concerns about inefficiencies in the various state institutions emerges from research conducted under each objective. In objective two on supply reduction Machethe and Mofokeng (2022) conducted interviews within and around the criminal justice system and uncovered widespread issues at all levels. These issues include a lack of dedicated police officers, reluctance to work weekends or after hours due to a lack of overtime pay, and strained relationships between detectives and prosecutors, police officials disillusioned with the courts etc. (Machethe and Mofokeng, 2022:349). On objective three, i.e. effective regulation of controlled substances, research has been conducted that reveals a need for improved supply chains, better policies and strengthened regulation in the institutions of The Department of Health (Mthembi, Mwenesongole & Cole, 2018). Research conducted regarding objective four on identifying trends and regulating NPS reveals that the rapid emergence of NPS poses a challenge for law enforcement, as manufacturers adapt swiftly to legislative changes (Netzer, et. Al., 2022). The centralized control model struggles with bureaucratic inefficiencies, rendering interventions outdated (Netzer, et. Al., 2022). Regarding objective five, evidence is well documented substantiating critiques of the CDA's "sluggish advancement toward stated objectives, attributing hinderances to bureaucratic processes, insufficient commitment within the department, and a dearth of financial resources" (Scheibe et al, 2020b). Lastly, the evidence to substantiate objective six lies in feedback received from previous NDMPs which is also detailed early in this NDMP (DSD, 2018).

WPR's fourth question prompts an exploration of what remains unproblematic in the given representation, delving into the silences and the potential for alternative perspectives. With the CDA being tasked with coordinating and providing clear leadership for all of the institutions within the NDMP a silence exists surrounding the CDA's capabilities and authority to effectively coordinate the various institutions. Firstly, a complexity exists in the CDA's diverse sectoral representatives and subsequent conflicting mandates (Stein, 2016). Law enforcement and health-oriented institutions within the CDA exhibit conflicting stances, with law enforcement demonstrating a prohibitionist perspective (OHCHR, 2018), and health institutions favouring harm reduction (National Department of Health, 2018a, 2018b). Fragmentation is evident in provincial, municipal and local challenges to the legality and implementation of NDMP mandated harm reduction practices, such as needle and syringe services (TB HIV Care Association, 2017; Dada et al., 2019). The closure and subsequent reopening of the Durban needle and syringe program highlights opposition to harm reduction by state officials (Scheibe et al, 2020).

Even within the Department of Social Development housing the CDA, fragmentation exists, with shifts towards harm reduction publicly countered by the Minister of Social Development (Scheibe et al, 2020:285). The plan lacks clarity on how multi-sectoral cooperation for supply reduction will be achieved and is silent on addressing historical fractured relations (DSD, 2018:58-61). Crucially, the NDMP is silent regarding budgetary allocations internally and amongst stakeholders. Subsequent to the release of the NDMP, the CDA has voiced concerns regarding funds allocated to it from the DSD (PMG, 2023).

Lastly, question five of the WPR methodology probes the effects engendered by the NDMP representing institutional capabilities as a problem because of their ineffective regulation. Depending on the ideological preferences of the CDA as it pertains to drug control measures, this representation could negatively or positively affect resource allocation. Should the regulatory frameworks and political influences that govern the CDA favour prohibitionist and medicalisation approaches, this representation of institutional capabilities could further financial investment and resource allocation back into the existing institutions which have proven their inefficiency in addressing substance abuse related harms. Alternatively, should the regulatory frameworks and political influences that govern the CDA favour harm reductionist approaches financial investment and resources could be allocated towards new interventions,

reformation of existing institutions to adopt public health and human right centred approaches or the complete removal of certain institutions from the proposed solutions entirely. Additionally representing institutional capabilities as a problem because of their ineffective regulation of substance abuse could result in a decline in public confidence and cooperation with those institutions as reported by (Machethe & Mofokeng, 2022). It could also result in disillusionment of those within the very institutions themselves (Machethe & Mofokeng, 2022).

6.3. Conclusion

In conclusion this chapter presents the NDMPs representation of institutional capabilities as a problem. Through explorations of objectives 2 through 6, this chapter reveals a perceived issue of ineffective coordination, governance, and leadership within institutions. The capabilities of these institutions may be hindered because of the regulatory and legal frameworks under which they operate. These frameworks were detailed early in the chapter and encompass the UN IDCR, SA Drugs Act, democratic social welfare approaches. Other political influences could also impede on these institutions' ability to delivery appropriately. Lastly, this chapter also presented the possibility of biased evidence-based-policy to influence institutional capabilities. However, the NDMP leaves unproblematic the issue of the CDA's authority and capabilities to effectively coordinate the many institutions detailed in this chapter whom are required to work collaboratively to complete their goals pertaining to drug policy.

Nonetheless, a complex web of effects result from the representation of institutional capabilities in the NDMP. Some of these include resource allocation, declining public confidence in institutions to address drug related harms and disillusionment by those within the institutions. The representations of institutional capabilities in these chapters of the NDMP and thus its conceptualizations of the drug problem create potential opportunities for harm reduction in that the NDMP expresses intention to shift from prohibition towards public health or human rights strategies. These are in-line with harm reduction and opens up an opportunity for a more empathetic and humane approach, especially towards marginalised drug users such as nyaope users in South Africa. The acknowledgment of inefficiencies in the criminal justice system in addressing public health matters aligns with harm reduction principles. This recognition sets the stage for potential reforms that could prioritize harm reduction over

punitive measures and lastly, The NDMP recommends legislative and regulatory modernisation and alignment to increase institutional capabilities. This presents an opportunity for incorporating harm reduction principles into the legal and regulatory frameworks, fostering more effective and compassionate approaches.

However, the problems represented regarding the absence and complexities of multi-sectoral cooperation and conflicting stances present very real challenges to the implementation of harm reduction. As evidenced in the case of the OST programmes in Durban, fragmented opinions regarding harm reduction and preferences for prohibitionist interventions can pose a challenge to harm reduction. Additionally, the problems of authority, legitimacy and good leadership represented regarding the CDA poses a challenge toward a widespread ideological shift toward harm reduction. This approach is vastly different to the criminal justice interventions and the common conceptualizations of appropriate responses to drug use and drug related harms. A strong and authoritative leadership is required to rally the various institutions as well as the wider society around harm reduction and the representations uncovered here do not bode promising for the CDA becoming the legitimate and authoritative leadership required.

7. Conclusion

In conclusion, this mini dissertation has undertaken a of the critical problem representations constructed in the NDMP 2019-2024. By employing Carol Bacchi's (2009) WPR methodology, the paper has challenged the conventional framing of the "drug problem" in the NDMP as a self-evident issue requiring resolution. This analysis has unveiled how the "drug problem" is constructed within the NDMP, emphasising the power dynamics and representations that potentially influence policy decisions. The study delved into the historical evolution of drug policy in South Africa, as well as globally. This paper highlighted pivotal moments in the evolution of global drug policy and as well as the paradigmatic shifts that occurred leading to the eventual inclusion of harm reduction practices in the National Drug Master Plan. The historical context provided a foundation for understanding the ideological foundations that current drug policies. It also laid the foundation for the ensuing exploration of drug problem representations in the NDMP.

The representations within the NDMP reflect historical tropes regarding PWUD. These tropes are often driven by colonial influences and continue to perpetuate racialized discourse (Hunter, 2021:62). These representations contribute to a dehumanising narrative, portraying drug users as other, criminal, and uneducated (Howell, 2015). The NDMP's framing of PWUD emphasises demand reduction, attributing drug use to ill-informed beliefs, social pressure, and a lack of treatment options (DSD, 2018:49, 51). This representation assumes that better-informed individuals might make different choices, overlooking the complex realities of substance use. The NDMP does not explore alternative interventions, such as comprehensive education on safe substance use and other harm reduction strategies, other than OST. The focus on prevention rather than education perpetuates stigmatisation and hinders effective harm reduction efforts (Scheibe et al., 2020b).

The NDMP also highlights the societal and economic implications of drug use, acknowledging the complex interplay between substance abuse, gangsterism, and adverse effects on the economy (DSD, 2018:70-71). While this represents a shift from prohibitionist approaches, it falls short of full paradigmatic evolution by neglecting alternative perspectives on gangsterism and overlooking root causes of economic deprivation. The representation emphasises marginalised segments of society, leading to hypervisibility that may exacerbate stereotypes

and further exclude these communities from society and the economy. The institutional capabilities portrayed in the NDMP, analysed through objectives two to six, reveal perceived issues of ineffective coordination, governance, and leadership within institutions. While the NDMP expresses an intention to shift from prohibition towards public health or human rights strategies, the complexities of multi-sectoral cooperation and conflicting stances present challenges to the implementation of harm reduction. The NDMP recommends legislative and regulatory modernisation in some instances, providing an opportunity to incorporate harm reduction principles into legal frameworks, fostering more effective and compassionate approaches.

This mini dissertation has provided some promising potential for harm reduction in South Africa. However, because this paper was written during the tenure of the NDMP, it was only able to speak to problem representations, happenings and outcomes occurring during the policy documents tenure. Time still exists for many of the shortfalls of the document to remedy and for the practical implementation of the policy recommendations to be actualised. Additionally, this paper assessed the problem representations through only three themes. Whilst these themes did attempt a holistic perspective of the interventions proposed in the NDMP objectives, it was not exhaustive and thus can only speak to the segments relating to these three themes in the NDMP.

In moving forward, it is essential for the NDMP to challenge and reshape these representations in future editions. Recommendations include a comprehensive review of the NDMP to ensure a balanced and evidence-based approach that truly incorporates harm reduction principles. Engaging directly with affected communities, especially through the growth of mutual-help and identity movements, can humanize PWUD and disrupt social and economic marginalisation. Legislative and regulatory reforms should align with harm reduction principles, emphasising public health over punitive measures. The NDMP should also avoid as much as possible, de facto harm reduction as without multi-sectoral communication, confusion and diverging institutional mandates are bound to continue, as evidenced in the eThekwini OST debacle. A way forward involves strengthening the authority and legitimacy of the CDA. This will enable the promotion of open dialogue and collaboration between institutions, stakeholders, and affected communities to build a more empathetic and effective response to drug-related issues. This will also increase the likelihood of stakeholder implementation of proposed interventions, something that has been a considerable struggle as of now. Leadership

should embrace harm reduction, challenging the status quo and fostering a more inclusive and compassionate approach, as opposed to the dominate criminal justice paradigm that prevails. Education and awareness campaigns should target the pervasive stigmatisation of PWUD, aiming to reduce shame, negative self-evaluations, and barriers to seeking support services, as well as educate communities about the humanity of PWUD.

In conclusion, the path to harm reduction in South Africa necessitates a paradigm shift in policies, perceptions, and practices. By addressing racialised, historical tropes, embracing critical and truly objective evidence-based strategies, and fostering collaboration between institutions and stakeholders, South Africa can work towards a more humane and effective approach to drug-related issues and reduce the drug related harms of substances like Nyaope.

[Word count: 25 029]

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