

COMMUNITY PERCEPTIONS OF SOUTH AFRICAN POLICE SERVICE RESPONSES TO SUBSTANCE USE
AND THE IMPACTS ON HEALTH AND WELL-BEING OF COMMUNITY LEADERS AND SUBSTANCE USERS
IN A PERI-URBAN COMMUNITY IN CAPE TOWN

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DECLARATION

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ABSTRACT

Background:

In South Africa, high levels of drug-related crime, including drug dealing, theft, and possession alongside widespread substance use and a history of violent police interventions in communities, reflect ineffective policing. Reports frequently highlight corrupt policing and police involvement in crime syndicates within communities, particularly in low-income areas. These challenges and dynamics exacerbate socio-economic and health disparities and social malaise. This complex dynamic between law enforcement, substance users, and community leaders is poorly understood, contributing to a climate of distrust and conflict, conditions which perpetuate these disparities

Research Aim

The study aims to explore and understand the relationship and the dynamics that exist between substance users and police officials in community settings where many substance users live, informing strategies to enhance health and well-being.

Methods

Participants were recruited from a peri-urban suburb in Cape Town characterised by economic disadvantages, high rates of unemployment and a high prevalence of substance use. This exploratory qualitative study made use of three groups of participants: people who use drugs (PWUD) (n=27) (*Group one*), Community leaders identified by PWUD's (n=6) (*Group two*), and members of the South African Police Service (SAPS) (n=8) (*Group three*). Purposive sampling methods were used. Data were collected through focus groups for Group one, followed by in-depth one-on-one interviews for Groups 2 and 3. Data were analysed using thematic analysis using NVivo12 software. Findings were interpreted using the Social Determinants of Health Framework and the Socio-ecological model.

Results

PWUD's highlighted daily dangers like high crime rates and poverty. Many felt trapped by displacement from drug use or government relocation programs. They expressed fears and frustrations about police violence, corruption, and distrust, likening officers to gang members. PWUD emphasized the need for reliable policing, as they too are victims of crime while facing poverty, unemployment, and inadequate housing.

On the other hand, community leaders viewed themselves as an underutilised resource. They emphasized the need for resources and support systems, especially for the youth, and highlighted challenges such as police corruption and lack of cooperation. Engaging community leaders can improve health by fostering trust, enhancing outreach efforts, advocating for local needs, and facilitating access to resources and support services to the community.

The implications for police-community relations and policy were significant. Police officers highlighted the strong connection between gang activities and substance use, noting their powerlessness due to changes from a 'police force' to a 'police service'. Officers expressed frustration over the community's lack of respect and support, corruption within their ranks, as well as inadequate resources and leadership, all of which hinder effective policing of substance use. To improve trust and restore faith in SAPS, new organisational processes are required to address and investigate illegal activities within the SAPS stations.

Conclusion

Applying the social determinants of health and socio-ecological perspective allowed for the exploration of risk factors which contribute to substance use, criminal involvement and lack of trust, ultimately perpetuating cycles of poor health. By integrating the perspectives and experiences of PWUD's, community leaders and police officers, it became evident that to effectively address health inequities requires a comprehensive, integrated approach that considers complex social, economic, and environmental influences on well-being.

Contents

ACKNOWLEDGEMENTS.....	iii
ABSTRACT.....	iv
GLOSSARY.....	ix
CHAPTER 1: INTRODUCTION	1
1.1 SETTING THE SCENE	1
1.2 CHAPTER OUTLINE	4
CHAPTER TWO: LITERATURE REVIEW	5
INTRODUCTION.....	5
2.1 POLICING IN CONTEXT: POWER, LEGITIMACY AND COMMUNITY DYNAMICS.....	6
2.1.1 The challenge of police legitimacy.....	6
2.1.2 Strategies for policing substance use.....	8
2.1.3 Policing illicit substances in marginalised communities	9
2.1.4 Police-community relations in practice	11
2.1.5 Community leaders as connectors.....	13
2.1.6 Community policing in under-resourced settings.....	14
2.2 EXPLORING THE MULTI-LEVEL IMPACT OF SUBSTANCE USE.....	15
2.2.2 Individual level	16
2.2.1 Community level	18
2.3 THEORETICAL FRAMEWORK	19
2.4 RATIONALE AND MOTIVATION	23
CHAPTER 3: AIM, OBJECTIVES AND METHODOLOGY	27
3.1 INTRODUCTION.....	27
3.2 RESEARCH QUESTION	27
3.3 AIM.....	27
3.4 OBJECTIVES	27
3.5 METHODOLOGY	28
3.5.1 RESEARCH POPULATION AND SAMPLING.....	28
3.5.2 RECRUITMENT.....	32
3.5.3 INSTRUMENT DEVELOPMENT.....	34
3.5.4 DATA COLLECTION	35
3.5.6 DATA ANALYSIS.....	36
3.5.5 ETHICAL CONSIDERATIONS	39
3.5.7 DEVELOPMENT OF RECOMMENDATIONS	40

3.5.8 AUTHENTICITY OF THE RESEARCH	41
CHAPTER 4: RESULTS.....	43
4.1 GROUP ONE: PEOPLE WHO USE DRUGS	43
4.1.1 Theme 1: The suburb as a landscape of danger	44
4.1.2 Theme 2: ‘Us versus Them’	48
4.1.3 Community Solutions.....	50
4.1.4 Summary and conclusion	52
4.2 GROUP TWO: COMMUNITY LEADERS.....	53
4.2.1 Theme 1: The influence and potential of community leadership.....	54
4.2.2 Theme 2: Challenges facing youth people in marginalised communities	56
4.2.3 Theme 3: Police interaction with Community Leaders.....	58
4.2.4 Theme 4: Daily realities of violence and institutional corruption.....	60
4.2.5 Theme 5: The social and economic costs of gang presence	61
4.2.6 Recommendations by Community Leaders	62
4.2.7 Summary and conclusion	64
4.3 GROUP THREE: POLICE OFFICIALS.....	65
4.3.1 Theme 1: Challenges of substance use	66
4.3.2 Theme 2: Perceptions of power and powerlessness	67
4.3.3 Theme 3: The impact of strained relationships with the community.....	69
4.3.4 Theme 4: Organisational stress and internal pressures.....	71
4.3.5 Theme 5: Resource limitations within the police service	73
4.3.7 Recommendations by SAPS officials	77
4.3.8 Summary and conclusion	78
4.3.9 Comparison of findings between three informant groups	80
CHAPTER 5: DISCUSSION.....	82
5.1 INTERPRETATION OF FINDINGS	83
5.1.1 Intrapersonal: Poor Self-Identity	83
5.1.2 Intrapersonal: Substance use.....	85
5.1.3 Interpersonal: Perception of police interactions	88
5.1.4 Community: Unlawful behaviours	91
5.1.5 Societal: Structural challenges	92
5.1.6 Interpreting the informants’ dynamic through a socio-ecological lens.....	96
5.2 STRENGTHS AND LIMITATIONS.....	96
CHAPTER 6: RECOMMENDATIONS, FUTURE RESEARCH, LIMITATIONS AND CONCLUSION.....	97

6.1 RECOMMENDATIONS BASED ON FINDINGS	97
6.1.1 Recommendations for PWUDs	98
6.1.2 Recommendations for Community Leaders	98
6.1.3 Recommendations for SAPS officers.....	100
6.3 FUTURE RESEARCH NEEDS	101
6.4 CONCLUSION.....	102
REFERENCES	104
APPENDICES	124
Appendix A1 Data collection for PWUDs (Group One)	124
Appendix A2 Screening/Eligibility Questionnaire	125
Appendix A3 Contact Information Form.....	127
Appendix B1 Consent form for Focus Group Discussions.....	129
Appendix B2 Interview guide for substance users.....	132
Appendix C1 Consent Form for Community leaders	134
Appendix C2 Interview guide for Community Leaders	137
Appendix D1 Consent form for all law enforcement officers	138
Appendix D2 Interview guide for Policemen/women	139
Appendix D3 Interview guide for Senior Law enforcement officer	140
Appendix E: SAPS' Goals in the National Dug Master Plan (2019-2024)	141
Appendix F: UCT Ethics approval	142

GLOSSARY

SAPS	South African Police Service
IPID	Independent Police Investigative Directorate
DSD	Department of Social Development
DOH	Department of Health
WC	Western Cape
SA	South Africa
NDMP	National Drug Master Plan
PWUD	People Who Use Drugs
Drug dealers	A person who sells substances
Merchant	A person who sells substances
Drug runners	A person who transports substances to sell
CPF	Community Policing Forum

CHAPTER 1: INTRODUCTION

1.1 SETTING THE SCENE

Empirical research on people who use drugs (PWUDs) in South Africa (SA) has frequently focused on prevention and treatment, epidemiology and biopsychosocial consequences. However, there is a paucity of empirical research on the relationship between substance use among PWUDs and their policing including the role played by community leaders. Furthermore, the impacts of the relationship between PWUD and policing on public health and local community contexts are neglected. The National Drug Master Plan (2019-2024) and the Western Cape Community Safety Act (2013) recognise the importance of community-based safety and security initiatives as Western Cape crimes statistics continue to rise. Drug-related crimes relate to the manufacture and supply of scheduled substances, use and possession of drugs, and dealing in drugs (Drugs and Drugs Trafficking Act no, 140 of 1992). According to the national trends reported in the Crime Stats SA 2022 report, period 2016/2017 – 2017/2018 showed a 10% increase in drug-related crimes. However, in 2017/8 – 2020/2021 there was a 62% decrease of cases of drug related crime (from 323 547 to 121 359) (SAPS, 2023). This significant decrease may be the result of the Constitutional Court decision to legalise cannabis use, possession and cultivation resulting in fewer charges against possession.

Since 2020/2021, nationally, there has been an increase of 25% in drug-related arrests from 121 359 to 162 122 between annual period 2020/2021 – 2022/2023. Looking a little more closely at the Western Cape, the South African Police Service's AUDIT Response Plan Strategy details drug related trends over three months, capturing periods April to June annually. In the 2022/2023 report, the Western Cape had of 15 367 cases over April-June 2022, increasing from 14 609 over April-June 2021 (SAPS, 2023).

Despite a high incidence being highlighted in the SAPS strategy, few indicators are in place to document the police service's effectiveness in curbing illegal substance use. Furthermore, the monitoring of illegal business activities linked to the ongoing substance use, especially in predominantly lower-resourced areas is also poorly documented (Howell & Marks, 2015). There is a climate of distrust and mutual antagonism between law enforcement officials and the public, and many communities believe that the police themselves are untrustworthy and inefficient. Consequently, communities have little confidence in the ability of the police to effectively provide safety and security (Faull, 2010).

Globally, there are more illnesses, disabilities and deaths from substance use than any other preventable condition and as a result, threatens the health and wellbeing of society as well as impacts

on safety, security and sustainable development (Degenhardt et al., 2018; UNODC, 2023). According to The United National Office on Drugs and Crime World Drug Report (2023), between 2011 and 2021, there was a rise of 240-296 million people, globally, who were either substance users or people with substance use disorders. This equates to 5.8% of the global population. This information is based on country based annual report questionnaires completed by individuals aged 15-64 who used drugs in the past 12 months. Additionally, 31.7 million years of 'healthy' lives, Disability Adjusted Life Years (DALYS) (1.3% of all DALYS) were lost in 2019 due to drug use (UNODC, World Drug Report, 2023). According to the World Mental Health Surveys, substance use accounts for 11% of the total disease burden (Degenhardt et al., 2017) and a systematic analysis of the global burden of disease from 1990–2016 ranked sub-Saharan Africa as the second highest age-standardized attributable burden for alcohol (Degenhardt et al., 2018). Globally in 2016, alcohol use disorders were the most prevalent substance use disorder, with 100.4 million cases, and alcohol use accounted for 99.2 million DALYS (4.2% of all DALYS). Globally, cannabis is the world's most commonly used drug, consumed by 4.3% (219 million) of the total global adult population (UNODC, 2023). In addition, the non-medical use of opioids were the group of substances with the highest contribution to severe drug-related harm, 31.5 million of which is reported heroin use. Similarly, in SA, data from the South African Community Epidemiology Network on Drug Use (SACENDU) reported that cannabis (21%) was the most reported primary substance used based on the 2023 total number of individuals seeking treatment over a six-month period (Erasmus et al., 2024). Moreover, according to the SACENDU data, in the Western Cape, Methamphetamine (Tik') is the most reported primary substance of use amongst those seeking treatment. Proportions of patients seeking treatment and admitted for methamphetamine use increased from 27% the first six months of 2017 to 32% in the first six months of 2022 (Erasmus et al., 2024

Violent policing methods directed at illicit drug use and people who use drugs (PWUDs) are in the form of aggressive, corrupt, and often brutal tactics. These methods not only fail to address the complexities of substance use, but also contribute to broader social harms and undermine efforts to promote public health and safety (Aitken et al., 2002). More recently, as reported in community-harm reduction programmes in SA, needle exchange programmes show that people who inject drugs (PWID's) have additional public health concerns. In addition to safety concerns such as harassment, physical abuse, corruption (both minor and serious), and violations of constitutional rights, PWID also have their clean needles confiscated and are confronted with violent altercations with police officers (HRI, 2024; SACENDU, 2023). However as reported by Pino and Johnson (2011), crack-downs and other violent policing tactics adversely affect PWIDs ability to reduce harms of their drug use such as having to hurriedly discard needles unsafely, which increases the chance of injury. The mistreatment of PWUDs

has led to strained relationships between themselves and the police (Aitkin et al., 2002). In view of the World Health Organisation's (WHO) classification of the use of force by the police as a form of violence, Bayley (2002) makes the point that police officers violating the law, do more harm than good. Bayley (2002) asserted that the social cost of this corruption and violent policing methods is mistrust and fear of the police, which more than often leads to a lack of the community's cooperation during policing activities. In addition, being afraid of the police exacerbates violence and can lead to further trauma to victims (Bayley, 2002; Cooper et al., 2004). In view of the roles of police in high substance use areas, the study explores how the experiences and perceptions of people who use drugs and police officials in a marginalised South African community reflect the influence of social determinants of health, and examines the implications of policing, community relations and public health policy.

1.2 CHAPTER OUTLINE

Chapter one: Introduction

Chapter one outlines the rationale behind the study and provides an overview of the scope of the study.

Chapter two: Literature Review

Chapter two details global historical and current global and local literature that explores policing, and its relationship to law enforcement related to substance use and users, PWUD and their relationship to substance use, as well as literature from LMICs and then SA.

Chapter three: Methodology

Chapter three explains the method used to plan, organise and implement the research project, as well as the qualitative methods of analysis and organising of results.

Chapter four: Results

Chapter four is the reporting of the results. Each group of informants are reported separately as per the order of data collection and includes recommendations emanating from their findings, and the brought together making use of the social determinants of health framework and socio-ecological model.

Chapter five: Discussion

Chapter five brings together the three groups of data and compares findings from the three groups, relating these to the literature. In addition, it utilises the framework based on the Social Determinants of Health to navigate and make sense of the discussion and recommendations developed from the findings.

Chapter six: Recommendations and Conclusion

Chapter six summarises the overarching findings and outlines recommendations developed from the findings in conjunction with local and international literature, as well as list future research possibilities.

CHAPTER TWO: LITERATURE REVIEW

INTRODUCTION

This literature review focuses on two overarching components – the global and local perspective of the nature of policing and substance use in LMIC's and South Africa (SA), which are both core to the study. The nature of policing reviews past and current policing cultures and strategies to form an understanding of the nature and role of this important stakeholder. The review looks at police legitimacy, substance use policing strategies, police-community relationships and the impact of community policing. 'Substance use in South Africa' addresses the impact of substance use on communities, on the health of the individual, and on crime within SA. This literature was used to inform the study. In addition, while there is a dearth of literature on the role of community leaders in mitigating the substance use problem, the role of community leaders and their involvement in community policing and improving the overall community health is explored.

The review process included identifying and reviewing available evidence to appraise past and current thinking around the topic. The initial narrative review took place over two years October 2015 – January 2018 , and updated up until January 2025 using online databases such as Science direct, Google Scholar, online policy documents, Pubmed, and through the University of Cape Town's online library. Key words used were: 'Policing in Communities AND SAPS', 'policing substance use AND drug use AND SAPS', 'police legitimacy AND corruption and SAPS', 'impact of corruption on communities AND legitimacy AND policing AND SAPS', 'Impact of community leaders in lower resources areas South Africa AND [the suburb] AND Western Cape', 'community-policing in South Africa AND Western Cape', 'impact of substance use on community health AND Public health AND illicit substance use AND drug use AND wellness', 'social impact of substance use AND drug use AND illicit substance use', 'physiological impact on substance use AND drug use AND illicit substance use', 'Crime in Western Cape', 'impact of drugs on crime in SA AND substance use AND illicit substance use', 'impact of drugs on Western Cape AND substance use AND illicit substance use', 'history of policing in South Africa AND apartheid', Cape Town', 'Drugs AND Substance use AND illicit substance use AND Gangsterism'. In addition, literature on the suburb was explored to understand the context of the study. Hand-searches was also done throughout all exploration of literature, beneficial in finding additional relevant literature.

The findings of the literature review are presented, firstly, in terms of international and local policing trends, policing and the community and community-policing. Thereafter, the magnitude of the substance use problem in SA is discussed, and the impact on health at the individual and community level. Lastly a review of drug-related crimes is presented.

2.1 POLICING IN CONTEXT: POWER, LEGITIMACY AND COMMUNITY DYNAMICS

The South African Police Service's (SAPS) primary mission and mandate is "to prevent and combat anything that may threaten the safety and security of any community, investigate any crimes that threaten the safety and security of any community, ensure offenders are brought to justice, and participate in efforts to address the causes of crime" (SAPS, 2014). However, the integrity and effectiveness of the police is repeatedly questioned, with numerous cases of illegitimate activity, mismanagement, criminal activity, nepotism, and brutality being documented (Altbeker, 2005; Marks, 2005; Steinberg, 2008; van der Spuy et al., 2007).

Studies in the United States of America (USA) have found that procedural justice matters more to community members than active concerns about the police's performance. Procedural justice focuses on four relational aspects, namely: 1) authorities treating individuals with respect and dignity; 2) motives of authorities being seen as fair; 3) decisions to be made without bias of their personal opinions; and lastly, 4) citizens being able to voice their concerns before an authority makes a decision (Murphy et al., 2015). Murphy et al. (2015) argue that procedural justice is thus important and encourages cooperation with police (Murphy et al., 2015). However, there is the question of whether, in a high crime environment such as SA, individuals value procedural fairness or whether they place higher emphasis on the effectiveness of these police. Bradford et al. (2014) discuss the link between police legitimacy and fairness, and the related challenges in SA. An agency such as the police is not stable in a context where their resources such as manpower and machinery are strained, and although there are efforts to improve social equity, SA still experiences significant disparities as to how resources and opportunities are distributed therefore, it is more difficult to be procedurally fair. In their study, Bradford and Colleagues (2014) however, find that South Africans placed emphasis on both police effectiveness and procedural justice, but that the legitimacy of the police was undermined by individuals' perceptions of police's ability to be effective (Bradford et al., 2014).

2.1.1 The challenge of police legitimacy

Police illegitimacy is seen as any misconduct involving the use of power in their position for personal, group or organisational gain. These include violations of South African criminal or civil law under SAPS or traffic officer's regulations; the use of the legal or organisational powers of the police in committing the act; the motivation to achieve a personal, group or organisational benefit or reward (Syed, 1997). This is influenced by social, economic and political processes that extend further than crimes. Syed (1997) also states that Police illegitimacy is both caused by and is a consequence of strained resources.

To provide context, Apartheid (which was the political system of racial segregation perpetrated by the National Party of SA (Peltzer et al., 2010) ended in 1994, after Nelson Mandela was freed from prison, and a new non-racial system was negotiated and instituted. Although this marked the start to freedom, it increased SA’s vulnerability to illegal drug trafficking between countries (Ramlagan & Peltzer, 2013; Goga, 2014). Subsequently, the social strain resulting from the legacy of racial and inter-group divisions and social disparities under apartheid, together with an under-performing state, contributed to concerns about police legitimacy, and effectiveness (Bradford et al., 2014). At the same time, Snyder (2013) referred to the presence of higher levels of social control displayed by authorities and the presence of overall economic inequalities. Weitzer and Tuch (1999) focussed on policing activities, where use of force is disproportionately present in groups with the least capacity to offer resistance.

The global and South African police conduct, policing interventions and activities related to illegal substances have raised concerns about police legitimacy, as shown in contemporary literature (Faull, 2011; Pyman et al., 2016; Radin, 2013). Faull (2011) highlights that the legitimacy of the police is questionable when known producers and distributors of illicit substances operate their businesses in communities where they encounter little resistance from communities or where there is little enforcement from the police, or even in the instances when police officers take part in these and other fraudulent activities (Radin, 2013).

Illegitimate behaviour by the police can be divided into three categories, given in Table 1 below. This results in significant social harm.

Table 1: Acts of illegitimate behaviour by police (adapted from Syed ,1997)

Acts of illegitimate behaviour by police	Examples
Victimization	Police involvement in theft; the selling or renting of police firearms racist or brutal acts, extortion of money, using illegitimate methods such as lying or tampering with evidence; providing services to favoured or businesses.
Diversion of resources	Public resources such as police time, person power, or property meant for policing activities that are misdirected, stolen or unfairly allocated.
Fostering Impunity	The police involvement in the obstruction of criminal processes, further contributing to injustices for the victim; the damage of morale due to the undermining of their work or witnessing of their work being neutralised; police commanders

	interfering with investigations; destroying or selling of dockets; purposefully making a 'bad case' to help the defendants case.
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Acts of illegitimate behaviours within communities result in a lack of trust and lack of respect towards the police by community members (Syed, 1997). Furthermore, the moral and social status of the police are also undermined when they choose not to effectively engage with the communities in which they operate, as has been seen in a diverse array of places and communities (Faull, 2010; Payne & Gainey, 2007; Syed, 1997). The net result, ultimately, is that these concerns reduce levels of trust and contribute negatively to the perceptions that communities have of the police. One of the most damaging effects of corruption is that it contributes to change in attitude of police officers and increases the ease at which instances of corruption can be rationalised (Syed, 1997). This is problematic, as legitimacy and legality are fundamental corner stones of effective and accepted policing (Cooper et al., 2004; Radin, 2013).

2.1.2 Strategies for policing substance use

To address the substance use problem in SA, the Central Drug Authority, using legislation – the Prevention and Treatment of Drug Dependency Act (20 of 1992) and the Prevention of Substance Abuse Act (70 of 2008) – developed a National Drug Master Plan (NDMP) (DSD, 2013; DSD, 2020). The Plan documents national and provincial governmental department’s monitoring and evaluation outcomes in relation to fighting the substance use problem in SA. During the active data collection phase of this study – as per the NDMP (2013–2017), the target for SAPS – 2017 was the year for the harmonisation and enforcement of 75% of the legislation (NDSD, 2013). A later plan, the 2019–2024 NDMP, published in 2021, have similar outcomes, demonstrating the ongoing challenges SA faces with substance uses, although the later document, however, has incorporated a more multi-disciplinary approach (DSD, 2020).

In the updated NDMP (2019-2024), SAPS’ responsibility is detailed in Goal 2 (Appendix E) which lists activities related to the reduction of the supply of drugs through proactive law enforcement, responses to drug-related crime and countering money-laundering and promoting judicial cooperation.

During the initial exploration of literature on the current policing strategies, it was found that the SAPS are required to lead two of the five deliverables (deliverable 1 and 5) as detailed in the NDMP (2013–2017), namely: 1) Increase capacity building awareness to prevent drug-related crimes, and 5) Identify trends and control new psychoactive substances. For deliverable 2 – 4, SAPS are required to contribute to the tasks related to the deliverables –namely: 2) Enhance operational coordination at all levels, 3)

Mitigate the supply of drugs and liquor through enhanced operations (investigations and prosecutions), and 4) Review and harmonise laws and policies related to supply reduction (See Appendix E).

Although, the NDMP (2013-2017) and (2019 – 2024) acted/acts as blueprints on how to reduce the harm and prevalence of substance use, there is a disconnect between what is required to effectively police the substance use problem, and operational realities. According to Maher and Dixon (1999), policing illicit substances would be more impactful if focused on the large-scale detection, supply reduction and prosecution of suppliers and traffickers. Instead, the police focuses on users or those who are in possession of the substances. Only a few objectives and long-term reductions are achieved as is shown by the continued increase in the availability of illegal substances, and individuals seeking rehabilitative services. In 2015, Howell and Marks argued that very little was being done to fulfil the objectives of the 2013 – 2017 NDMP. As local structures tasked with the implementation of the NDMP were non-operational, there was little implementation activity at both the city and community level (Howell & Marks, 2015).

2.1.3 Policing illicit substances in marginalised communities

Reviewing the reported experiences of violence towards individuals in the United States of America (USA) and South Africa (SA), Terril and Resig (2003) and Bradford, Huq, Jackson and Roberts (2013), respectively, noted that police officials are more forceful towards individuals from a lower social economic area or individuals from a marginalised population. This includes those who are under the influence of alcohol and illegal substances, the mentally ill and those who are already isolated or who are not integrated into the communities in which they reside. Together, these individuals may be seen as transgressing society's standards of 'appropriate' behaviour and are viewed by police as more deserving of harsh control and punishment (Terrill and Resig, 2003; Payne & Gainey, 2007). As a result, police engage in unwarranted stops, verbal abuse and excessive force based on these characteristics. Consequently, greater alienation between the police and communities is fostered as it generates hostile and hateful perspectives held by both, which often results in conflict between them (Weitzer, 2006).

As reported in SA, such violent encounters also increase health risks. For example, PWUDs do not feel safe enough to access health care services due to the risk of being apprehended by law enforcement or discriminated against by health professionals (Human Rights Violation Report, 2017). Likewise, female PWUDs avoid health care facilities for family planning, or prenatal care (Myers et al., 2016). PWUDs have also been reported to discard their used needles when confronted by police, by hastily injecting themselves which increases the risk of injuring themselves and over-dosing. To further

illustrate, there are programmes across SA which require users to retain used needles to exchange for new ones (HRI, 2024; Varentsov, 2016). However, users are hesitant to be part of harm-reduction services such as safe needle programmes as this opens them up to being searched and have these needles (often forcibly) removed, and/or be arrested themselves, even though these programmes have been proven to reduce the risk of HIV (HRI, 2024; Kerr et al., 2005; Maher & Dixon, 1999). Similarly, researchers in Canada assessed the public health effects of unsafe injections among Aboriginal youth in Canada (Pan et al., 2013). Drug searches discouraged these youth from carrying syringes, thus leading them to borrow needles and risk becoming infected with HIV as well as other blood-transmitted diseases.

Although it is a crime to be in possession of any illicit drug, the International Network of People Who Use Drugs argue that often policemen/women search, or arrest individuals based on what they look like- if they look “high” or if they are in possession of needles - which violates human rights (INPUD, 2014). Although police, in SA are at liberty to search people based on their discretion, lower resourced and “black” people are six times more likely than “white” people to be searched for drugs (INPUD, 2014). Although described in both developed and developing countries as a public health problem (Aitken et al., 2002), geographical areas with high levels of resource scarcity have experienced an increased frequency of stopping and searching of people (INPUD, 2014). In addition, high levels of force have been seen in disadvantaged areas such as these (Terril & Resig, 2003). This suggests that the community’s social, economic and racial composition is often important in determining the way police officers conduct themselves (Weitzer & Tuch, 1999). Terrill & Reisig (2003), in their work done in Florida, USA further noted that the police's response to street-level crime is frequently dependent on informal police culture as opposed to their formal structure. This informal structure protects and detaches police officers from internal and external scrutiny where they operate through protection of one another. Waddington (2008) defines this police’s informal culture as the “mix of informal prejudices, values attitudes and working practice commonly found in the lower ranks of the police that influences the exercise of discretion. It refers to police solidarity, which may tolerate corruption and resist reform”. To deepen the understanding of these dynamics, Chan (1997) argues that police behaviour is not merely guided by organisational policies, but by a deeply ingrained occupational habitus which are a set of internalised set of dispositions shaped by training, peer norms and field experience. This habitus governs how police officers perceive and interact with the communities they police, in particular vulnerable groups such as PWUD. Understanding police habitus is critical for explaining why procedural justice is often not afforded to such populations. This perspective helps us better understand why harsh and exclusionary policing practices continue, and how the internal culture of police organisations can act as a barrier to adopting harm reduction and public health-based

approaches. In SA, a police culture exists and results in increased levels of police aggression, a reluctance to intervene in certain cases, misreports, lack of follow ups, and/or arrests (Mwanajiti et al., 2002; Waddington, 2008).

While South African literature often highlights the punitive role of the police, there are documented instances where law enforcement has actively supported harm reduction initiatives. There are needle exchange programmes where, since 2018, police have been included in intersectoral partnerships, attending workshops, sharing harm-reduction messaging and even working with PWUDs in community events to build trust and facilitate the sterile needle exchange without arresting users (Crofts & Patterson, 2016; Scheibe et al., 2020). Moreover, Marks, Wilson and Shelly (2020) report that post the COVID-19 pandemic, law enforcement in the Durban area began engaging with PWUDs as collaborators in health service delivery, transitioning from adversarial to protective roles. Additionally, work by Marks and Howell (2016) shows the shifts required in the institutional priorities in policing by challenging punitive norms. These examples show that under a supportive police framework and deliberate effort to reshape police culture, police can indeed act as harm reduction champions, providing a pathway to more health-oriented approaches to drug use and enforcement in South Africa.

2.1.4 Police-community relations in practice

In SA, police-community relationships have historically developed within the discriminatory context of Apartheid, which resulted in fundamental differences in the relationship between the police and racial minorities (Waddington, 1992). These differences persist specifically towards vulnerable populations, though in different forms such as classism, racism, or other prejudices such as towards certain sexual orientations such as homosexual and transgender, PWUDs and HIV positive individuals (Cooper et al., 2004; van Craen & Skogan, 2014; Weitzer, 1999).

Even as early as 1992, Waddington outlines that the effectiveness of policing is the result of good police-community relationships and further explains that the police do not exist in isolation, they function within a democratic society and are accountable to the people they serve. Most importantly though, and most difficult, is gaining the approval from the community that they require to succeed. However, as the act of policing is essentially a discretionary activity, and because of their vested powers, police actions can become threatening and unjustified when they are not viewed as fair by the community. In a Canadian study on police-community relations among young Aboriginal people who misuse substances that are administered through injection-use, several informants reported that police believed they are “above the law” and abusive of their power (Pan et al., 2013).

In Post-apartheid SA, Community Police Forums (CPFs) were created to ensure police accountability and legitimacy. They represent just one initiative to curb previously “harsh” policing methods of control towards marginalised individuals (Gastrow & Shaw, 2001; Salomane, 2010). Despite these forums, as cited in Faull (2011) and Bradford (2014), studies between 2006 and 2011 indicated that the police were perceived as sexually and physically violent, self-interested, disrespectful, impatient, drugged or drunk while on duty. Consequently, this increased the real and perceived negative police-community relations (Faull, 2011; Bradford, 2014).

The current state of policing in SA is tarnished with negative views following the re-adoption of the discourse of “force” in 2010. This reverted to military rank structures to improve discipline, effectiveness, and their image (Faull, 2010; Pigou, 2002; Steinberg, 2008). A ‘crack down’ is a term commonly used in lower resourced communities and is defined as a “*sudden and dramatic increase in police officer presence, sanctions, and threats of apprehension either for specific offenses or for all offenses in specific places*” (Scott, 2004). Although the ‘militant’ image of the police expressed by Faull (2010) and Cooper et al. (2004) was adapted to one of ‘service’ to improve public support, certain communities in SA are still frequently subject to these “crack downs” and other forceful forms of intervention. Violence hinders the potential to establish good relations with any community (Waddington, 1992).

However, and in sharp contrast, as discussed in Bradford et al. (2014), studies do report that some people do support the militant style as it displays police presence. The effect, however of a police “crackdown” negatively impacts the health of a community by directly causing displacement of people where drugs are most used, the discouragement of safe needle injection use and safe disposal; and indirectly, through the anxiety due to the interception by police, and increased frequency of violence and fraud witnessed, and serves to reinforce the notion of the police’s poor image due to its poor relations record (Aitkin et al.,2002). In addition, during these “crack downs”, communities report that drug dealers are protected by the police. This results in the community members reporting feelings of fear towards the police and is a sure way of developing negative community-police relations, feelings of helplessness and fear (Watt et al.,2014). This, in turn, hinders community members to go to the police, which undermines the sense of community identity and cohesiveness, which could lead to social disintegration.

Aitkin et al. (2002) have highlighted that both those who use illegal substances and those who do not, report acts of police violence and aggression during these operations. As a result, and as stated by Maher & Dixon (1999), this violent conduct produces fear and anxiety within communities and is seen as “improper disorderly use of public space”, while in addition, causing social distress and harm.

Despite the use of violent policing methods, residents of lower resourced communities in the Western Cape articulate that there is a need to improve the police's responses to distress calls (Simelane, 2011) At the same time, there is a need to follow up cases to strengthen investigative units, and to improve interactions between victims of crime and police officials. With these basic functions absent, coupled with communities' fear of drug and gang related crimes, and violent policing methods, the willingness and spirit for communities to assist the police is very low (Simelane, 2011). Nonetheless, police are tasked with working in partnership with communities and other governmental sectors to prevent and reduce street-level dealings in illegal substances.

Although violence is an inappropriate and ineffective response to illicit substance problems, Aitken et al. (2002) explain that illicit substance problems are ranked high in the list of difficult societal problems and it is therefore tempting to respond with powerful displays of force (Aitken et al., 2002; Cooper et al., 2004; Terril, 2003). Therefore, to be effective, addressing illicit substance use requires broad-based, multi-faceted approaches that addresses local contexts. There are few documented examples that highlight the productive use of community leaders as facilitators to address societal challenges (Aziato et al., 2017; Radin et al., 2015).

2.1.5 Community leaders as connectors

Community leaders are key stakeholders in the communities they reside and hold varying levels of responsibility (for example educators, religious leaders, health professionals, social workers, traditional leaders), and effectively engaged these communities. Their level of involvement within the community is based on their engagement in community programmes and forums. Similarly, Aziato et al. (2017) maintains that community leaders have varying capabilities to enforce rules, to implement policies, and to encourage positive and discourage negative behaviours.

Community leaders are vital resources in local key decision-making. They are not only capable of guiding the discussions and strategies in a way that could impact positive public health change, but they are also in a position to encourage community members to participate in community programmes directed at improving their lives, and mitigating the negative consequences of social ills, such as substance misuse (Aziato et al., 2017). Community leaders are culturally sensitive and understand community dynamics, which increases the likelihood of acceptance and the effectiveness of intervention. Community leaders can assist in accessing hard to reach populations, such as substance users. They are also able to assist to effectively engage communities leading to sustainable solutions. Over and above this, they have the trust, respect and credibility of their community members (Seale et al., 2022).

This phenomenon is not restricted to SA. A study conducted in the state of Washington, in the USA found that the utilization of community strengths and resources, in particular making use of people who are motivated, caring and energized, would contribute to an improvement of health and wellness efforts among community residents (Radin et al., 2015). Additionally, community leaders could also be used as a source of referral to programmes (by creating referral pathways) and organisations in the community. Although work has not been done on community-leaders and their involvement in addressing the substance use issue directly, they have shown to be a vital link and often untapped resource to engage communities (Simmons et al., 2019).

2.1.6 Community policing in under-resourced settings

One of the main programmes community leaders are involved in is community policing which has been reported as an effective strategy to achieve more effective crime control and improve police services and police-legitimacy, as reported in a study done in a middle-high income community in SA (Meyer & van Graan, 2011). Effective policing relies on community resources to change crime-causing conditions. The community-policing model requires greater police accountability and more involvement from communities in decision-making (Meyer & van Graan, 2011). These researchers further describe community-policing as being more successful in certain communities than others, because in some instances, the police themselves drive the initiatives. However, when communities mobilise, they can contribute to crime prevention, and as a result, crime prevention becomes more effective. A key principle that the Community Policing Forums are meant to uphold is a consultative approach to problem solving to address and prioritise the community's needs and respect for and protection of human rights (Greef, 2012). Additionally, these partnerships allow for better communication which reduces communities' fears as there is a common understanding, decision-making process and shared responsibility (Kruger et al., 2016). This could lead to less illegitimate behaviours by the police, and more information and intelligence sharing by the community when police are gathering evidence against criminals (Mengistu et al., 2000). However, Kruger & Landman (2008) and Meyer and van Graan (2011) report that countries such as SA struggle with basic governance issues such as insufficient capacity, lack of skills and expertise, ignorance, corruption and lack of community trust in officials. They consequently suggest that community-policing is an unreliable strategy because it requires trust between community and officials which has failed in SA. And, without the community and police working together, the model of community-policing cannot be effective. However, Avant et al. (2013) suggest that, when a community is filled with social ills such as substance use, effective community leadership is required to move communities into the right direction.

SA is known for its high rates of substance use and misuse (Erasmus et al., 2023; Harker et al., 2020; Myers et al., 2010; van Heerden et al., 2009). Substance use is highly prevalent in each province within SA, however the drugs of choice, and trends over time have been reported as different in each province (Dada et al., 2020). A safety barometer was conducted in 2011 and the report found that within the Western Cape, ten of the eleven communities identified alcohol and drug use as one of the top three problems affecting their communities (Simelane, 2011). According to INPUD (2014), less than 10% of PWUDs have access to treatment; and this has shown to be a problem especially in lower to middle income countries, such as SA (Degenhardt, 2018). In the Western Cape, between July-December 2019, 2538 users accessed substance use treatment services (Dada et al., 2020). Since INPUD suggests that this is merely 10% of the approximate PWUDs who require treatment, the true number was 25,380 PWUDs in the Western Cape who required treatment services during that six-month period.

The Western Cape, where this study is situated, has the highest substance use rates in the country, having experienced a sharp increase in overall substance use since 2005 (PGWC, 2010; van Heerden et al., 2009). Additionally, Methamphetamine “tik” is reported as the most used illicit substance for which people access care, while Cannabis “Dagga” is the second most used substance in the province (Erasmus et al., 2024). Other illegal substances used include Dagga/Methaqualone, Heroin/Opiates, and Crack/Cocaine. The SACENDU study reporting substance use treatment demand trends, discussed the burden of harm on the use of substances, and the link between crimes and illegal substance use. Harker et al. (2011) report the association between the use of methamphetamine and the increased risk of mental health issues as well as transactional sex, violent behaviour, which are both risk factors for adverse health outcomes. They highlighted that those arrested for housebreaking and drug and alcohol related offences were more likely to use cannabis and methaqualone (mandrax); and those involved in property crimes were more likely to use crack/cocaine (Parry et al., 2004).

2.2 EXPLORING THE MULTI-LEVEL IMPACT OF SUBSTANCE USE

This section will review the varying levels of influence substance use has on the individual, the community and society looking closely at the directionality of social and health strain and substance use.

The definition of ‘health’ in international law is, “not only the absence of disease, but is also seen as the physical, mental, emotional and cultural well-being” of an individual (Kenyon et al., 2018, pp. 2). Law enforcement have an integral role in promoting and protecting public health in communities (van Dijk, 2019), and as substance misuse is a public health issue and consequences of substance use has often reported criminal components, it is essential to incorporate the aspect of safety and security in

the endeavour to improve the public health system. Van Dijk (2019) further surmise that this role that law enforcement has in public health is rarely recognized and therefore not adequately researched.

Patil (2013) suggests that within the context of substance misuse, the social determinants of health need to be addressed, as treatment alone will not provide well-being and therefore the root social causes must be addressed since social conditions impact the onset and response to treatment. Fundamentally, changing individual behaviour alone would have limited effectiveness. Patil speaks to the need for broad-based health strategies, that include political economic, social and cultural interventions (Patil, 2013). In addition, through use of the socio-ecological model, the interplay between substance use, substance users and their environment are explored within their individual, interpersonal, community and societal levels (Centre for Disease Control (CDC), 2024; Dahlberg & Krug, 2002). However, as the study's focus is on the individual and community levels, these two complex interactions and how they impact each other are a focus.

2.2.2 Individual level

Substance use and vulnerability at the individual level

The use of substances escalates through transitioning from one substance to another (such as moving from tobacco products or alcohol to cannabis to illicit substances), and also through a rise in frequency of use and changes in patterns of use. This escalation includes changes in where and how the substance is used and contributes to the development of misuse and dependence (Hassan et. al, 2021). In their study on the impact of poly-substance versus single substance of use on the severity of illness, Hassan et al. (2021) conclude that poly-substance use is associated with a higher severity of illnesses. Poly-substance use in the Western Cape province, SA was reported in over half (54%) of service users accessing treatment during the January to December 2022 period (SACENDU, 2024). Illicit substances impact on individuals' physical and mental health, with both short and long-term consequences. Substance use, and alcohol specifically, has been firmly associated with numerous non-communicable diseases such as liver disease, cancers, cardiovascular diseases, as well as sexually transmitted infections such as HIV and Hepatitis C due to lowered sexual inhibition while using (Room & Rehm, 2010; Matzopoulous et al., 2021; NIDA, 2017; Watt et al., 2014). Substance use can also be detrimental to the respiratory system, especially when the mode of substance use is inhalation (American Addiction Centre, 2024; NIH, 2017). Additionally, substance use exacerbates the frequency and intensity of violence-related injuries (including gender-based violence) and deaths, while serving to contribute to and fuel overall levels of violence, poverty, social discord, violent and criminal behaviour (Ramlagan & Peltzer, 2013).

Over the 2022 annual period, the proportion of females in the Western Cape accessing treatment for substances such as over the counter/prescription medication (39%), methamphetamine (33%) and alcohol (33%) have increased since the 2021 periods (SACENDU, 2024). Although the proportions of individuals in treatment show that males continue to dominate access, there is work suggesting that the differences in substance use prevalence rates between males and females are reducing (Dada et al., 2018; Fonseca et al., 2021). There are neurological differences between the male and female sex as well as differences in the prevalence and types of mental health disorders that co-occur with substance use disorders (Cornish & Prasad, 2021). Although both males and females with SUD's are associated with an increased risk a mental health condition, females experience higher rates of depression and anxiety, whereas men are more likely to experience antisocial personality disorder. There are also host of gender-specific medical issues related to the use of substances; however, specifically for women, these are: infertility, abortion, vaginal infections and premature delivery (Fonseca et al.,2021).

There is a strong correlation between substance misuse and unemployment. Substance use reduces opportunities for both securing and maintaining employment. Furthermore, the emotional distress from joblessness often exacerbates substance abuse tendencies (UNODC, 2018). Conversely, for those who have employment or receive government grants, substance misuse has economic implications, as users' income is used to purchase substances and may lead to a lack of care for family and other responsibilities (van Walbeek et al., 2021). Furthermore, health inequities, as described by the CDC (2019), refer to systematic disparities such as poverty, unequal access to healthcare and social services, lack of education, racism, and marginalization. These inequities are often beyond an individual's control, are influenced by policies and politics; and often contributes to the substance use.

Methamphetamine "Tik" has been linked to increased mental health problems such as anxiety, depression, psychotic symptoms, global neuropsychological impairment, and executive functioning (Watt et al., 2014). Furthermore, while substances are being used, they impact on the sending, receiving and processing of neurotransmitters and trigger the sending of abnormal messages through the neuron-network that occurs within the brain (NIDA, 2020). The effect of this over time is that it alters the various areas of the brain that are necessary for life-sustaining functions, namely: the basal ganglia (the reward circuit), the extended amygdala (the circuit that manages stressful feelings); and the prefrontal cortex (the circuit that powers the ability to think and exert control over impulses). With extended substance use, the balances between these three circuits causes the PWUD to have reduced impulse control and be compulsive in seeking substances (NIDA 2020).

Consequently, mental health disorders are common among individuals using substances, and often trigger or worsen existing mental disorders. Individuals that already suffer from a mental health disorder may take substances to counter or alleviate symptoms which, in turn may aggravate the mental disorder (NIDA, 2020). Dworkin et al. (2017) argue that substance misuse impacts on mental illness through the mutual maintenance theory. An example of this is Post-Traumatic Stress Disorder (PTSD) which is known to promote substance use disorder which in turn, maintains PTSD symptoms as well. Consequently, individuals who suffer from PTSD may use substances to alleviate emotional distress, and cope with PTSD symptoms (Dworkin et al., 2017).

2.2.1 Community level

Collective consequences of substance use in community settings

Substance use affects the broader community. A concept paper by the Western Cape 's Department of Social Development, written with the purpose to free communities of substance use, especially the youth, speaks to social ills such as poverty and crime being at the cornerstone of the substance use issue. If not addressed, the high levels of substance use could negatively impact the development of SA (Nqadini et al., 2008). Substance use has negative impacts on the following aspects of community health - employment, schooling and drop out. It impacts on crime and violence as well as increased risk of gender-based violence. In turn, this disrupts and destabilises family life and support structures, as well as increasing the risk of poverty and social strain.

Taking these impacts of alcohol and other substance use into account, in addition to living in a lower-resourced community where there is less access to support systems, health care and community organisations, the impact on the community's health is destructive (Setlelantoa et al., 2010). Additionally, the issue of public safety, such as substance-affected driving and badly disposed drugs in toilets, rubbish bins, and needles used for injection use, as well as the increased drug-related crimes and violence – leads to further costs to individuals and government (INCB, 2013). In 2011, the tangible costs of alcohol use in SA amounted to approximately 38 billion South African rand, while the non-tangible costs amounted to 245 933 – 280 687 billion rand. This shows the magnitude of the non-tangible costs such as labour costs due to absenteeism and early retirement (Truen et al., 2011; van Walbeek et al., 2021).

Substance use as a catalyst for crime and gang involvement

On the community level, it is also of importance to consider the implications that substance use has on the incidence and nature of crime within communities. Nationally, over 2018/2019, drug-related crimes constituted 83.7% of the total crime dependent on police action. The Western Cape remains the province with the most drug-related crimes in SA (35%) (DOCS, 2019). Records indicate that drug-

trafficking and the possession of illegal substances, crimes, lead to committed under the influence of alcohol and/or substances. Furthermore, crimes committed to obtain illegal substances, and crimes committed in association with production and distribution are most prevalent (Parry et al., 2004; DOCS, 2019). A gang's income is largely derived by income in the trade of illicit substances (Bowers Du Toit, 2014). There is evidence to show that most illicit drug trade is committed by gangs. Gangs have turf which needs to be defended; hence violence and crime are firmly associated with gangs and trade in illicit substances (Bellar & McNulty, 2009; Bowers Du Toit, 2014).

A large area in Cape Town, the Cape Flats, comprises the areas in the east of the northern and southern suburbs. Within this area, gangsterism is known to be the leading cause of drug-related crimes committed, as well as be responsible for instilling fear in communities (Bowers du Toit, 2014). According to the WCCS Crime Analysis Report 2018/2019, 43% of drug-related crimes over the period took place in the top 25 identified gang police stations (DOCS, 2019). Bowers du Toit (2014) and Keegan (2005) note that gang violence in the Western Cape account for approximately 70% of all crime within the region. Communities are often cripple through gang-related crimes such as drug-running, extortion, turf wars and the misuse use of guns, money laundering and prostitution rings. Over the years, gangs have evolved into sophisticated and violent criminal fraternities, which have grown in number, each with powerful empires (Simelane, 2011; Bowers du Toit, 2014). Gangs in lower resourced areas run the drug trade and feed on the community's poverty and manipulate them by providing communities with resources such as food, electricity and clothing (Bowers du Toit, 2014; Howell & Marks, 2015). Gangsters are powerful role models and signal to communities that there is money and social power in high-risk activities such as drug use, drug trade and its related crimes (Bowers du Toit, 2014).

By showing how substance use interconnects between individual and community levels, as discussed here, demonstrates that interventions will be more effective if addressed at all levels of the socio-ecological framework (Dalhberg et al., 2002).

2.3 THEORETICAL FRAMEWORK

A theoretical framework serves to narrow the scope of qualitative investigation by concentrating on a specific perspective that the researcher will adopt as a frame when analyzing and interpreting the data collected. This involves understanding concepts and variables based on predefined definitions, and advancing knowledge by either validating or questioning theoretical assumptions (Shepherd & Suddaby, 2017)

To better understand the intersection of substance use, policing and community dynamics in marginalised settings, two theoretical frameworks were used: the Social Determinants of Health (SDH) framework and the Socio-ecological Model. These frameworks offers a multidimensional perspective that looks beyond individual behaviour, allowing a useful lens into broad social economic, and structural factors that will shape the experiences of the PWUD, community leaders and police officers (Bronfenbrenner & Morris, 1998; Dean et al., 2013; Lin et al., 2024). 2.3.1 Social Determinants of Health

Health equity is the absence of systematic disparities such as poverty, unequal access to health care, social services, lack of education, racism, and that of being a marginalized group of people (CDC, 2019). Moreso, the poor health of disadvantaged populations, the health gap within countries, and disparities between nations are primarily caused by the unequal distribution of power, income, resources and services, both globally and locally. These inequities are not natural and result from inadequate social policies, unjust economic systems, and poor governance, leading to inequitable and inadequate access to healthcare, education, living conditions and housing (CSDH, 2008). Such inequities can worsen social problems, like substance use, as individuals and communities struggle to cope with these challenges.

According to the WHO (2010), the Social Determinants of Health framework (see Figure 1) focuses on the social conditions in which people are born, grow, live, work and age. It examines how individuals' circumstances are further shaped by the social factors highlighted in the CSSH (2008) and the way individuals are stratified according to these. Moreover, as inequities related to Social Determinants of Health are usually outside of our individual control, and mostly encouraged by policies and politics, the CDC states that more and more health organisations are looking beyond behavioural factors, and rather at the underlying factors related to social determinants of health (CDC, 2017). Ten social determinants of health have been proposed as covering the scope of the field, grouped together into 5 categories as shown in Figure 1 and detailed in Table 2 (ODPHP, 2025; CDC, 2024)



Figure 1: Social determinants of health model (ODPHP,2025)

Table 2: Social determinants of health grouped together (CDC, 2024; WHO, 2025)

CDC (2024)	WHO (2025)
Economic stability	Income and social protection
	Unemployment and job insecurity
	Food insecurity
Social and community context	Working life conditions
	Social inclusion and non-discrimination
Education	Early childhood development
	Education
Neighbourhood and built environments	Structural conflict
	Housing, basic amenities and the environment
Health and healthcare	Access to affordable health services of decent quality

The type of inequality that stems from these social inequities also negatively influences the power dynamics of social justice. There is the view that these inequities can impact future generations. In the event where there is no discrimination present, groups of people may continue to display disparities that reflect previous inequities (Bernazzani, 2016). It is therefore important to highlight the impact of individual social determinants on health status as it allows an opportunity to enhance prevention and control efforts (Dean et al., 2013).

According to Amaro et al. (2021), historically the neurobiology of substance use took a ‘bottom-up’ approach, emphasizing genetic and biological factors to better understand the psychological and behavioral contributors to the risk of substance use. However more recently, neuroscience has

employed a 'top-down' approach looking at the effect of social factors on substance use. Similarly, a scoping review done by Lin et al. (2024) in the USA that reviewed the social determinants of health associated with substance use across one's life-time, highlighted parental monitoring and education as a protective factor, whereas negative peer influences and neighbourhood instability were identified as risk factors for the initiation of substance use. Furthermore, the escalation of substance use was linked to unemployment, vulnerable communities, exposure to violence or trauma, and involvement with the criminal justice system. The authors also explored the factors that promoted treatment participation, such as employment, social support, urban living, while stigma, hindered the process (Amaro et al., 2021). However, since all human behavior, including substance use, occurs within a social context, strict bottom-up approaches pose a major challenge in translating basic science into effective prevention and treatment strategies (Galea & Vlahov, 2002).

2.3.2 Socio-ecological model

As the SDH model recognises that health outcomes are influenced by interconnected social, economic, and political factors operating at different levels of society; the socio-ecological model acknowledges the complex interactions between individuals (age, gender, education, health), their interpersonal relationships (family, peers, teachers etc), community settings (schools, workplace and neighbourhoods etc) and larger contexts (judicial, educational, health, and social policies). The socio-ecological model overlaps the SDH model and looks at both the etiology of the phenomenon and where interventions can be made (SAMHSA, 2019). It highlights the importance of working across all levels to address the array of factors that influence individuals and the populations (Isandla Institute, 2021).

Applying the socio-ecological model to understand the perceptions of the substance users, community leaders and police interactions, one can adopt a holistic approach that considers the complex interplay of protective and risk factors at individual, interpersonal, community, organisational, and policy level. This approach promotes sustainable improvements in police-community relations, enhances public safety, and fosters a sense of security and well-being within communities (Begun et al., 2020; Bronfenbrenner & Morris, 1998) (See Figure 2).

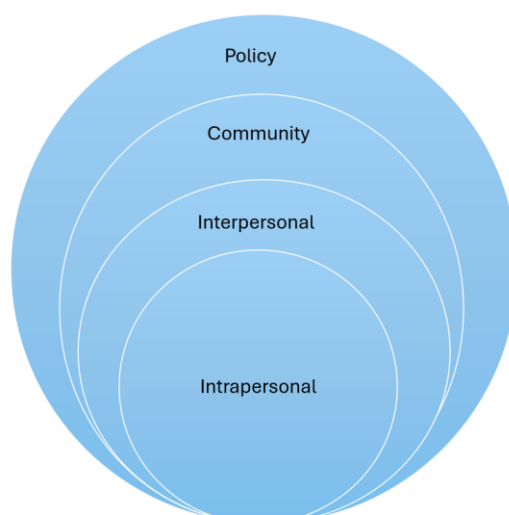


Figure 2: Socio-ecological model (Adapted from Bronfenbrenner & Morris, 1998)

2.4 RATIONALE AND MOTIVATION

Hostile, mistrusting, and sometimes violent interactions have come to characterise the relationships between policing bodies such as the South African Police Service (SAPS) and low-income communities in contemporary SA, to the detriment of both.

One suburb was chosen for this study, and due to the sensitive nature of the data and findings, the location where the data collection activities were completed have been anonymized. The identity of the area is listed as ‘suburb’, ‘study location’ or ‘area’ throughout the dissertation.

The study’s location is noted in literature as a peri-urban township, characterized by an economically disadvantaged community, a high prevalence of drug misuse, high rates of poverty, unemployment, and drug related crimes (Meade et al., 2015; Meade et. al, 2016; Myers et al., 2016; Watt et al., 2012). Additionally, upon contacting the author of a study examining drug use behaviours and the pricing of drugs in a similar suburb, they found that 37.5% of respondents in the area used two to three substances and 73.8% had problematic substance use (Harker et al., 2016). The local literature highlights a significant substance use problem and linked this suburb in Cape Town to be a key area where PWUDs could be found.

The suburb was established in 1990’s as a biracial, low-income neighbourhood in Cape Town for the provision of state-funded housing to families previously classified as ‘coloured’ (mixed race) and black African around the end of Apartheid. The last census took place in 2011 which showed the suburb to have a population of between 140 000 and 160 000 individuals. It is one of Cape Town’s first

established townships with predominantly both Black African and coloured residents (Payne & Gainey, 2007; Steinberg, 2008).

Families in the suburb came from different parts of Cape Town, and share diverse histories, traditions and practices. However, they share a common struggle to secure housing and the shared experience of living within the suburb (Oldfield, 2004). The uniqueness of the suburb as a 'mixed race' housing development and recently established community may limit the generalisation to other township settings (Watt, 2014). In 2011, 52% of residents self-identified as 'coloured' and 46% as black African. There was a high chronic unemployment rate of 41%, with many of the residents living off state pensions, child and disability grants, and child maintenance received from the parent not living with child/ren (City of Cape Town Census, 2011). It is a rapidly growing population with little commercial infrastructure, few community resources and few recreational opportunities (Meade et al., 2015). Poverty is rife and for many unemployed individuals, selling drugs is their main source of income. The Police Recorded Crime Statistics South Africa (2023), containing statistics of crimes reported at precincts of the Western Cape, noted the suburb as one of the top five highest drug-related crimes area, just under 600 drug-related crimes reported from April-June 2022. The suburb was ranked in the top five nationally as the community reporting the most serious crimes (SAPS, 2023). It has also been the location where numerous instances of police brutality have occurred (Payne & Gainey, 2007; Steinberg 2008).

Watt et al. (2014) found that substance use, particularly methamphetamine ('Tik') had impact at the individual (adverse effects on mental health, physical health and economic well-being), interpersonal (household conflict, physical and sexual violence) and community level (increase in crime, violence and corruption). In addition, the issue of poly-substance use encourages the onset of abuse and dependence, hence exacerbating substance use-related issues as described above (Hassan et al., 2021). The increased availability of drugs has contributed to the steady increase of drug-related crimes, and many residents engage in illegal behaviours to support their drug use (Meade, 2015). It has also been suggested that the abusive force shown by SAPS is one of the many contributing factors for the increased usage of illegal substances (Marks & Howell, 2015).

There are research reports demonstrating that community members hold negative, stereotypes and stigmatising views of the police. These directly contribute to relationships of antagonism which both frame and justify the reported instances of police brutality and violence (Altbeker, 2005; Faull, 2010; Faull, 2011; Marks, 2005; Mkhize, 2016; Payne & Gainey, 2007; Steinberg, 2008). This ultimately weakens the legitimacy of policing and prevents it from being effective, harming the relationship between police and community. Controversy concerning the effectiveness and legitimacy of police

officers and their ability to regulate the illegal substance economy have grown in frequency and importance (Faull, 2010). As news report on the Corruption Watch online platform, an organisation linked to Transparency International, written by Mahlangu (2020), entitled. *“Poor policies, complicit police deepen SA’s drug problem”* asserts that police officers who accept bribes from gang members have interdependent relationships with drug-dealers. The report also gives information about police confiscating illicit substances from dealers and selling to other dealers. Furthermore, PWUD are often criminalised and have limited access to healthcare and substance use treatment services. They face assault and extortion by police (Mahlangu, 2020). Factors such as these violations of human rights and policy acted as a stimulus for the present study.

However, the researcher has chosen to further explore the nature of the experiential dynamics of the relationships between communities of PWUDs, the SAPS officers tasked with the PWUDs policing, and community leaders who play an eminent role within their communities. The latter’s roles can be in formal capacities such as neighbourhood safety groups, community-police forums and similar programmes. More informally, they can also provide one on one support and encouragement for social problems faced by individuals in the community. Gaining the perspectives of these multiple sources would provide a more comprehensive view of the current situation in the study’s location and allow for triangulation of the data (Korstjens & Moser, 2017; Shenton, 2004). Additionally, the researcher’s engagement with these perspectives, could ensure that any recommendations that develop from the findings are based on perspectives from the myriad of resources studied - PWUDs, Community Leaders and SAPS officers. This study reports on their perceptions, understandings, and concerns – not only to provide a record – but to begin the process of re-building relations between these community groups and promote the well-being of the community and PWUDs.

The area is a poverty-laden community where social ills such as high unemployment rates, poor infrastructure, high rates of substance use which negatively impact community integration and cohesion. It is typical of low socio-economic communities with complex problems, such as the aforementioned social ills, to also be subjected to crime and weak policing (Mahlangu, 2020). Illegal substance-use negatively influences the community’s well-being and results in crime and violence such as the increase of intimate partner violence, drug-related theft/other crime, and gangsterism. Recognising the organisational and social networks in which community-leaders operate makes them an essential untapped resource. Consequently, their contribution to addressing public health concerns such as substance use should be explored.

To address a knowledge gap of how to improve relations in a context of fear, illegitimate behaviours, substance misuse, and crime, this study aimed to document and analyse relationships that define the

police and their involvement in the substance using community in Cape Town, by obtaining information from PWUDs and community leaders. PWUDs form part of a considerable hidden population due to stigma, discrimination, social exclusion, and the breaking of laws. According to the International Network of People who Use Drugs (INPUD), the comprehensively documented human rights violations experienced by marginalised groups such as PWUDs, at the hands of police is a neglected area of research. Furthermore, it is difficult to fully document the negative impact that certain policing 'characteristics' such as negative attitudes and violent behaviour have on the wellbeing and health of the PWUDs as well as the surrounding communities (INPUD, 2014). However, this is research that needs to be done.

The findings of this dissertation intend to support the need to develop understanding of perceptions of the police, PWUDs, and the community leaders in relation to each other. The intention is to improve relationships and possibly find solutions in a community challenged with substance use. The study will be guided by the research questions discussed in detail in Chapter Three.

CHAPTER 3: AIM, OBJECTIVES AND METHODOLOGY

3.1 INTRODUCTION

The literature review identified a knowledge gap that led to this study. This study aims to explore the relationship between SAPS officers and PWUDs in the study location, as well as the roles and relationships of the community leaders within the areas. This chapter details the methodology used to collect the data to address the research objectives looking at the relationships between the three groups of informants; and the implications for police-community relations compared to the academic literature.

3.2 RESEARCH QUESTION

A research question is an accurate statement that describes what the researcher wishes to investigate. It presents the idea upon which the study rests and forms the foundation of the research (Babbie & Mouton, 2007). The reflective process used in developing the research questions gives direction to the study, this process is often underestimated, but an essential component to the research process, suggests Agee (2009). The research question below is three tiered.

The research questions are:

1. What are the perceptions of PWUDs and the police towards each other in a low income, marginalised community in South Africa?
2. How are the social determinants of health expressed in relation to the crime-illicit substance use nexus?
3. What are the implications for police community relations and policy and how might this impact on health?

3.3 AIM

The researcher explored PWUDs, Community leaders and SAPS officers' perceptions about factors that impact on the chronic problem of substance use in a peri-urban community in Cape Town.

3.4 OBJECTIVES

The study's objectives are to:

1. Describe and explore the perceptions and experiences of people who use substances towards law enforcement activities and officials – policing and police – in a peri-urban area in the Tygerberg sub-district, Cape Town;

2. Elicit Police Officials' perceptions of substance use, their approach to its policing; and relationships with PWUDs.
3. Explore the role of community leaders to understand how they could contribute to the improved relations between the SAPS and PWUDs and their perceptions of the relationship of policing and crime and with people who use substances
4. To identify strategies that will promote more effective relations between stakeholders.

3.5 METHODOLOGY

Perceptions are important in studies as they have the potential to shape behaviours and can be driven by direct as well as indirect experiences of crime as well as other experiences (Simelane, 2011). The scope of this research was primarily exploratory, and a qualitative design was chosen as it allowed the researcher to obtain in-depth descriptions and a more succinct understanding of informants' actions by drawing on the direct perspective of informants (Babbie & Mouton, 2007; Ben-Eliyahu, 2014; Moriarty, 2011). This method allowed for more accurate portrayal of the problems and characteristics of the groups of informants being researched and provided the insight that was needed to formulate recommendations to improve communication and relations between the SAPS and the community as a whole.

Qualitative methods enable the exploration of factors contributing to various informants' perceptions and explanations of their experiences, emotions and their behaviour (Moriarty, 2011). The use of a qualitative framework was not simply to collect 'facts' but rather to document the attitudes, experiences, perceptions and feelings that informants may have, the result of which would not only colour the subsequent analysis but provide a meaningful counterpoint to the engagement between the three groups of informants (Gibbs, 1997). A phenomenological approach was selected as it is well-suited in gathering information based on subjective experiences to capture the direct experiences of the informants (Daniels, 2005).

3.5.1 RESEARCH POPULATION AND SAMPLING

The community chosen for the study was a peri-urban suburb in the Tygerberg sub-district, described in more detail in Section 2.4 above. The researcher explored three groups of key informants' perceptions about factors that impact on the chronic problem of substance use in the area and data was collected through structured engagement with the three groups of informants: Poly-PWUDs (Group One), community leaders (Group Two), and South African Police Service officers (SAPS) (Group Three). PWUDs' (Group One) data were collected through focus groups discussions (FGDs). This method of data collection was chosen due to its known purpose to gain a multiplicity of perspectives, experiences, attitudes and beliefs about the same topic, eliciting a varying views and emotional

processes within a group context. Vulnerable and marginalized groups such as poly-use PWUD are likely to participate if it is a FGD (Gibbs, 1997; Moriarty, 2011). Furthermore, the focus group was also used as a platform to involve PWUD's in exploring solutions to benefit them directly, offering participants an opportunity to feel empowered, also stated by Gibbs (1997) as one of the benefits of making use of FGD's. Data collected by community leaders (Group Two) and SAPS officers (Group Three) were done through individual in-depth interviews. This was chosen as the best method of data collection for the following reasons: 1) due to the type of sensitive information that would be shared, it was important to build one on one rapport with the group two and group three informants, 2) due to open-ended-ness of the questions, it was important to have the time and space to do inductive probing, and ask for explanations; it was therefore important to make sure the interviews were conversational and led to trust being developed between researcher and informants (Moriarty, 2011; Rutledge & Hogg, 2020). These FGDs and interviews took place over a period of seven months.

This research study required purposive sampling, involving snowballing strategies, and are suited to research studies aiming to obtain information rich data (Patton, 2001). They entail the referral of informants by other informants. It provides a way to access hard to reach and vulnerable populations, such as the PWUDs where a level of trust is required to initiate contact (Atkinson & Flint, 2001). This approach is suitable for recruiting informants from vulnerable, stigmatised and hard to reach populations such as the PWUDs populations. Furthermore, community leaders were sampled in this manner because it was important for the individuals recruited to be seen as community leaders from the PWUD informants' perspective. As the time-restrictive nature of the SAPS policemen/women's working day as well as their availability and willingness to participate, they were also recruited in this manner (Laerd, 2017; Kalton, 2009).

Furthermore, the literature discussed in Chapter Two demonstrated that the process towards understanding the substance use problem in a peri-urban suburbs with a diverse population is complex (Harker Burnhams et al., 2016; Meade et al., 2016; Watt et al., 2012). Exploring relationships between stakeholders to understand challenges and develop recommendations requires insight into the various networks and structures within the community. Hence, the methods of data collection adopted for the three groups enabled the researcher to obtain rich descriptions of their contexts, insights and understandings of their experiences. Further rationale into the selection of the three groups of informants is given below.

Group One: People Who Use Drugs

The first group of informants recruited were PWUDs who were poly-substance users. They were chosen as they could provide a first-hand account of their experiences, their perceptions, and their

challenges as a PWUDs within their community and share their direct and/or indirect experiences with SAPS officers. The additional criteria of being a polysubstance-user was added due to the increase in poly-substance use in the Western Cape (Harker Burnhams et al., 2016).

The researcher intended to recruit a sample of 36 PWUDs. As the suburb has such a large population, and is divided into different sectors, the intention was to recruit over the entire suburb. Initially, the intention was to recruit four FGDs of eight informants which was expected to be sufficient until saturation of data was reached. Informants had to be over the age of 18, community residents in the and self-reported as poly-substance users (engaged in the use of two or more substances at least twice a week).

Time management skills of PWUDs are notoriously poor. Other researchers (Harker Burnhams et al., 2016) have found that although recruitment of PWUD's was relatively easy, there was a high frequency of informants failing to attend at the arranged dates for the focus groups (Harker Burnhams et al., 2016). Their unpredictability was anticipated due to the known symptoms of substance misuse that includes aggression and behaviour changes, hallucinations, confusion, rambling speech and difficulty concentration, and an increased need for the next high (Colker, 2004). PWUDs who are highly mobile may be difficult to sample and organise, as described by Nyumba et al. (2018). Consequently, this study chose to overrecruit an initial set of 40 informants so as to accommodate informant dropout or withdrawal, as suggested by Kalton (2009) for social science research with rare populations.

Additionally, while the intention was to recruit informants throughout the area within the suburb area, during the screening process, and the engagement with users and other community members, it was apparent that there were gang-related restrictions connected with territory. Consequently, it was not in the best interest of the informants to recruit throughout the entire suburb area, as there were geographical restrictions where individuals were allowed to go. Crossing over those borders would lead to those individuals being targeted and at risk of becoming victims of violent acts of retaliation. Although the informants' own gang-related membership and activities were not specifically questioned in the FGDs, it was informally discussed during the screening process. It was confirmed that parts of the suburb were 'dangerous' due to known gang-related activity and substance use. In addition, some informants were known to be in trouble with the law. The researcher was therefore at risk of "dangerous fieldwork" as described by Hobbs (2006). This research, as Hobbs (2006) found in his research, required fieldworkers to place themselves in the middle of conflict in under-governed and high-risk areas within the community. This resulted in the sampling being restricted to a certain community, which allowed the most access to PWUD's within the suburb as opposed to sampling from the entire area.

Gatekeepers are known to assist in navigating situations that require insight into the conditions and approaches used (Christian, 2012). The researcher required someone with knowledge, experience, and credibility to navigate complex and potentially dangerous environments such as the chosen suburb, and sought guidance from a community member, who worked at a non-profit organisation within the suburb and acted as a gatekeeper. He assisted in being present during the initial contact with the first few informants, and this allowed for easier and safer introductions to whomever the researcher approached. FGDs took place over two time periods. The first phase of the data collection activities took place in the local library; and the second phase of data collection for the PWUD's took place in a prefab building owned by a local NGO. Focus groups took approximately one hour each.

Group Two: Community leaders

The second group of informants were community leaders. Community leaders aid in the process of voicing expectations of communities, their own opinions, and are known for their ability to seek resources, network and are knowledgeable about available resources in their communities (Martiskainen, 2017). They are identified as individuals in the community that have opportunities and the platform to influence behaviour change within the communities due to their position or influence (Aziato et al., 2017; Thomas & Jackson, 2016). However, for this grouping, community leaders were identified by the PWUDs that were involved in the focus groups. Based on the PWUDs experiences with community leaders, selection of individuals who engage with the PWUDs would most likely provide rich data related to these individuals. Although it is recommended that 12-15 in-depth interviews are required to obtain saturation (Guest et al., 2003; Latham, 2013), only six community leaders were identified by PWUDs during the FGDs. All six community leaders were recruited. These individual interviews took place at informants' places of employment and the South African Medical Research Council (SAMRC) offices in Parow, depending on their preference. Each interview lasted approximately 30-40 minutes.

Group Three: The SAPS officers

The third group of informants were officers from the South African Police Station (SAPS). Firstly, SAPS officers (of various ranks), based at the police station within the suburb and secondly, a senior ranked officer at the SAPS Forensic Laboratory whose work involved the receipt of substance samples from the study's location, were recruited. Inclusion criteria were that officers all had at least 5 years' experience, a minimum of two having been servicing the study area. This would give them sufficient time to know the area well and they were therefore able to answer the questions in the interview with adequate knowledge. The researcher intended to interview personnel from the Independent Police Investigative Directorate (IPID) in Cape Town, which investigates complaints against SAPS

officers, that was reported in other local research (Marks & Howell, 2016). However, approvals were not received by the time fieldwork was concluded. Nonetheless through interviews with the two groups of SAPS sources, it was still possible to describe and understand the drug response system of the SAPS force and detail the drug response in the suburb.

3.5.2 RECRUITMENT

The following section details the recruitment processes for each group of informants:

Group 1: People who use drugs

As the suburb is known as a crime-ridden area it was crucial to connect with a community leader to assist with access to potential informants. He acted as a gatekeeper for some of the PWUDs approached for recruitment. Gatekeepers play a crucial role in gaining entry into the field. Gatekeepers, in certain environments, wield the authority to grant or deny access, highlighting the significance of building positive relationships with them during the pre-fieldwork phase. Establishing rapport with gatekeepers is vital as they can streamline and expedite the data collection process once fieldwork commences (Christian, 2012; Jelsma & Clow, 2005). One of the most valuable contributions made by the gatekeeper was information shared about the gang-related territorial 'rules' in the area and therefore, as previously stated, the recruitment of substance using informants from the entire area was therefore not possible. The recruitment process therefore did not fully control for selection bias and external validity fortuitously, qualitative research does not intend to be representative or achieve external validity. Each of the forty individuals that were approached were successfully screened and found eligible for four FGDs, consisting of ten informants each; two groups were male and two groups female. There was an intended equal gender division of 20 males and 20 females since women and men's perceptions differ in relation to their perceptions and experiences due to the known gender inequality that exists between them. Women have been shown to speak much less when in a FGD setting with men and thus a mixed gender FGD may have compromised the women's' ability to voice their true opinion when speaking on sensitive topics (NDI, 2019). Furthermore, the division of males and females was to protect the women from having to disclose sensitive information related to their substance use activities in front of men. Shame, embarrassment, and the stigma associated with women having sex in exchange for drugs is acknowledged in the literature (Minnis et al., 2015).

All 40 informants were screened and were invited to participate in the study. However, of the 40 informants that were screened and found eligible, only six females and three males arrived for their FGD. Therefore, a second round of FGDs had to take place the following month, in a different venue

as data saturation has not been achieved. A further six men, and 12 females were recruited for the second round of FGDs (further detailed in Appendix A1).

In summary, the total number of females approached and screened was 32, but only 18 arrived for the two FGDs. Of the 26 males recruited and screened, ten males presented for the two FGDs, although only nine males consented (one male left as he received a call related to a family emergency before consent had taken place).

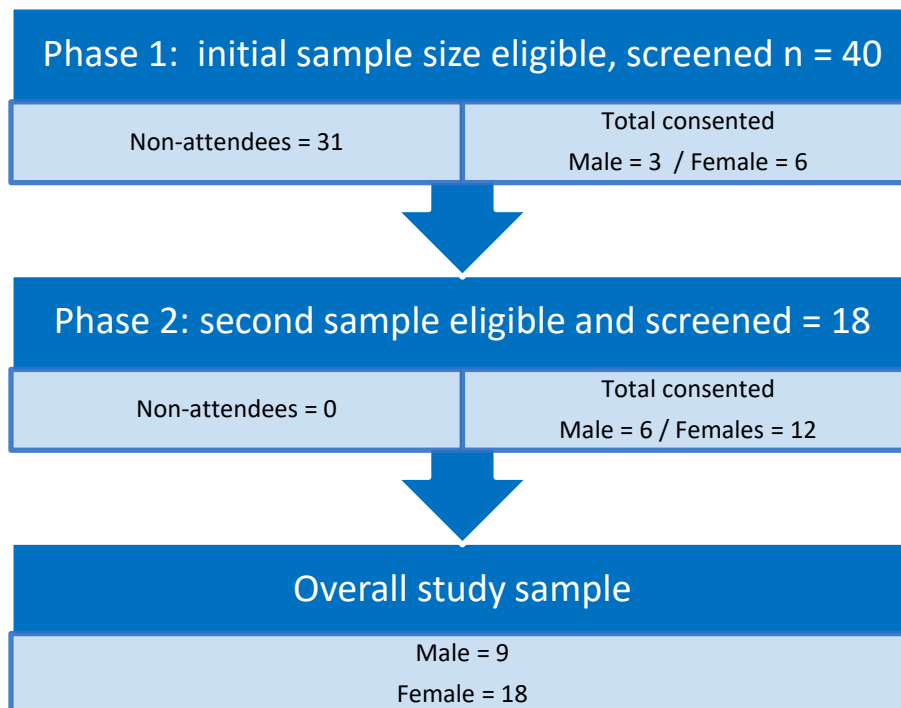


Figure 3: recruitment processes of users in FGDs

Group Two: Community leaders

Community leaders were identified by the PWUDs at the focus group discussions. Two community leaders were identified in the first set of FGDs and four from the second set. All six were approached for in-depth interviews. The researcher made telephonic or face to face contact and requested their permission to participate in the study. All six agreed to participate. They were given the option of one of three venues for the in-depth interviews. Two interviews took place at the SAMRC offices in Parow and four took place at informants’ workplaces. Three were female, and three were male. Five lived in the chosen study area, and the sixth in a very nearby suburb. This informant worked in the study area at the time of the study and had resided in the suburb years before. They were members of the Community Police Forum, Neighbourhood Watch, or employees of a community organisation, and two worked for organisations based in the study’s location.

Group Three: The SAPS officers

This group of informants were from the South African Police Service. Permission was sought through the rigorous application process to the National Commissioner of National SAPS offices. The approval process took 9 months. After approvals were received, the SAPS officers were selected through a two-stage process where potential recruits were identified by a senior ranking manager (a Colonel) based on their shift and availability. SAPS officers on different shifts were first approached by the Colonel. In the second stage, participation of the identified officers was requested individually in a private venue. The researcher explained the voluntary nature of the study. Importantly, they were not ordered to participate nor informed that they were identified by the Colonel. This prevented structural or collegial forms of obligation being felt by informants. The senior ranked officer at the forensic laboratory was contacted and recruited directly.

Due to the nature of these officers' work, finding a suitable time became a constraint to interviews taking place. Although the interviews were scheduled for 20-30 minutes, interviews had to be shortened depending on the availability of the officers. Consequently, the researcher had to limit the natural flow of conversation of the interviews which is used to develop a trust relationship. Officers were, however, very open and conversational, so it appears that this had no negative consequence. Officers also work in teams of two, and therefore interviewing one officer halted activities for that pair. The Colonel identified 12 officers for the researcher to interview, however only eight agreed to the researcher explaining the study to them in a private space. During the consenting process, one officer became fearful upon learning that the interviews would be audio recorded. This officer communicated that he/she did not want his/her voice or details to be shared. Although anonymity was explained to him/her in detail, the researcher surmised that there was a language barrier which hindered the effective explanation of confidentiality and anonymity. Therefore, only seven of the intended ten officers were interviewed, as well as the additional senior officer. A total of eight SAPS officers were therefore recruited.

3.5.3 INSTRUMENT DEVELOPMENT

A review of the literature informed the questions used in the FGDs with PWUDs and the in-depth interviews with community leaders and law enforcement officials. Although sensitive topics were discussed, and in-depth interviews are more commonly used in these instances. For the PWUDs, screeners were developed to determine eligibility (AppendixA2). The last question asked on the screener was "Are you willing to talk in groups?". Apart from the other inclusion criteria, informants had to answer 'yes' to be involved in the study. All fifty-eight informants in Group One who were initially approached and screened responded "yes", after which they were invited to attend the focus

group. FGDs were best suited for this vulnerable population due to its advantages of retrieving detailed perceptions, based on its participatory encouraging style (Babbie & Mouton, 2007).

Demographic information was only obtained from the PWUDs and included sex, age, birth date (Appendix A2) as well as contact details such as telephone numbers and daily hang-out locations (Appendix A3). Based on the sensitive nature of the discussions and the sample pool of police and community-leaders selected, the demographics of both groups of informants are not presented as their identity could be inferred. The FG interview guide for the PWUDs (Group One) consisted of 18 questions (see Appendix B2). For the Community Leaders (Group Two), the interview guide for the in-depth interviews consisted of ten questions (See Appendix C2). The SAPS officers (Group Two) data collection process were in-depth interviews with four questions (See Appendix D1), and five questions for the senior official (See Appendix D2). For all three groups, the substance use issue in the area was explored, followed by their thought on the police's response to the substance use issue. In addition, Group One focused on their perceptions on the direct and indirect experiences with the police, as well how they think the relationships can improve. Group Two, focused on Community Leader's role in the community, their relationship with the police and their perceptions of the police based on their direct and indirect engagements. Group Three looked more in depth at the police's response to the substance use problem, as well we their challenges faced as a service.

3.5.4 DATA COLLECTION

Each potential PWUD informant, who participated in the FGDs, was given an overview of the study before they completed a 'screener'. The purpose of the screener was to ascertain whether the individual was eligible to participate or not (See Appendix A2). Snowballing was employed to recruit further possible informants, and each eligible participant was asked to suggest further possible informants, which the researcher then approached in the street or at their home. Before each FGD, written informed consent was required for participation. An audio recorder was used to record FGDs, and permission for this was included in the informed consent form. Interviews were transcribed by a research assistant and then thematically analysed by the researcher.

For Group Two, community leaders were given an information sheet and completed the written consent form which included permission to audio record the one-on-one in-depth interviews. These interviews were both transcribed and then thematically analysed by the researcher. Interviews lasted between 30 and 52 minutes.

For Group Three, eight in-depth interviews with the police officers and one senior officer took place. Each interview with SAPS officer lasted approximately 20-30 minutes. The individual, in-depth interviews were recorded, transcribed and analysed by the researcher, while considering the

importance of confidentiality and anonymity. The Colonel did look through the interview questions but did not keep it. The officers therefore had not seen the questions before hand.

3.5.6 DATA ANALYSIS

Validity in qualitative research speaks to ensuring that the handling of the data is in a manner that leads to plausible claims. Through deep analysis of the data, the researcher was able develop a more consistent narrative based on the use of multiple sources of data.

Reliability in qualitative research refers to the consistency employed in the methodological procedures to allow for potential repetition of the research. For each group of informants in the current study, strategies for validity and reliability were verified and guided by ensuring trustworthiness (Shenton, 2004). Additionally, a notion identified by Lincoln & Guba (1985), as cited in Shenton (2004), identified credibility, transferability, dependability, and confirmability as key concepts to completing rigorous qualitative research (Korstjens & Moser, 2017; Shenton, 2004). Strategies put in place to ensure that credibility was established through familiarity with the community and suburb. This was done through the researcher's previous research experience within the community (Harker Burnhams et al., 2016). In addition, rapport was created in the initial screening process of Group One informants, the initial meeting with the community leaders in Group Two and before the consent process at the interviews with the SAPS officers in Group Three. The researcher was not able to personally engage with the officers in Group Three before the interviews, but due to the interviews taking place over a period of a few weeks, the researcher was seen at the precinct and familiarity towards the researcher may have been drawn from that. Another criterion used to address creditability within the study, was the researcher owning a Good Clinical Practice Certificate and making use of an independent coder to allow for the refining of the results.

Data triangulation took place on two levels: 1) although not the original planned execution of the data collection timelines, one male and one female FGD took place in December 2016, and a further two took place in January 2017 the following year, therefore making use of data collection from Group One informants over two time periods, 2) data were gathered from three groups of informants all related to addressing the substance use problem in the community. Transferability was addressed by using thick verbatim descriptions in the relevant sections related to the community in which the study took place, number and type of informants involved, number and length of data collection periods, time-period of data collection and copies of the interview guides in the appendices. To address dependability, this research report includes detailed descriptions of the research design and implementation, as well as detail of data gathering, and reflective appraisal of the study.

Confirmability was addressed by using reflexive strategies to explain methodologies used and interpretations of findings (Korstjens & Moser, 2017; Shenton, 2004).

Thematic content analysis, as described by Braun and Clarke (2006), formed the analytical framework and enabled a systematic review of data from the focus group discussions among PWUDs, and the interviews done amongst community leaders and police officers. They describe the flexibility of thematic content analysis as leading to a rich, detailed and complexed description of the data. Data were analysed using thematic analysis using NVivo12 software where these transcripts underwent a manual coding process based on a six-step thematic analysis procedure (Braun & Clarke, 2006), which included 1) Familiarising oneself with the data through reading and re-reading personal notes made; 2) Generation of initial codes based on what appeared interesting and meaningful; 3) the collating of codes to search for themes by examining the relationships between codes, sub-themes and themes; 4) the reviewing of themes – this was a process where the researcher combined, refined, separated or discarded initial themes; 5) final defining of themes and sub-theme, including definitions of each theme in the report; 6) the interpretation of the analysis, written using quotes that relate to the themes, research question and literature. The interpretation of the themes was guided by the summaries in each findings chapter, and further thematically analysed in the discussion chapter using a relevant and appropriately suited theory.

Themes were first identified for each group of informants. Themes were then compared and contrasted between each group, identifying additional inter-relationships which led to sub-themes and new emerging themes for interpretation, and this was an opportunity for reflection on the researchers' roles and biases. Intercoder reliability refers to two or more coders agreeing on the coding scheme applied and is core to the analysis as it provides objective coding (Lavrakas, 2008). Therefore, in addition to the researcher, one independent coder was used to verify themes and sub-themes. The independent coder developed themes from the coding of all four focus groups (group one informants), as well as two interviews from both group two and group three informants. Similar themes were developed, and coding results were discussed. Deliberations were made on discrepancies, and consensus was reached after which the themes were further refined. Coder one (researcher) then continued coding the rest of the interviews.

For PWUDs (Group One), community leaders (Group Two) and SAPS officers (Group Three), themes and sub-themes were developed and identified. For each theme discussed, the most illustrative quotations used by the informants are used, providing a thick description of the data gathered. For authenticity, the quotations may not be grammatically correct but provide a rich insight to the perceptions of the informants and their experiences from their frame of reference. Quotes by PWUDs

are indicated by M001, M002, M003...M009 and F001, F002, F003...F018 etc. The 'M' represents male, and the 'F' represents female informants. Community leaders' quotes are indicated by the letters CL001, CL002, CL003...CL006. Lastly, SAPS officers are indicated by P001, P002, P003...P008.

Mapping the findings to the framework of Social Determinants of Health

As this study has three groups of data, it was important to make use of a theoretical framework, as it allows the researcher to intersect existing knowledge to frame the findings, and it acts as a valuable tool to express depth within the study (Collins & Stockton, 2018). After extensive literature searches, the Social Determinants of Health framework was deemed the most suitable as it encapsulated the various elements rooted in causal pathways in relation to substance use and the behaviours exhibited by each group of informants. Galea & Vlahov (2002) share that PWUD's health is bound to their social environment, and that substance use and associated risk-behaviours are affected by social processes.

The health of PWUD's is impacted by both social determinants as well as the consequences of substance use, therefore substance use is in fact linked to circumstances that are intertwined with substance use, and not a consequence of social factors (Galea & Vlahov, 2022). This promoted deeper thinking into the individual behaviours, with a stronger focus on the structural systems that impacted the emotional, mental, and physical health of the three groups of informants, within their broader community's health. Moreover, it can be used as a tool to sufficiently express the influence and power they have on each other (WHO, 2010).

The chosen framework acted as a conceptual basis for analysing and establishing a method to investigate relationships within the social systems identified within the research study. The most relevant social determinants of health were derived from the analysis, identified across all three groups of informants, by looking at the direct link to the health outcomes or concerns from all three groups of informants. In considering population and area characteristics, alongside community-engagement, the relevant social determinants of health were quite apparently highlighted (Kerman et al., 2020).

In addition to the social determinants of health framework, the researcher made use of the socioecological model. Substance use is not solely determined by one's individual choices or biological predispositions. It is shaped by the complex interplay of individual, interpersonal, community, and societal factors. The socio-ecological model acknowledges this complexity and therefore provides an effective complementary framework for examining how these various factors interact to influence substance use and substance users' behaviours (Begun et al., 2020; Bronfenbrenner & Morris, 1998; UNICEF, 2022).

A list of Social Determinants derived from the WHO (CSDH, 2008) and other adaptation of the SDH framework (NEJM, 2017) was generated to identify determinants raised by the informants. This process was done after the initial analysis took place for each of the three groups of informants, similar themes were identified across groups, with numerous references to each of the groups. Themes identified in the informants' narratives were compared and mapped to the elements of SDHs and later to the socio-ecological theory. How each group of informants were impacted by the other was done through comparing the themes. In addition, how these three groups are integrated together in society in dealing with the similar social ills and/or challenges, and consequently how to make use of this information to develop integrated recommendations is further discussed in the discussion.

3.5.5 ETHICAL CONSIDERATIONS

The University of Cape Town as a registered institutional review board provided ethics approval and scientific review of the research protocol. Ethical approval was first approved through the Law Faculty in 2015. The researcher then moved to the Health Sciences Faculty in 2017 (HREC 614/2017) (Appendix F) to better align the researchers academic and professional interests. In addition, in 2016, approval was received from the SAPS National Commissioner to conduct the research, which took a total of 9 months. This research study was conducted per the ethical principles outlined by the Declaration of Helsinki (World Medical Association, 2013) and the Belmont report (National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research, 1979). These documents highlight the importance of respect for a person's autonomy, justice, beneficence, and non-maleficence in the conduct of research with informants. These ethical principles belong to a framework that guides and ensures research rigour. To ensure autonomy, an informed consent was completed. Before the study commenced, the research was explained to all informants and information sheets were provided for consideration of their participation. Derived from the principle of autonomy, confidentiality was adhered to and maintained. Individuals in each group voluntarily participated, understanding freedom to withdraw from the research without consequences, as well as confidentiality and anonymity as is required in reported research before giving informed consent. Each participant was also given a copy of the consent form with detailed information of the Ethics committee to contact in the event they were unhappy with the process or felt mistreated.

The researcher had no intent to anonymize the location of the study. Being forthright with the location is a manner to enhance the contextual richness of the research, provides transparency for the reader as well as assists with the future replication of the study. Furthermore, due to its contribution to showing gaps in policy, and outlining community needs, sharing the location would provide stakeholders with an opportunity to make changes based on the study's insights. However,

during the data collection processes, it became more apparent that the nature of the data was sensitive and very identifying to those who contributed to the research. Certain names and identifiers have been modified in such a manner that it maintains its integrity but also ensures confidentiality of the informants. This aligns with ethical standards to protect the identity and ensure the anonymity of all participants.

Before recruitment of the PWUDs began, the researcher contacted a community leader who shared the challenges and lived experiences faced by the community such as poverty and violence within the community. He was then approached to be a gatekeeper to attempt to alleviate the possible power relationship between researcher and screened individuals as described by Jelsma and Clow (2005). It was important to ensure that informants were not exploited or disempowered during the research recruitment process. This principle was easier to navigate for community leaders and police informants (Groups Two and Three) as they were one-on-one interviews.

Issues of non-maleficence speaks to the researcher being the research instrument and therefore needing to establish a sense of openness and trust. It is important to be able to develop confidence and promote emotional integrity within the research-participant relationship so that the participant feels free to share intimate details about their experiences and not have the fear of being betrayed once the study is analysed and published. This includes constant reflexivity and clear descriptions on the roles of the researcher and research informants shared with informants (Jelsma & Clow, 2005). The researcher debriefed with a co-supervisor to deal with the emotional impact of engaging with the research population as well as the possible risk of exposure to dangers during the data collection period. The principle of beneficence was addressed by providing each PWUD from Group One with a card featuring listed substance misuse treatment services within the surrounding areas. The researcher stayed for a short while after each focus group to engage with informants on any questions they had on substance use treatment. Group Two and three informants were not offered any additional support, furthermore no direct issues were shared where support was required.

3.5.7 DEVELOPMENT OF RECOMMENDATIONS

The study's recommendations arose from the recommendations of the informants, the literature and the researchers' own observations and experiences. The researcher connected the recommendations to relevant literature to ascertain their credibility and sustainability in Chapter 6, stratifying per informant group.

3.5.8 AUTHENTICITY OF THE RESEARCH

Reflexivity is a process that acknowledges the changes that takes place within researchers because of the research process, and then consequently, how these changes impact the research process. Palaganas et al. (2017) calls it an “iterative and empowering process” and should be recognized as a significant part of the research findings. The researcher made use of bracketing, as described by Tufford and Newman (2010), which is suggested to lessen the negative effects of the researchers’ own biases that may taint the research process. The researcher had previous experience collecting qualitative data and had developed rapport with PWUDs in the area. These previous interactions could have allowed for preconceptions to impact thought processes, especially as it was emotionally challenging and sensitive information shared by informants. However, bias was limited as the researcher engaged with supervisors constantly to discuss challenges, her own thoughts, feelings and the possible impacts on the research process. However, this level of familiarity with the community and users, facilitated easier recruitment and trust-building. Furthermore, reflection at each stage of the data collection process allowed for deeper reflection on the data and enhanced the analysis and results (Tufford & Newman, 2010).

The extent of the substance use problem within the suburb as perceived by each group of informants was important to establish at the start of each interview and focus group discussion so that the researcher would not use her own suppositions in understanding the drug problem. Although the suburb is known to have a serious drug problem and high substance related crime (SAPS, 2019), it was important to allow the informants’ narrative to lead the discussion. Additionally, as a researcher who shared similar cultural and social background as most of the participants, this commonality enhanced trust and rapport, encouraging open and honest communication. It allowed for better understanding of cultural nuances and lived experiences from the researchers’ perspective. However, coming from a higher socio-economic status than many participants may have created distance, potentially influencing how the PWUD’s viewed the researcher and how their experiences were interpreted. This therefore requires careful reflexivity to acknowledge both the shared cultural and social identity, as well as the socio-economic gap, to ensure that the researchers’ empathy does not lead to assumptions and that there is critical awareness throughout the analyses.

For PWUD informants, the general aim of the study and the role of the researcher was explained during the screening and consenting process. Nevertheless, many thought that the researcher could still assist them with enrolling into substance treatment programmes, address their housing issues or poverty concerns. Despite participants acknowledging the role of the researcher, the data collection activities, and the cards with details of nearby treatment centres being handed out at the end of the

FGDs, informants remained and expected further engagement on these topics. This led to some disappointment at the end of the FGDs when informants realised that the card was the only form of physical help they were receiving. The researcher did, however, spend time explaining in detail how to travel to the treatment centre, and what to say to the therapists when they arrived. In hindsight, this could have been avoided by asking participants to summarize what is expected of them during the consent process.

One of the police officers appeared intoxicated during the interview. As P002 was fully alert and coherent, it was decided to include the interview. The interview was, however, considerably shorter interview than those of the other officers which may be due to the uneasiness of the researcher, intoxication or due to P002's natural flow of responses.

Informant groups were conducted sequentially. All PWUD focus groups were conducted, followed by Community leaders, and lastly the SAPS officials. While each group of informants shared challenges faced with the other groups of informants, it was imperative for the researcher to remain unbiased during the data collection period, and the remainder of the study.

In all groups, sensitive information was shared by some of the informants. Details about specific incidents' that could potentially put lives at risk or are the subject of legal proceedings could not be shared in this report. Therefore, in reporting the findings, the researcher had to be cognisant of providing quotes which show the impact of the theme, without providing identifiers or details of incidents. Lastly, while the data collection period ended in 2017, the researcher took a leave of absence in 2018, due to pregnancy complications. Studies resumed in 2019; however, progress was disrupted in 2020 by the impact of the COVID-19 pandemic and additional personal challenges. Work on this dissertation resumed in 202

CHAPTER 4: RESULTS

This chapter presents the findings from the analysis of all three groups of informants. Group One were the People Who Use Drugs (PWUDs), Group Two were the Community leaders as chosen by Group One, and Group Three were the Policing officers at the chosen Police station, with the addition of one senior officer based at a different location.

The importance of community participation in community solutions has been documented well in research (Aziato et al., 2017; BJA, 2000; Greef, 2012). One of the objectives of the current research study was to collate a list of recommendations that came from the PWUDs, Community leaders and the South African Police Service (SAPS) officers. These are presented at the end of each results sections 4.1.4, 4.2.6 and 4.3.7, and discussed in Chapter 6.1.

4.1 GROUP ONE: PEOPLE WHO USE DRUGS

This section presents findings from the focus group discussions (FGDs) held with PWUDs the suburb. Findings arose from informants' perceptions of their direct and/or indirect experiences of living in the community, misusing substances, and interactions with the SAPS officers that service in the same area.

The focus groups were characterised by rich interaction and dynamic engagement among these participants. Rather than just responding to the researcher, participants actively built on each other's statements, confirming shared experiences and occasionally challenging each other's views. In several instances, participants engaged in collectively restructuring events such as their experiences, especially with police officers. Expressions of agreement, frustration, and even laughter contributed to an open and conversational environment. Their responses were charged with passion and fear throughout the FGDs; and their responses highlight their relationships with other PWUDs and police officers in the suburb. This level of engagement deepened the quality of the data and provided insights into how participants made meaning collectively, revealing individual attitudes as well as the shared narratives that shape community-police dynamics. .

Four sets of FGDs were conducted with 27 informants. To be eligible for the study, informants had to be a poly-substance user. Basic demographics such as age, types of drugs used, and frequency of use were collected at the eligibility screening session for each participant. The median age of both male and female informants was 27. As can be seen from Table 3, a range of substances were being used by informants and, excluding alcohol, two-thirds of men and half the women used two or more different substances.

Table 3: Description of substances used by PWUDs

	Males (n=9)	Females (n=18)
<i>Methaqualone (Buttons)</i>	5	6
<i>Dagga</i>	8	10
<i>Methamphetamine (Tik)</i>	4	13
<i>Heroin/whoonga</i>	1	3
<i>Alcohol</i>	0	4
<i>Poly-substance use (including alcohol use)</i>	9	18
- <i>Used more than two substances (excluding alcohol use)</i>	4	5
- <i>Used more than three substances (excluding alcohol use)</i>	2	3

Table 4 provides an overview of the themes, sub-themes and as identified by the researcher and independent coder.

Table 4: Themes found in FGDs with substance users

Number	Theme	Subtheme
4.1.1	The suburb as a landscape of danger	<ul style="list-style-type: none"> • Living with danger • The suburb: a dumping ground • Lack of meaningful choices • Struggling with desperation caused by addiction
4.1.2	Us vs Them	<ul style="list-style-type: none"> • Lack of safety marked by distrust and fear • Identifying as a population to be policed • Fear of police encounters • Government gangsters: unlawful behaviours
4.1.3	Community solutions	<ul style="list-style-type: none"> • Reimagining policing to build trust • Building cooperative community-police relations

4.1.1 Theme 1: The suburb as a landscape of danger

It was important to gain insight into the world of informants through understanding their perspectives about living in the suburb. Questions about the area were asked as it was important to have an understanding of the suburb – the context and the exposures of informants. A clear picture of the informants’ everyday life living in the area, allowed the researcher to develop relevant and appropriate recommendations based on engagement with the informants. The following sub-themes emerged as the most shared.

Living with danger

The informants shared their perspectives about living in the suburb, and a range of perspectives emerged. While informants described daily dangers associated with being victims of crimes and poverty, it was clear that some informants chose to live there, while others lived there due to circumstances which they felt were beyond their control. Circumstances included being displaced or kicked out by their families and loved ones due to their drug use and associated violent behaviour.

Hulle [family] can love you, maar hulle het al moed opgegee [Translate: *Your family can love you, but they have given up*] (F006).

Informants added that they too were victims of crime, and police brutality; and were exposed to dangerous encounters and injury, daily.

Daar is Niemand by die huis nie, dis donker. Die ligte is af, die deure is toe gesluit. 'n Huis wat alleen staan. Die police, julle sit op die hoek, is dik ge-tik, met 'n gun in soe op sy knee kop – hy skiet op onse huis. Daar is inks mense daar binne nie. Gods se liewe waarheid. Hulle het ons huis afgeskiet. 'n Normal mens kan nie so iets doen nie [Translate: *There is no one at home. It's dark. The lights are off the doors are locked. A house that is standing alone. The police, they sit on the sidewalk, are high on methamphetamine, with a gun resting on their knees – he shoots at our house. There are no people inside. Gods' truth. They shot down our house. A normal person could never do something like that*]. (F006)

The extent of the drug use problem became clear in the FGDs, as informants spoke about the negative impact that substance use has had on the lives of people living in the suburb. They alluded to the fact that living in the area is only 'safe enough' for animals.

Hier in [suburb], gaan jy net "down, down, down" ... it is the worse place for drugs [Translate: *Here in [suburb], you just go down, down, down*]. (F004)

This isn't a place for kids to grow up, this is a place for animals, really. (F008)

A few, however, enjoyed living in a temporary relocation camp south of the suburb. For them it was freedom, a paradise, a free holiday. The area is not as frequently policed, and PWUDs felt free to misuse substances as they pleased.

Ek lyks die plek man. Vir my is dit nie much bad hier nie. [Translate: *I like this place man. For me, it's not too bad*]. You go with the flow. (M004)

...[suburb] is like a drug den... this is like the Holiday Inn. It's like a resort. You just come here to come stay for free and do whatever you want to do in this place. (M006)

The suburb: a dumping ground

Certain areas in the suburb were and are still used by government to temporarily house displaced individuals, until housing could be arranged for them. Yet, after 16 years, many have still not been accommodated in permanent housing. Informants discussed the challenges that their families faced after being evicted from their homes in the late 2000's from two inner city neighbourhoods earmarked for gentrification and moved into the relocation camp in the Western Cape.

Informants in all FGDs were angry with the South African government for their role in this displacement. They were angry about "being dumped", "thrown together and "forgotten about".

is amper soos ... ons is net gedump [Translate: *it's almost like...we were just dumped*]. (M003)

Government need[s] to start making change. They can't keep throwing people like this, different kinds of people...of different mentalities [cultures], throwing people together like this. (M004)

In discussions around improving their lives, their relationships with police and the community, a few concluded that their only solution was to leave the suburb, even without a place to stay.

Dus betere in die bos as in [suburb]. [Translate: *It's better in the bush than in [suburb]*]. (M001)

This sub-theme is important as, families were moved from their social support system and from their jobs to start a new life in the suburb. This was a relocation camp, a place with very little infrastructure such as adequate housing or ablution facilities. For many families, this poor infrastructure formed the basis of their poverty and lack of social support as there are very few opportunities for personal and economic growth, with very little resources.

Lack of meaningful choices

In all FGDs, Informants voiced that they were unable to make choices for themselves due to poverty and violence, or drug addiction.

There were two different contexts related to 'Lack of meaningful choice' shared by participants. Firstly, conveying that area in which they lived was viewed as a place they could not move away from; the suburb had few opportunities with little to no support from local organisations. They also felt it to be a place where authorities could not be trusted, and a place where every day is a matter of survival. Secondly, 'lack of meaningful choice' refers to feeling forced into substance use due to social pressure and conforming to expectations about their behaviour related to their identity. They had little support from families, and once arrested, had few accessible options to stop this habit.

I am stuck here because...there is a lot of people who don't have a support structure...we have to adapt. We would never survive, but you have to survive at the end of the day to be alive. (M004)

Drugs is a poverty thing. (M003)

Like I said there's no, there's no other choice but to, but to do the stuff that the gangsters do, because there's no role models. (F003)

Motives around drug addiction was multifaceted. Although each individual case of drug addiction was different, overwhelmingly, informants despaired about their lack of choice and power over their own lives and future.

Struggling with desperation caused by addiction Both women and men raised the serious and sometimes violent effects of drug addiction stemming from their desperation of needing the next dose ("fix"). Some examples of the violence from drug use are prostitution and rape. Informants reported that women were known to prostitute themselves or their children for money for drugs, and men have raped babies as little as three months old. These two acts of violence were given by a few informants to describe how 'other' informants who misuse substances managed their addictions.

Mothers are using their daughters as sex slaves to bring in money for their drug use, as well as well as daughters selling their mothers. (M004)

Women are being prostituted and used by drug dealers to make money for them daily. They give them illicit substances in return. (M002)

One of the known effects of crystal methamphetamine 'Tik', is an increase in sexual libido, and this was known by informants. This may contribute to the increased risk of women and children being raped, and therefore increase the risk of STI and HIV transmission.

Some men are on drugs you know. On serious drugs, then they rape the children about, about one years, three months, six months and upper (longer). (M001)

Additionally, women in both FGDs reported that they had sex with police officers in exchange for money and drugs.

Daar is baie 'boere' (policemen) met wie ek my 'besigheid' (have sex with) doen... ek koop nooit my eie (inaudible: *drug's name*) nie [Translate: *There are s policemen with whom I do 'business' (have sex with)... I never buy my own [drug's name]*]. (F004)

Everyday informants "skarrel" [*search on the streets*] for food, money for drugs and survival. Furthermore, drug addiction affected the priorities of women who had children. Their priority would be to find money for drugs, and only then search for food for their children.

hulle gaan eers drugs, en dan skarrel for food [Translate: *they first get drugs, then they 'skurrel' for food*]. (F001)

4.1.2 Theme 2: 'Us versus Them'

This theme was developed based on the relationships with the police described by the PWUDs. During the FGDs, Group one informants shared their fears, frustrations, and experiences with the researcher, although not all experiences were negative. This theme touched on safety and fear as well as their identities as PWUDs. In summary, the current situation in the suburb is that PWUDs do not respect or depend on the SAPS officers. This feeling mainly stems from their interaction and engagement with the police. The sub-themes identify the reasons PWUDs felt this way.

Lack of safety marked by distrust and fear

Participants in all FGDs reported that police officers were unresponsive when users felt in danger or had been a victim of crime. They felt discriminated against as PWUDs and believed that police neither understood addiction nor how it negatively impacted the user's behaviour.

Ek is 'n 'tikkop', nou wil ek complain by die polisie. Dan, dan is permy "hey gaan man, hy is 'n 'tikkop'". So hulle help nie vir ons nie. [Translate: *I am a tik-head, now just say I want to make a complaint with the police. Their response is always: "Hey go! You are a 'tik-head'. So, they don't even help us]. (M003)*

One informant believed the police were under-resourced, hence their slow response to emergencies and crime which he had experienced. He was concerned as he believed his family's safety was at risk of crime.

They (police) do nothing. Julle maak sake nou, maar hulle maak nie cases nie. Of julle gaan hof toe, dan trek hulle die sake terug, so dit is 'n waste van tyd...Die mense [robbers] het my TV kom haal, my hele deur af...en die polisie?... ek se nie dis hulle probleem nie...ek weet daar is min karre, hulle kan nie orrels wees nie. [Translate: *We lay charges now, but they (police) don't make cases. Or they (police) go to the courts, but then they withdraw it, so it's a waste of time... the people [robbers] fetched my TV, they took my whole door off. And the police? I am not saying it's their problem, I know they have few cars, they can't be everywhere]. (M002)*

Many informants lived in houses that could easily be broken into because of the inadequate construction materials used (corrugated iron) in the relocation camp in the suburb. Consequently, they were more so often victims of robberies and assault and felt as though they could not depend on the police to help them.

Identifying as a population to be policed

Another aspect of the theme, 'Us versus Them', is the notion that users do not see themselves as criminals, or as addicted to substances. They referred to other users as 'the people' or 'they' and did not identify themselves as perpetrators, even if they were conducting criminal activities. They shared that there are 'users' who steal from other substance users and non-substance users who were residing in their neighbours or from surrounding streets. Two informants preferred that these users

should steal from individuals who lived outside of the area or from those who were more advantaged by having more money and/or possessions.

The people are breaking down their own people, instead of going outside there and go break in there. (*reference to areas far from where they live*). (F008)

Hulle moet die wit mense se huis gaan rob [Translate: *they must rob the white people's houses*]. (F013)

PWUDs did not see themselves as criminals. They referred to themselves as the 'civilized people', 'innocent people', or even as 'Gangsters'. However, they did not refer to their own behaviour as criminal. A female informant referred to other drug users as "hulle" (them) as opposed to "ons" (us). Informants distanced themselves from identifying with gangsterism as a whole and their activities as criminal. There was no sense that the informants believed that they were a population to be policed. Rather, they focused on the lack of choices they had as PWUD and the negative impact that other PWUDs had on their safety, rather than expressing a desire to improve their situation.

Fear of police encounters

In all groups, Informants were afraid of the police's violent behaviour and how they portrayed themselves. Informants frequently experienced violence such as the verbal and physical brutality of the police. For some, there was no difference between the attitudes and behaviour of the police or the gang members within the suburb, as they were mistreated by both. Consequently, there was also no trust between these informants and the police officers.

The cops are against the people. At the moment, they are the enemy, not the gangsters anymore. You don't fear the gangsters anymore, you fear the policemen. You phone the police, they don't come, but when you complain to the gangsters, they soema help you. (M001)

The police is daar, maar ons kan niemand trust nie [Translate: *the police are there, but there is no one we can trust*]. (F004)

One informant raised the link between poverty and use of substances, reflecting on a discussion around fears about being searched, taken to jail or prior run-ins with the law. They were hungry and had to beg for food and felt forced to smoke substances to decrease his appetite. However, being searched, he felt trapped, as he felt as though there were no other options for him. There was agreement when this was said.

And we can also talk about the police harassing the people, walking in the road... they come to you, they find you have nothing on you, you don't have drugs, nothing, then they moer you [Translate: *hurt you really badly*]. (M009)

The core function of all police officers is to 'serve and protect'. However, the fear that the police provoked made it impossible for informants to feel safe. Overwhelmingly there was sense of hopelessness. As they were unable to rely on the police, there was no-one to trust in a time of need.

Government gangsters: unlawful behaviours

In all FGDs, informants spoke about the unlawful behaviour of police officers such as corruption. They characterized the police as gangsters. Similar stories about the unlawful behaviour of police were told in all FGDs, which made this finding credible.

Informants reported that they were often purposefully and wrongfully accused by the police of being dealers and their homes were searched without search warrants. Furthermore, they believed that police officers were paid by drug dealers to protect them and their illegal businesses from prosecution. They believed that many police were also drug users. This evoked fear in the users, which was explored earlier.

They not here to help us even. It is like they are a gang on their own... Government gangsters. (M006)

Daar is nog nooit 'n goeie polisie man nie suster, sorry om dit te se, daar was nog nooit 'n goeie polisie man. [Translate: *There has never been a good policeman sister, sorry to say, there has never been a good policeman*]. (M002)

The police are on their payroll...the cops are against you man. They are with the gangsters against you. So what can you do? (M001)

Hulle weet waar die regte huis is, maar hulle gat skud die verkeerde plek uit... ja hulle worry nie... [Translate: *They know which house is the right house, but they break down the wrong house...they don't worry*]. (M003)

One informant reported being taken to the police station and then released the following day after he gave information to the police. The police later accused him of betraying the dealer and beat him/her up.

Dan sien jy net more, hulle gee vir jou twee of drie klappe "Hey, jy jou 'piel gat', jy's 'n piemper" [Translate: *then you'll see tomorrow, they'll give you two or three smacks, "hey you 'penis head,' you are a tell-tale"*]. (M001)

4.1.3 Community Solutions

The final issues probed in the FGDs related to the PWUDs view on how they thought community relationships could improve, whether they thought that substances were being policed correctly, and if not, how this could improve. Overall, the questions were met with a sense of hopelessness, and further probing had to take place to obtain descriptive information.

4.1.3.1 *Reimagining policing to build trust*

PWUDs felt displaced and shared their frustrations surrounding their living situations, and the promise of improving their quality of life if they were given a 'reconstruction and development' (RDP) house. The suburb had been used as an area where people, displaced due to evictions, were moved to.

Why can't they just build houses for this people where the people come from then the people go stay in their houses. Why take the people from their backyard where they used to stay in there, in (mentions a different neighbouring suburb), in every locality and bring them here, throw everyone here together (M009).

PWUDS shared their concern around the way substances were being policed in the suburb. They believed that if police could engage in operations that focused on the dealer/merchant rather than the PWUDs, this would indeed benefit the community and rid the area of substances.

Go to the root ja [Translate: *Go to the root, yes*]. The man buying the stuff, the lot of stuff, not to me, I buy one, this guy buy one. You coming to me, but you leave the dealer out (M002).

They have to go and park next to the people that selling the drugs. If you have a address that this number states that they selling drugs at this place, then they have to go park 2, 3 vans in front of that house everyday... finish and kla [Translate: *Done and dusted*] (M009).

4.1.3.2 *Building cooperative community-police relations*

In all groups, PWUDS were resentful towards the police due to the perceived manner in which the police engaged with the PWUDS. PWUDS felt verbally abused and disrespected by the police. Their recommendation was that if the police handled them in a respectful and human manner, they would be able trust the police and be able to reply on the police.

They must start to handle people decent. No matter what you do, no matter who you are. Hulle moet hulle relationship met die community sterk bou. [Translate: *They must start to handle people decently. No matter what you do, no matter who you are. They must build a strong relationship with the community*]. (F006)

Stop, stop beating us. Stop beating us. When they catch us, take us somewhere (word) and just talk to us about, about not giving up, something like that, you see. Come up with a better plan, but don't beat us. (M001)

Dat hulle nie die community, no matter wat hulle met die mense, dat hulle die mense soos human beings behandel, en nie soos varke nie.... hulle klap ons baie. [Translate: *That they, no matter what the people do, that they treat the people like human-beings, and not like pigs. They beat us a lot*]. (F006)

PWUD lacked a sense of personal agency about how to end the verbal and physical abuse displayed by police towards PWUDs. They felt helpless and had no ideas about how to improve community relationships. Some also lacked responsibility for drug problem and did not see themselves as being part of the substance misuse problem in the area.

We can't do anything. I think the community leaders and the policemen have to discuss that and figure out a plan. (F009)

The support we need is for our community, community leaders to organise support groups, because if we make today the decision that 'no I don't want to do this anymore' (F017)

4.1.4 Summary and conclusion

Knowledge about the study context helped guide the study. From the FGDs with PWUDs, the researcher was able to gauge the impact of their experiences from living in the suburb. Themes that emerged were the dangers experienced which led to ill-health, the feeling of being dumped, their lack of choices and, more explicitly, the desperation that comes from being a PWUDs.

Within the FGDs there were varying views towards the suburb as a whole. Some informants agreed that it was a place only for animals to live, whereas some felt it was a paradise. Variations in opinions stemmed from the differences in personal experiences with growing up in different parts of the area with varying individual resources as well as differences in support structures available. It also became apparent that women had stronger negative feelings about living in the suburb, than men. Women felt less safe than men. Staying in the suburb exposed women to dangers related to sexual violence.

The feeling of being displaced by the state, coupled with the lack opportunities and financial resources available, especially for young people, had left the community feeling despondent and uncared for. PWUD informants associated freedom of choice with opportunities for improved financial resources. They felt strongly that they did not have the freedom to make good choices for themselves that would assist in their personal growth. Having sufficient financial resources facilitates choice, which leads to possible opportunity. However, in a context of poverty, violence, insufficient financial resources, no support from local organisations and the prejudices associated with substance misuse, there was no motivation to make choices for personal growth (McLeod, 2007). Informants felt that because of inadequate financial resources, their only option was to decide to use substances and to engage in petty crime.

PWUDs shared feelings of being discriminated against, especially in circumstances where they required help from the police including instances where they were the victim of crimes. A key theme emanating from the data was the notion of mistrust in the police. This mistrust evidently stemmed from fear of police, being beaten, harassed physically and sexually, and the knowledge of police officer's involvement with the gangsters. They felt helpless in situations where they were in need. Additionally, there seemed to be a strong possibility that police did not understand addiction as a mental disorder.

In all FGDS, there was a strong underlying theme – PWUDs did not self-identify as a population to be policed. They often saw themselves as victims of crimes perpetrated on them by other PWUDs. When they referred to their own crimes, they justified them by discussing their lack of choices based on their lack of financial resources. Although not all informants in the FGDs shared that they had a criminal history, those that were involved in prostitution, drug-related robberies, rape, and murders were unable to see themselves as rightfully being in trouble with the law. These PWUD gave the impression that the negative impact of violence and trauma experienced by substance misusers at the hand of the police officers rationalised their own crimes. Within this context, due to the poverty, displacement and lack of support, is the notion that these users have no choice but to engage in crimes in order to survive. They viewed themselves as victims of their social context as opposed to perpetrators of drug-related crimes.

The perception of unlawful behaviours perpetrated by police related to drug-misuse was raised in all FGDs. Unlawful policemen/women are known to the public. However very little preventative measures are put in place by authorities to manage this. The community are aware of this, and it causes mistrust in the very system put in place to serve and protect civilians. The police officers affiliated to the gangsters are also known to the PWUDs.

This first group of informants provided deep understanding into the substance misusing community, their relationships with SAPS and the context in which they reside. The FGDs contextualised the mental and emotional state of these PWUDs which gave direction to Community Leaders (Group Two) and SAPS officers' (Group Three) interview questions. It successfully explored the social context in which PWUD's lived, as well as their perceptions of the drug problem in the suburb and their perceptions of the effectiveness of current police strategies. Possible solutions to improve the perceptions and relations between the PWUDs and the police will be discussed in Chapter Six.

The following section explores the experiences of the community leaders, who were approached to identify possible gaps to bridge the relationship between both PWUDs and the SAPS officers.

4.2 GROUP TWO: COMMUNITY LEADERS

This section presents results from the in-depth interviews with six community leaders that aimed to understand how they participate in the community as leaders; how they contributed to the reduction of the illegal substance problem within the area, their relationships with users and police, as well as their perceptions of barriers and facilitators in this effort. With this information, the challenges and roles are identified and framed; perceptions are provided, and a series of recommendations are outlined.

This small pool of informants was identified in the FGDs by the PWUDs in Group One. All leaders met the inclusion criteria. Table 4 provides an overview of the themes, sub-themes as identified by the researcher and independent coder.

Table 5: Themes emerging from interviews with community leaders

Theme		Subthemes
4.2.1	The influence and potential of community leadership	
4.2.2	Challenges facing youth people in marginalised communities	<ul style="list-style-type: none"> • The extent of the substance use problem • Substance use and the absence of supportive spaces • Gaps in referral pathways for youth support
4.2.3	Police interaction with Community Leaders	<ul style="list-style-type: none"> • Experiences of engagement between police officers and community leaders • Reported threats and victimization • Frustration over police inaction and delayed responses
4.2.4	Daily realities of violence and institutional corruption	
4.2.5	The social and economic costs of gang presence	
4.2.6	Recommendations by Community Leaders	

4.2.1 Theme 1: The influence and potential of community leadership

It was important to understand the role of community leaders in the suburb, so questions posed were around describing their role as a community leader, and their role in curbing the substance use problem. It was important to identify roles before being able to determine whether community leaders could be integrated into the solution of improving perceptions and relations between the Police and PWUDs and ultimately curb the substance misuse problem.

The community leaders expressed their roles in the community as being a group of people who guide others to do right in the community.

‘Cos we are not here for us, we are here for our community...we are here to make a difference. (CL001)

They collaborated on and led various safety activities which created a safety network between community members. Activities included 'The Walking bus, 'Community Policing Forum', and various Neighbourhood Watch groups as well as participation in other community development programmes.

It's becoming a 24-hour job. (CL002)

We deal with a lot of issues especially when it comes to the homeless. Homeless leads to drugs, drugs leads to crimes. We hold interventions. (CL003)

I engage with some key people working in some of the (community) entities, those structures. (CL004)

We have meetings where we sit and discuss what you are going to bring, what this one (will bring)... you see? We network. That's what we do, we network, and by the day of the event... you'll see, it's happening. (CL003)

One of the community leaders highlighted that his/her main responsibility was to facilitate activities related to a crime scene.

'Mediating'...petty crimes that is done in my area. The police is (amount of km) from my house, so anything, even sometimes murder scenes, I will go visit the rape victims, and I will get the people... get help from SAPS...and monitor the scene until SAPS come, and then they take over. (CL002)

Another community leader felt that they give community members a platform by serving as a voice to those that do not have the courage to speak up themselves. Community leaders also found themselves assisting with skills development and offering guidance to those in need.

To engage with communities at grassroots level and helping to empower them with not just skill sets but helping them to find their voices...you need to create a relationship of trust and safety with people. (CL004)

Furthermore, community leaders also felt that because of their elevated status (someone who people turn to in need) they had a responsibility to the community to participate in the prevention and elimination of the drug problem in the suburb.

The drug problem is one of the worst... and the stealing. You can't even leave your washing line...I feel like there is (I have) a responsibility.... because I speak to the kids regular also. (CL002)

I give counselling, motivate you... and I say to you...fill in this paper and stuff, and we will see what we can do. We try to give you a job also. (CL003)

The impact that community leaders have on the community was not investigated in this study. However based on the information obtained, it seems clear that they do play a guiding and supportive role to community members.

4.2.2 Theme 2: Challenges facing youth people in marginalised communities

Due to the supportive nature of their leadership duties, community leaders dealt with and assisted individuals of all ages. They, however, believed that the youth needed the most guidance and assistance and faced the most challenges.

I'll say, 80-90% of our youth are on drugs because the problems we face on schools alone, the unemployment youth that is at home. They don't work, they don't have much education. Or most of them have education, matric but they still using drugs. (CL001)

The extent of the substance use problem

It was important to ascertain community leaders' perspectives as to the magnitude of the drug problem and how it related to daily activities. Of the six community leaders, only one (CL003) did not have any experience in dealing with drug and alcohol use but was able to express a view on the magnitude of it in his terms.

Yoh, it's (the drug problem is) huge. (CL003)

All believed that the impact drug use had on the entire community was immense and agreed that a decrease in illegal activities of SAPS officers would lead to less drug-related crimes in the area.

If you had police that would absolutely act in the right way when it comes to drug related crimes or activities, I absolutely believe it would be ... it would be a massive blow to the drug situation (CL005)

They saw that the young children and teenagers were an easy target for users. They could influence the youth to use drugs, to be part of a gang, and/or to commit crime. Consequently, the youth should be targeted for prevention. Some maintained that substances users would even go as far as selling their children to maintain access to their substances.

We are losing this generation, because we are losing them to drugs. (CL006)

Children as young as seven is doing drugs in the area... they should be playing housie-housie. This with the result children aged three or four are getting raped by kids using drug because the drugs is now playing mind games with them. (CL002)

Yoh, the drug problem is... there is no words for it. It's sad...people is actually selling their kids to the foreigners to maintain their habits. They are selling their girls to drink with these foreigners. (CL002)

One felt that the only way to get rid of the drug use problem in the suburb was to deal with the strain of poverty within the community.

There is a need to address the young out of school coloured youth, there's no way we are going to win this [drug] war. (CL006)

Substance use and the absence of supportive spaces One of the biggest challenges from the community leaders' perspective was the lack of resources and facilities available for the youth from the suburb. This resulted in frustration amongst the youth and boredom has led to harmful behaviours such as drug and alcohol use and drug-related crimes.

In some of the areas in [suburb], there are no sports clubs for the youth. Nothing for them to do. (CL006)

You are just putting a bandage on a very open wound when you go and add more police and more neighbourhood watches...walking busses. (You need to) deal with the core issues...these vulnerable youth, they have very little to look forward to when they wake up in the morning. You can't look at the vulnerable youth without looking at the drug issue in [suburb]. It's everywhere. (CL004)

They raised that youth, who use drugs, required guidance to get help. However, there were not enough supportive recreational and treatment facility structures in place for young people, which informants maintained are required for positive change.

It's difficult to get the youth to admit that they have a problem. Our biggest problem is getting them into a rehab when they don't want help. (CL005)

Gaps in referral pathways for youth support Each community leader spoke to the need for a referral system to social services facilitated by SAPS. A young member of society requiring care, rehabilitation or a preventative programme or intervention, has no easily accessible or safe way to connect to one. The SAPS police do not act as a facilitatory body or referral pathway when this is required. Instead, youth that may want or need help are labelled as gangsters by police.

(If the youth says) "Listen I am fed up, I don't want to use it (drugs), is there anybody that can assist, or at least an avenue" ... Where that vulnerable child can at least go? (CL002)

...these drug users, they get raped, and they don't go to SAPS. Because if you go to SAPS, you must tell SAPS where did you go and buy the stuff. Which means they'll get exposed. So, they are the traumatised one's. So, we need an avenue for them, to assist them to get confidence to go there. Chances is that you [user] will get locked up. (CL002)

They have a different view on how to deal with drug addicts. For them it's just drop them in a file and give them a criminal record which I totally disagree with... you know, for me it's like they are contributing towards this whole situation. Because why, you get kids that you want to help ... that, that, that ... really wants to get themselves together (CL005)

When the police catches a minor doing drugs...the probational officer is supposed to take the child and work with the child, almost like rehab...but they don't. (CL001)

One of the community leaders suggested that the drug and gang problem was directly related to the brutality shown towards the youth by the police. He/she suggested that discrimination based on being

a youth in the community and being brutally verbally and physically attacked alienated them and could result in the youth feeling like criminals, and as though they do not matter.

If I was a gangster boss in [suburb], I'll be smiling. You know why?... because I am in constant supply of fresh individuals to add to my base...every single day. Purely by the way these youngsters are treated by our police services. If you treat an individual like trash, like an animal... like everybody else who is actually breaking the law... he is going to become like that. (CL005)

Informants believed SAPS officers do not serve their community as per their mandate. The police should not judge, or hurt, but only care and provide safety. It was important for the police demonstrate that in the community, especially with the youth. This, however, does not happen.

If you have a police officer that is able to actually take you by the hand, not hurt you, and no judge you, where you can feel safe, show you a better way... but we don't have that (CL005)

4.2.3 Theme 3: Police interaction with Community Leaders

A prominent theme was the disregard community leaders experienced by police officer during investigations. They reasoned that the extent of victimization and threats by the police proves that corruption does exist. Their sense was that the lack of response to the community's needs confirmed that the police do not want to work together with community leaders.

Experiences of engagement between police officers and community leaders The community leaders' sense was that the police did not know how to treat people, and often demonstrated disrespect towards the community. Shining through the community leaders' experiences, is a sense that police expect and play out negative interactions with the community. The police seem comfortable with aggression, bad manners and foul language, and have adopted these ways themselves.

They don't have people skills. They don't know how to treat a human being. Have respect to get respect. I mean they get out of their vans "Jy hulle ma se, staan stil of ek skop julle in julle ma se ding." [translate: *hey you, you son of a b*tch, stand still or I'll kick you in your mother's thing*] I mean, that is also human beings, also people. You don't talk to people like that. (CL001)

(To have a good relationship) You need to create relationships of trust and safety with people... Make changes and re-establish that connection with the police...they need honest police and state officials and ward councillors. (CL004)

With mutual respect between police and community leaders, an effective and collaborative relationship could potentially flourish.

Reported threats and victimization

A few of the community leaders felt that their lives were in danger based on their involvement within the community. Community leaders were often aware of the corrupt activities taking place around

them, specifically activities involving police officers. This, they felt, placed them at risk of being victimized and/or harmed. They felt that it was unsafe and demoralising to be in an environment where they cannot always assist the way they wanted to. They wanted to be assured that the law was able to back them as they felt exposed and vulnerable due to the advocacy role they play.

Good people disappear. Because they (community leaders) speak out, they are victims... they are victimised...they are being silenced? So I just keep to myself. (CL005)

They target the people that fight against corruption. There are a lot of community leaders that are undermined and marginalised... (CL001)

It's a no-win situation...for us on the community. Even if you phone SAPS...then what they do, they ostracise you because you become too clever. You give them an address then they go to the wrong address. Why? (CL002)

Conversely, one community leader empathised with the police, and noted that the work environment in the suburb mitigated against change. Even if some police officers wanted to speak out, they were afraid to do so.

.. there are few, honest police in [*suburb*]. There are police that should be supported for trying to bring about change...(but) because they exist in a context where there is so much ugliness, if they speak out, get targeted, subjected to... you know... being ostracised. (CL004)

The community leaders do, however, seem resilient and are not too easily bullied. However, in the interviews, they shared the difficult circumstances in which they live such as not being able to trust the authorities.

Frustration over police inaction and delayed responses The leaders maintained that the police do not respond to them during emergencies, especially when they are tipped-off with information related to drug use/dealings, and drug-related crimes in the area. Their scepticism mirrors the perspectives of community members as well, and the lack of response of the police suggests the possibility of corruption.

They (the police) need to be more responsive (CL001)

I do a lot for my community ...uhm...sometimes SAPS don't even come then you sit there with this. (CL002)

Even where as I risk my own safety to tell them where they are selling the drugs...nothing is really done from SAPS...it's such a helpless situation. (CL002)

Due to the poor responsiveness of the police, community leaders believed that the community was losing faith in them. They felt that the community had expectations of them; that leaders were in a

position to make contact with the police safely and were able to put processes in place to resolve crime related issue, with little effect.

Most of the community, they lost interest in the community leaders because um um, they give us information, they come to us for help, okay now I got this now, now I must report it. Now I report it, now this person (police) does nothing. That police officer do nothing. (CL001)

Knowledge about this poor response filters down to the community as well and leads to questions as to why the police do turn a 'blind-eye', as well as to insight into the corruption taking place known to both community leaders and community, reported in the next theme.

4.2.4 Theme 4: Daily realities of violence and institutional corruption

All community leaders shared their direct and/or indirect experiences of corruption about interactions between police officers and drug dealers. An important form of corruption is SAPS officers protecting drug houses, even offering personal protection to the dealers themselves.

Because we can tell... about how the police in [suburb] have been able to hide things... murders and drug busts and all kinds of stuff. They have no intention about bringing about safety and security...they are ugly... it's all about themselves... and the buck (money) they can make. (CL004)

They are even working at the drug outlets if they are off duty...they are security at the door... and of course they are on the payroll 9so) they must get threatened. Being a policeman is not a nice job. (CL002)

If there is a raid, (the police) will phone that guy and inform him...hey, we are coming to make a turn there. You have the time to put the stuff away. (CL003)

The community leaders elaborated on how community/police relationship would be and the effect on levels of crime if there was no corruption. There would be better relationships and more of a community-police trusting relationship if mental health supervision for SAPS officers was enforced, SAPS officers who engage in illegal activities were dismissed, and there was intentional interaction with the community.

If you had the police act in the right way when it comes to drug-related crimes or activities... would be a massive blow to the drug situation because you are taking a layer of protection that the drug dealers need for distribution. If you had that kind of strength... and cops who without a doubt would not stand for this shit... I believe you would deal a massive blow (004)

The biggest thing they have to do is get the corrupt cops out. (004)

I would really suggest that they (police) get a psychologist, a social worker (004)

Maybe if they interact more with the community. I think the community lost all interest and trust in the police... it's going to be a never-ending story (001)

They perceived that violence and corruption was very rife in the suburb. However, most of the community leaders weren't directly involved in this, and therefore they could only speak from what they had seen and perceived to have taken place.

4.2.5 Theme 5: The social and economic costs of gang presence

Gangsterism is prevalent in many lower resourced communities in Cape Town. In areas where there is a high prevalence of drug and alcohol use, gangsters and drug dealers are the same people.

I'll say, 80-90% of our youth are on drugs because the problems we face on schools alone, the unemployment youth that is at home. They don't work, they don't have much education. Or most of them have education, matric but they still using drugs. (CL001)

I absolutely, without a doubt feel that the increase of drugs in [suburb] over the last five ... between 2010 and now has been escalated because of gang activity. (CL004)

Gangsters have moved into drug dealing because of the economic growth that come from those activities. Community leaders believed that eliminating gangsterism would in turn lower the drug and alcohol use and drug-related crimes rates, and vice versa.

In other words, if you are able to stem this (halt this) I believe you are taking out an important cog or important part of that distribution channel (CL004)

According to community leaders, the police often worked with gangsters, and this was another layer of corruption to uncover.

There was certainly gangs... I wish I could put a figure on how much that has grown (since 2010), but it has grown exponentially. (CL004)

The community will rather speak to us than go to SAPS because gangsters and SAPS sometimes work together. (CL003)

They saw that the image of being a drug dealer and gangster was a lucrative occupation. Consequently because of poverty, and high unemployment rates, the trading of drugs as well as the idea of becoming a 'gangster' was very appealing, especially to the youth living in the suburb. With being involved with drug dealing, there seemed to be the idealisation that one would be provided with food and material goods such as clothing.

The drug dealers and the gang structure provides all the things (food, material things) that, that the individual is lacking in life. (CL005)

They (gangsters) are swallowing our kids in. Kids as young as seven is drinking...Now its so sad.. there is nothing we can do... (CL002)

Community leaders do not feel like there is anything they can do to lower the risk of young people joining gangs, due to the high levels of corruption of SAPS officers in the area.

4.2.6 Recommendations by Community Leaders

One of the last questions asked Community Leaders whether they had any recommendations on how to improve the relationship between PWUDs, Community leaders and Police. These recommendations were based on their experiences and perceptions of each of the groups.

Community leaders shared their frustrations that had come with wanting to be taken seriously and wanting to do more. They were, however, not able to have more impact because of threats and perceived victimization by SAPS towards them. Lack of resources, and lack of involvement from various government departments also played a large role in them not feeling supported in their efforts to make a positive impact in the community. Additionally, the lack of an efficient referral system to available support services limited available assistance around these community issues.

There are so many things I want to do for those kids, but I can't do it. (CL002)

Me, I am straight forward – if I see things are wrong, I want to rectify it. Now most people, they don't want, they don't like that. Because "what do you want to say? You are a trouble-maker". (CL001)

... there's nothing that we can do. I can just refer a ... person. And go and see Colonel what what what what (Cannot recall Colonel's name). See if he can assist you. I can't even promise that the people is gonna get assisted. (CL002)

I'm not seeing just poverty, I'm seeing something deeper. How do you increase self-worth? With wealth. Start with upskilling by helping them to make money. Empower the community. Everyone is talking about violence, gangsterism, teenage pregnancies, but no one is talking about how the youth can make money. (CL006)

By empowering community leaders, in the form support and affirmation of their role – practically in the form of resources – was mentioned. If they had resources such as direct contact to the police station, other governmental departments and NGO's, stationary, and data, they felt as though they would be able to contribute in a more substantial way. They currently make use of their own resources.

So when we do get a dangerous situation, I immediately send it to them and we get a better response. But not everybody is on WhatsApp and not everybody has airtime, so that's the only challenge we have, but we had a lot of success thus far. (CL005)

I think we need to focus on self-worth. I did a study... the problem was that I asked them about a positive word to describe themselves. Not one of them could give me a word..... I don't think these community leaders are being appreciated or helping. Raise self-worth of community leaders. Only

practical equipment sometimes given to these community leaders. No one worries about their self-worth. (CL006)

Another recommendation was that SAPS officers should not live in the same suburb that they police. Community leaders voiced that familiarity with the area and the people contributed to the risk of corruption.

There is the corrupt cop. I don't want him in our area because he goes to all the merchants, the drug dealers and all the gangsters, he collects money". (CL001)

SAPS members mustn't stay in [suburb]. The, the, the SAPS members that stays in [suburb] should go to another station. They shouldn't become too familiar with the residents of [suburb]. (CL002)

They (the banks) rotate the people every six months to different areas. Why can't the police do that? So that they not get familiarise, and ... they, they, they ... not that easily for corruption. (CL005)

Police treatment of community leaders and the community as a whole was a concern for all these informants. They believed that the police had little people skills training and did not treat individuals with respect. Many community leaders had experience with SAPS offices being verbally abusive and had seen SAPS being physically abusive towards other community members. One informant said that the verbal use shown by SAPS officers could lead the youth into drugs and gangsterism.

Go on more training on how to work with people because they don't have people skills. They don't know how to treat a human being. (CL001)

So, our police officers, they get out of the vans, "jy hulle ma se, staan stil of ek skop hulle in hulle ma se ding" [*Translate: you, your mothers, stand still or I'll kick you in your mothers thing*] I mean, that is also human beings, also people. You don't talk to people like that. (CL001)

Purely because of the way these youngsters are being treated by our police services. Because ... if you treat an individual like trash, like an animal. If you treat him like everybody else that is actually breaking the law and using drugs, if you treat a person like that....he will. (CL005)

A clear recommendation from the community leaders was for emphasis to be placed on the community- police relationship. They maintained that as community leaders, they could play a crucial part in policing drugs, assist in related crimes, and most importantly, they were willing to assist. However, without collaboration with the SAPS officers, they were unable to assist. Mistrust was exacerbated due to the perceived corruption. This played a significant role in the relationship between the Community leaders and the SAPS officers, hindering the community and community leaders' ability to be assertive and contributed negatively to decreasing drug misuse and crime.

If police get community working with us. There are so many communities that wants to work with them. But they don't trust them because they are friends with the gangsters... Because even if you phone SAPS, like I talk ... I don't care, I talk... Then what they do, they ostracise you because you become too clever. "You want to come and tell me my job". (CL002)

To build the trust the trust between us, we need to communicate. And the thing is to work hand in hand together with one another also... I don't think anything can go wrong if we work hand in hand with one another. (CL003)

But, when the Police control the Community Police Forum (CPF) that oversight goes out the window. So you need the CPF working with what we now call people like us. People like us who come from outside, but have a insider's perspective because they are working very closely with insiders. But also people like us who are confident and feeling power enough to be able to stand next to and with community members, to say actually ... the way you are handling the CPF, is incorrect ... (CL004)

The last recommendation that was shared by a few community leaders was the integration of departments, within the provincial departments and with the City. There should be one mandate and working together to serve a common goal. At the time, there appeared to be poor utilization of the meagre resources that exist, due to the lack of efficient referral pathway, i.e. social support services, health services, and NGOs. Incorporating community leaders would facilitate sharing such information with the community so that they become aware of the resources available to them. With that information, they would be be empowered to make informed decisions to improve their social circumstances.

So are there any others? We have our stakeholders yah, we have the DSD (Department of Social Development) and education - everybody must sit on the board of the CPF. Cos everybody must give input. (CL001)

The only way you can do that is to create ... a, a, a ... web ... it's not just ... having a strong CPF and Neighbourhood Watch and working with the Police. That needs to be ... that needs to work in conjunction, or part of a much larger ... safety network. So you have stakeholders in government ... various levels of government and in the city ... that are in tune ... with ... organisations like us who are working for the common ... for that kind of common good. (CL004)

Having more community imbizos.... Look here the old people are gone, come talk to us, we will help you." Maybe if they more interact with the community (CLO001)

4.2.7 Summary and conclusion

The value of community leaders identified by the PWUD informants in Group One and understanding their role in their community was explored to establish the value of their roles for PWUDs, and the general community. By exploring their insight into the substance use problem, the researcher was also able to engage with them in their solutions to challenges they identified within the community. Leaders were pleased that they were identified as community leaders and self-identified as one. It was clear that their individual roles differed based on their own skills set, and experiences. However, all felt a strong sense of responsibility towards the youth. They portrayed the drug problem as being vast and attributed it to the lack of facilities for the youth. The drug problem was compounded by the lack of referrals for those youth who would like to seek help, or where an arrest took place instead of a

referral. Community leaders felt like they had a voice and the capabilities to contribute to change if the correct platform was given. However, due to the threats and victimization by the SAPS officers, and gangsters, it was difficult to take a stand on certain issues such as illegal activities by the SAPS officers. Many community leaders experienced corruption first-hand, and in turn felt victimized and unable to speak out about it due to their own safety and that of their families.

They perceived that due to the financial rewards for drug dealings, youth admired drug dealers, and some even aspired to become one. Dealers homed in on this, and easily recruited youth based on their aspirations, although it is known that there are youth that are also forced in gangsterism. Community leaders felt helpless in dealing with gangsterism in their area.

Generally, community leaders believed that they were an under-utilized resource in the community. If it wasn't for them feeling victimized by the SAPS, they could contribute even more substantially to assist in dealing with the consequences of the drug use problem in the area.

The community leaders were a group of people who were invested in bettering the lives of their community members. It is possible that a collaborative effort between SAPS and the community leaders could lead to achievements to bridge relational gaps between police and the community. With the right efforts, community leaders show to be an integral part of the community.

4.3 GROUP THREE: POLICE OFFICIALS

This section presents results from in-depth interviews with South African Police (SAPS) officials that aimed to understand their experiences of efforts to reduce the illegal substance use problem within the chosen study location. Through looking at their relationships with users and community leaders, these findings identify their perceptions of barriers and facilitators in this effort. With this information, the researcher could explore roles, provide an overview of perceptions and outline a series of recommendations in Chapter six.

As the pool of potential informants were small, to protect participant's identity, only the gender of the eight informants enrolled in the study were collected. There were seven males and one female. All were stationed at suburb's police station and met inclusion criteria.

Four themes were identified, two with sub-themes. The themes were based on what the law enforcement officers recognised as required to successfully police the drug problem. The research findings are discussed under the headings of the main themes. Table 5 provides an overview of the

themes and sub-themes as identified by the researcher and independent coder. These are detailed below:

Number	Theme	Subtheme
4.3.1	Challenges of substance use	<ul style="list-style-type: none"> • The extent of the substance use problem in the suburb • The role that gangsterism plays in the substance use problem
4.3.2	Perceptions of power and powerlessness	<ul style="list-style-type: none"> • The SAPS officers' desire for authority and control • Limitations and the experience of powerlessness
4.3.3	The impact of strained relationships with the community	
4.3.4	Organisational stress and internal pressures	<ul style="list-style-type: none"> • The complex role of police within the communities they serve • The psychological toll including post-traumatic stress disorder • Police involvement with substance use • Misaligned metrics for defining police success
4.3.4	Resource limitations within the police service	<ul style="list-style-type: none"> • Inadequate manpower and machinery • Leadership gaps and their operational impact
4.3.5	Breakdowns in the referral system	
4.3.6	Recommendations by SAPS officials	

Table 6 Themes emerging from interviews with police officials.

4.3.1 Theme 1: Challenges of substance use

It was important to gauge the police officers' knowledge and understanding of the substance use issue in the suburb, based on their experiences working (and living) for some, in the area. Police officers shared their knowledge on the extent of the substance use issue, related challenges, and the role of gangsterism within the substance use issue

The extent of the substance use problem in the suburb

In exploring the substance use issue in the suburb, the police officers stated that the extent of substance use in the suburb was serious, but also multi-faceted, drawing on issues such as poverty, lack of infrastructure, and lack of activities for young people.

Yeah, it is bad. It worsen by the year (P001).

Probably as big as anywhere else. I don't know places that's bigger in terms of drug abuse here in [suburb]. Yeah there similar places with similar problems, but [suburb] is up there. Yeah for youngsters, this place doesn't have a lot of infrastructure. There's no business and stuff, it's just what we call in Afrikaans a "Slaap dorp" [Translate: sleep town]. There's nothing going on here so. There's nothing to do for the youngsters (P002).

Honestly, it's very bad. Jy kan se omdate die poverty so hoog is in die [suburb] in is hoekom – mense het niks anders om te doen nie. Nou gaan hulle maar nou toe drugs toe [Translate: you can say that because poverty is so high in [suburb] and because people have nothing else to do. Now they go over to drugs] (P005).

The role that gangsterism plays in the substance use problem

Exploring the connection between gangsterism and substance use is crucial, given the established relationship between the two. Therefore, it was important to unpack how the substance use issue in the suburb impacts gang dynamics. Both Police officers', P001 and P006 shed light on the strong link between the dealing of substance use and the gangs in the area, as well as the link to violence and crime. Gangs competed with other gangs for territorial power and control of illegal activity such as drug dealing.

The merchant you must identify...he is a 28 or 26 (referring to two different gangs) whatever he is... They are using the runners to sell... It's more territorial regarding the gangsters in the area. Substance abuse or the business regarding selling drugs is going hand in hand with gangsters in the area. There is a turf war every year in [suburb] regarding who is going to take over. Which one is going to the lead. Which one (gang) is going to be taken out. It goes with murder, robberies, hijackings, ales wat hulle kan doe nom op top van die food chain te wees [Translate: everything that they can do to be on top of the food chain]. It's not decreasing (P001)

There are 10 different gangs, everybody fighting for territory, for drugs, for dealing, and that type of thing, and that is a problem (P006).

4.3.2 Theme 2: Perceptions of power and powerlessness

The police officers interviewed expressed feelings of powerlessness. The origin of this stemmed from SAPS officials moving from being viewed as a 'police force' to becoming a 'police service', and this was pointed out by three officers. They no longer commanded power and had become subservient to communities.

You know, one of the prohibiting factors today is human rights... It's not like the olden days, the police had a lot more powers until the new dispensation came in and new laws. People got aware of their rights, and the more aware they became of their rights, the more difficult it became for the police. (P002)

As discussed below, besides communities not trusting the police that served them, two factors led to police having negative attitudes towards the communities they serve: 1) their inability to use violence to reinforce fear and respect and 2) gang and drug-related crimes as well as dealings between officers and criminals in the area. Evidence related to the perception of the 'lack of power' could further be divided into: 1) police officers need for power; 2) and the fact they are allowed little discretion to combat crime.

4.3.2.1 The SAPS officers' desire for authority and control

Overwhelmingly in all interviews, informants were frustrated by their lack of power to effectively police the substance use problem in the suburb. This was the implication of the change from being a police 'force' with what they referred to as 'power' to police communities, to becoming a 'service'. This resulted in them not being respected. They shared their constant challenges in dealing with a community who did not respect their authority. One compared the current challenges that SAPS deal with to the authority and respect that was received before the police reform in 1994.

But because you are a community member, and I am rendering a service to you, 'cos we are not a force anymore, I have to give you a service. We are softer than what they used to call 'die blou broeke' [Translation: "*the blue pants*"]. You wouldn't mess with the yellow bakkie (pre 1994 police vans). Now they (community) speak in which every way they want, and I am not supposed to respond because "customer is king" ... Those 'blou broeke' would give you a 'klap' [Translation: "*slap*"], and nothing would happen to them. We are being robbed of our firearms and shot at because we are easy targets. We are dying because of this relationship (lack of fear and power). The fear would be nice. (P007)

A few officers felt that without their authority being respected, they are not taken seriously, and that by instilling fear into the community could provide officers better opportunities to effectively carry out their duties. Behind their responses was the concern that without power they could not provide an effective service. The authority that they referred to is closely related to aggression, which was frequently displayed by the police during the Apartheid era. Police officials felt that without being able to show this aggression, they cannot earn the respect they deserve.

They think it's.... this Apartheid thing comes in – you can't hit people anymore. Now they (government) want the police to just be there. You must face everything. If you must be hit, then you must be hit. He will spit in your face then you must do nothing...so the community have disrespect of the police...we don't have the power as before...the olden days...now they will urinate in front of you, they will do whatever they want to do in front of you. You can't interfere, they will attack you. It's not the police force any longer, it's the police service. (P008)

4.3.2.2 Limitations and the experience of powerlessness

These officers believed that having a more flexible organisational system would enable their work to be more effective. They have no freedom to use their discretion in approaching PWUDs who they suspect possess substances. They shared that there are no support services to refer a youth who was found with substances. The system instead sent him/her to prison, instead.

Maar somtyds allow jou werk nie om vir jou eie decision te maak nie. Anderste dan ja [Translation: *But sometimes your work doesn't allow you to make your own decisions. Otherwise then yes.*]. (P005)

The law, first of all. Hulle sny onse hande totally...om search warrants te obtain. Dis soms difficult, want jy het nie altyd 'n credible witness om te se... "mense verkoop". [Translation: *The law, first of all, they cut off our hands... to obtain search warrants is sometimes difficult as you are not always able to find a credible witness. People sell you out.*]. (P003)

You see the people that make the decisions, are not actually the people that are on the ground and that know what's actually going on. They don't ask me. They put somebody in charge, and that person come with their ego, but he is not going to ask me, cos he has got a higher ranking than me. (P002)

Officers also believed that the community needed to give up some of their power for the police to do their job efficiently. Here, a lack of power refers to community members currently interfering in the pursuit of individuals suspected of crime. The officers suggested that if the community cooperated with time, willingness and information as opposed to arguing and fighting about who is believed to be the perpetrator, investigations would not be hindered.

The community must give up some of their privacy for us to succeed. The guys that are innocent is going to fight the police... he is not going to cooperate. If everybody cooperated with the police, they would have had more... (success). Now you must fight with the innocent guy. You must get past him first before you get to the perpetrator. Everybody must give up their rights... and understand what is going on. (P002)

The above quote also speaks to general support from the community, detailed clearly in the next sub-theme.

4.3.3 Theme 3: The impact of strained relationships with the community

A few policemen were concerned about the lack of support received from the community during efforts to police the substance use problem. In all interviews a reason for the community's lack of support was that community members seemingly protect the dealers from the police, hindering police investigations, and underlying this was the social issue of poverty. The police officers alluded to drug dealers (known to the police), who supply the community in their neighbourhood or street with food, and/or material goods, and/or tuition, in exchange for support, protection and ignoring the illegal activities taking place within the street in which they live. This patronage is also a gate-way to youth

becoming involved in illegal gang and drug related activities, as well as woman being at risk for human trafficking.

...want ek (referring to community kry nou kos en klere, Ek kry nou slap plek. Dis maar lekker in die begin, maar dan raak alles deurmekaar. [Translate: *because I [referring to community] get food and clothes and a place to sleep. It's nice in the beginning, but then everything gets messed up*]. (P001)

They (drug dealers) make use of the community children, young girls – they will buy them clothes, Nikes (Nike shoes). Tomorrow that same girl is pregnant. Tomorrow that same girl is hooked on drugs...and so they will go on. (P001)

There seems to be a co-dependency relationship between the community and drug dealers. According to the officers, intervening in this relationship is one of their biggest challenges. Officers cannot rely on community support during investigations.

Dis die gemeenskap 'surrounding' the dealer wat vir hom op kom. Om rede, hy koop vir hulle goetes, hy sort vir hulle uit: money wise, kos wise, krag wise.... want as jy [*the police*] vir hom gaan doel, sal hulle suffer. [Translation: *The community surrounds the dealer and supports him, because he buys them things, and sorts them out, money wise, food wise, and with power. Because if you [the police] are going to confront him, the community will suffer*]. (P003)

The drugs and the gang are intertwined. So, if you are going to piemp [Translate: *tell-tale on*] a drug house, there will be a whole gang at your doorstep, you know? (P004)

However, based on the above results, officers said that community members varied their position towards the police (either for or against) based on their own personal direct or indirect involvement with the dealers. The perceptions and attitudes of community members depended on what they stood to gain or lose from the dealers at any given time. Consequently, there were these inconsistencies and contradictions in attitudes and feelings towards the police, as is illustrated below:

Sometimes the community whose hands are full will be like "lock him [referring to dealer] up, we are tired of him". But sometimes that same community that say that - will turn around against you, and say "no, leave him, he is doing nothing". (P003)

When you're (the community) on the right side and the good path, then you are quiet. The minute something bad happens, that's when you see us [*the police*] as the bad people. When we search your son "Nee, los my kind" [Translation: *No, leave my child*"]. Did you inform us? "Nee, my kind doen nie dit nie" [Translation: *No, my child did not do it*"]. (P008)

These findings allude to a need for a collaborative effort between the police and the community leaders, PWUDs and the overall community so that the substance use problem can be effectively policed.

4.3.4 Theme 4: Organisational stress and internal pressures

This theme arose from several stressors mentioned and is grounded in the organisational structure of the police service, which in turn is based on national and provincial policies, regulations, and internal cultures. Officers shared their estrangement between themselves and the national department and various local police station leaders. At the organisational level, officers believed that what is expected of them by the organisation bore little resemblance to their reality, to their day-to-day experiences. In addition, stressors included having to involve themselves within the community on a more informal level to gain trust; the use of substances within the police service itself; undiagnosed and unaddressed PTSD (Post Traumatic Stress Disorder); and unlawful behaviours by officers. In addition, measurement of success for SAPS units reduced the effectiveness of policing methods on substances, as discussed below.

The complex role of police within the communities they serve

Police officers expressed difficulties attached to certain aspects of their work. They struggled to develop trust with the community, particularly engaging with people who are PWUDs. They recognised they needed to adapt to their 'street style' to obtain intelligence from the community and other substance users. Some officers were reluctant to develop such relationships because of potential dangers related to knowing who to approach. They shared the fear that the individual they approached to work undercover could perhaps already be connected to a dealer, and therefore their intent or cover would be discovered, and the officers would be at risk of violent threats or attacks from the dealers. Others, who believed it was essential to network in communities to gain trust in the community, were more willing to do so.

You know, as part of the job... you do need to 'walk the walk' and 'talk the talk' and be among them, of which I am not. I am a policeman...and a father. I don't live among them. It's hard to approach them, because they might be connected (to the dealer in question). (P001)

This is how you going to police a place, you must know and interact with the people. People that are working the streets [*referring to sex workers*], you must even network. You must have an ear on the ground at all times. (P002)

The psychological toll including post-traumatic stress disorder

Police officers expressed feelings of burnout and exhaustion due to the trauma of having to deal with death, and gruesome violence daily, over extended periods of time. They also experienced fears and anxiety about the safety of their families, as policemen and their families are known to the community. If a policeman/woman arrests a possible perpetrator there may be threats or violent acts inflicted on

his/her family. An experience of daily trauma, without support or supervision is associated with Post Traumatic Stress Disorder (PTSD).

People don't know what's going on. Gaan staan jy elke dag oor dooie mense, of iemand wat is besig om dood te gaan [Translate: *Go stand over dead bodies every day, or someone that is busy dying*]... now coming from such a scene where a baby died, of kop afgekap, of verkrag [Translate: *or head chopped off, or raped*]. Now the police coming from that scene, now maybe go to another simple scene like pulling a taxi off the road, or searching for possession of illicit drugs, nou se die polisie man vir hom "hy nou N**l" [Translate: *now the policemen says to him, "hey, you F**k"*]. They only hear that. Now that's no excuse, but imagine working like that for over 10 years – somehow it must affect you. (P001)

Ons is eintlik min... (number of SAPS per operation). Ons almal het familie, ons dink aan onse kinders, vrou, families by die huis. Ons is almal basies bang [Translate: *We are actually few (number of SAPS per operation). ... We all have families, we think about our children, our wives, our families at home. We are all basically scared*]. (P004)

Stress, a powerful trigger for adopting poor coping mechanisms, such as illegal substances use and alcohol dependence, was reported among some local police officers. In particular, the relationship of substance-use to police officers suffering from PTSD was raised.

Some of these policemen are using tik...but there are young people here using drugs, and there is nothing we can do about it. What do the management do about it? They don't even discuss it. (P001)

Police involvement with substance use

Comments were made by officers about other officers being connected to the drug dealers in some or other way. Police living in the area, especially where substance use is prominent, and in a community where 'everyone knows everyone', may be aware of who the drug dealers are and may even live in the same street. However, due to their own and their family's safety, they are not able to act.

Die drug problem in [suburb] sal nooit gestop word nie...meeste van die polisie manne weet daarvan en hulle is connected met hulle...die hoe koppe cover ook up vir hulle so die drug problem sal nooit stop nie. [Translate: *"The drug problem in [suburb] will never stop... most of the policemen who know about the drugs...the high-ranking officers, they cover things up so the problem will never stop"*]. (P004)

Other reasons raised for police not responding to knowledge where drug dealers lived, was due to the belief that some police use drugs themselves and covered up for drug dealers, protecting them. Some officers further described the specifics of such situations which due to confidentiality cannot be divulged.

...and that is our problem, you see (referring to corruption), if we could just get that out of the way then it would be good. (P008)

They raised another scenario where SAPS officers are misusing substances themselves, and there is no support for these officers in the form of a referral to a treatment programme.

Not even for (the police) is there a programme. Not even for (the police). I sometimes tell them “broer, jy moet die dinge los waarmee jy besig is. [Translate: “Not even for [the police] is there a programme. Not even for [the police]. I sometimes tell them “Brother, you must leave the things you’re busy with.” (P001)

Daar is twee polisiemanne... wat nou heeltemaal in die drugs is. [Translate: “There are two policemen...who are totally into drugs”]. (P004)

Misaligned metrics for defining police success

The National Drug Master Plan (2019 – 2024) (Department of Social Development (DSD), 2020) is a document that serves as a collective strategy, a blueprint of sorts to eradicate SA from illegal substance use. It allocates specific drug efforts to various governmental departments. The senior officer was questioned about SAPS responsibility and fulfilment of the National Drug Master Plan. His/her main frustration was the way the Plan measures successes of the police service and the indicators it uses. The preoccupation with counting incidents as a measure of success meant that more impactful strategies were not focused on.

The National Drug Master Plan asks for a 10% reduction in drugs. Police statistics show a 400% increase... The big problem has to do with the measuring of success...we [are] focusing on the wrong level of the food chain... we have to reduce the supply out there. Look here, if you have 800 [an example] arrests this month, then they are looking for 805 arrests the next month cos you need to improve your performance. So now, you don’t want to close down the outlet [drug dealer’s house] because where am I going to get my 800 arrests next month? (P006)

The same officer explained that the measurement of success is skewed as indicators of success are faulty. For example, the numbers of arrests are an indicator, but low numbers may mean less availability of drugs and better prevention. These underlying factors are not documented or counted:

We measure success by the number of arrests...If we only have 400 arrests, does that mean they haven’t been doing their work properly? Yes, it could be, or they have been focusing on the dealers. The availability less, therefore the possession less. (P006)

In the most cases, the runners get arrested or the sellers, the buyers get arrested. The seller is usually not the merchant himself, but his runners that sells. (P001)

4.3.5 Theme 5: Resource limitations within the police service

This theme stems from organisational challenges within the police force. The findings allow for an analysis of one of the biggest challenges the officers face – lack of resources to deliver an effective service. Sub-themes included: manpower and machinery as well as a lack of leadership, both through a lens of a constant influx of people.

4.3.5.1 *Inadequate manpower and machinery*

A key finding was the voiced inadequate personnel/police officers available to manage the ever-increasing number of people within the area. Informants highlighted the changing nature and expansion of the community serviced, with few resources added to manage a complex and impoverished settlement. Policemen had very strong views about the constant influx of people, the extreme cultural diversity, as well as the resources that are being constantly stretched over and above their organisational capacity.

It was important to explore factors that make the suburb 'difficult' to police which was mentioned in all interviews. All informants spoke about lack of manpower and resources, and two discussed the influx of people in the area, the impact that this had on the development of the area, and the police's consequent inability to police effectively. They spoke about the fact that the size of the suburb had increased dramatically over the last 10 years, however the size of the police station has remained the same.

So, the influx of people is faster than the police can handle. We [are] at the stage where we need another two. We can't cope. Two police stations. In terms of landmass, [suburb] is not big, but in terms of crime, and people crowded into one place...We can't cope. (P002)

Having insight into the size of the community that needed to be policed daily assisted them in understanding the magnitude of the inadequate resources within their police station. 'Lack of manpower' was brought up in all interviews. Officers believed they were under-resourced and that this negatively impacted on their successes in fighting the substance use problem in the community.

I think all the police stations, it's getting the police vans out. It's a matter of men, money and machinery. There's not enough people, not enough resources to actually have a specialised task force specialised in drugs...Given the limited resources available, instead of having 800 (possession) cases... we (should) focus on 10 (drug) dealing cases per month. (P006)

Sometimes you must make use of your own private vehicle (referring to lack of unmarked vehicles used for certain operations). Most of the time, you need to fight to get a vehicle here. Manpower is a fight, vehicles is a fight. Most of the time we execute [an operation] a[t] house with 6-7 members then you need to fight pitbulls and dogs and men and structures, all stuff... you at least need 12 and up members with 3-4 vehicles. Sometimes the premises has 10-20 people en ons moet vir hulle grond toe vat [Translate: and we must take them all to the ground] and all these other kinds of stuff. (P001)

In exploring the resources within station in terms of social workers and other support services, there seemed to be a deficit that severely impacted the management of those using substances who were arrested.

We got our social workers at the station., but just imagine we must report 200 cases over a weekend? To our social people...theres' no other role payers, in our departments that will come and ...take that children and work with them (P001).

4.3.5.2 Leadership gaps and their operational impact

Poor leadership in the police station was raised as a concern. This hindered the productivity of the station; and resulted in backlogs in investigations. Informants seemed to have a clear perspective of what good leadership was and shared their doubts on the motivation of the police officials who were appointed to take on the top management of the police station.

You must work with the people ("you", referring to the managers within the police station). Police are very egocentric and people skills is lacking so there is always a backlog...people get promoted to come and work here, they don't know what's going on.... Leadership is lacking. (P002)

There was a lack of trust in the competence of local managers/decision makers within the police station as they were said to have little to no experience within the community.

You see the people that are making the decisions, are not actually the people that are on the ground and don't know what's actually going on. (P002)

4.3.6 Theme 6: Breakdowns in the referral system

The policing of substances was probed. Overwhelmingly, informants raised concerns about inadequacies in the referral systems and local centres for drug users, particularly for young people who are caught for possession, specifically of dagga [*possession in this context refers to having a small packet of dagga (cannabis) on them when searched*]. Arresting individuals for possession was identified as being a problem as the current police station is overcrowded, and it diverted effort to focus on operations targeting the dealers and more violent substance use-related crimes.

A challenge, at the police station and within the larger suburb, seemed to be the lack of capacity to refer individuals to social services. Informants commented that social workers were available, but were too few. A few officers felt that not all users should be arrested for possession of drugs, as some should instead be referred to a substance use treatment centre. Based on the number of drugs found, officers wanted to use their discretion to make decisions as to whether the individual in question was merely experimenting or needed to be taken into the police station.

As ek 'n drug user kry, as ek sien nou, hy is genuine – hy is nie 'n gangster of a skollie nie, hy is maar net geval in die drugs, dan sal ek hom laat gaan en die drugs destroy. [Translate: "*If I get a drug user, if I see that he is genuine – he is not a gangster, he is just experiencing drugs, then I'll let him go and destroy the drugs*"]. (P004)

Kyk my werk se ek moet arresteer en goed, maar personal view – almal is nie criminals nie...soms moet jy jou discretion gebruik. Ek sal nie se dat dit is reg om almal toe te sluit nie. [Translate : "*Look,*

my work tells me to make arrests and stuff, but personally, I don't think everyone is a criminal. Sometimes you need to use your discretion. I wouldn't necessarily say that it is right to have everyone locked up"]. (P005)

An issue raised was that there is currently only one substance-use rehabilitation facility in the suburb. There were insufficient places in the rehabilitation centre and an inadequate number of community programmes to accommodate users in the area or the surrounding areas. Consequently, instead of arresting a user, there was not enough places in rehabilitation programmes.

We refer them to Matrix... they are the only ones in [suburb]. I think we need more drug centres in [suburb]...because Matrix is alone and they can't do it alone. Some of us (officers) are not therapists... the objective of SAPS is to deal with crime... Other places which is outside of [suburb], and we know people don't have money for transport. (P007)

Officers mentioned the lack of programmes, activities and employment within the suburb to keep the youth busy, and to keep them off the streets. These were needed to divert youth into healthier activities.

We need programmes for our young children on the street. We need places where they can go where they will be safe. You know, they don't have this stuff here in [suburb]...The only other thing where in involve social people (social workers) is waar kinders mishandel word [Translate: "is where children are mistreated"]. (P001)

These themes are inter-related. For example, police officers' sense of their lack of power and support from the community as well as organisational stressors is illustrated by the following quotation which describes an everyday interaction between SAPS and the community. Both PWUDs and Community Leader informants complained of the widespread verbal abuse shown towards them. Conversely SAPS officers, as was shared below, share the sentiment that their behaviour is understandable due to the trauma and shock-value of their daily cases.

*People don't know what's going on, you know, I made an example yesterday - se iemand vir my, "Julle polisiemanne werk nie". Toe se ek, "Moenie met my k*k praat nie man. Ek weet nie van waaroor jy praat nie. Gaan staan jy elke week oor dooie mense, of iemand wat is besig om dood te gaan. Hy klou aan jou broek pype vas, jy moet in sy oe kyk. Dit is net een van die dinge... Now a policeman coming from that scene, now maybe go to another simple scene, like baby a taxi to pull him off the road, they don't follow the traffic laws, nou se die polisie man vir hom, "hy jou ma se", they only hear that. Now that's no excuse, but imagine you been working for 14 years like that – somehow it must affect you. Somehow it does affect you. Some of these policemen are using (drug name). [Translate: "People don't know what's going on, you know, I made an example yesterday – someone said to me, "You policemen don't work". So I said, "Don't talk crap to me. You don't know about what you're talking about. You go stand over dead people every week, or someone who is busy dying. He clings to the leg of your pants, and you need to look him in the eye. This is just one of the things... Now a policeman coming from that scene, now maybe go to another simple scene, like maybe a taxi to pull him off the road, they don't follow the traffic laws – now the policeman says to him, "hey, you son of a b*tch", they only hear that.*

Now that's no excuse, but imagine you been working for 14 years like that – somehow it must affect you. Somehow it does affect you. Some of these policemen are using (drug name)"] (P001).

4.3.7 Recommendations by SAPS officials

SAPS officers were asked whether they had any recommendations on how to improve way substances are policed in the suburb. The following recommendations were based on their experiences and perceptions.

Policemen shared the frustrations around the lack of infrastructure in the suburb. Government has, for years used the suburb as a location for formal settlements as a means to relocate people. Additionally, informal settlements are being resurrected. With this constant influx of people, strain is naturally put on social and community resources, and infrastructure such as safety and crime prevention (eg, SAPS), schooling, healthcare, library and information services points.

[Suburb] police station is too small for the area. The area is growing rapidly...Like I said, it's like a dumping place. They'll take people from different areas, build houses, "boom"- [suburb]. Recently the built a mall, straight across from the police station, you saw. They never approached the police, they didn't check our crimes, they didn't check the possibility of the crimes this mall may attract. (P007)

So, it's the same police station I have been working here for [number] years, the police station has been this big, It's still this big. They are building houses left, right and centre, and they are bringing people in left right and centre, but the personnel of [suburb] is still the same, the police station of [suburb] is still the same, everything is still the same... Some cells on a weekend where a 100 and something people are arrested. They are basically sleeping on top of each other. There's no space. People are quick to complain, they don't know what our challenges are. (P007)

Additionally, the lack of resources available, such as transport and equipment to the policemen is a frustration and a risk to their security.

Om te waarheid te se, ons het nie eintlik resources nie. Sien, ons moes al begin werk het al, maar ons kan nie, want daar is nie genoeg bakkies nie. Ons wag nou om bakkies in te kom. So daar is nie eintlik, byvooreeld genoeg bullet proofs. Soos my bullet proof lyk nog n bietjie alright. Daar is sommige manne wat se plaate is besig om uit te val. So ons wag maar net, an hulle bly maar net se "dit kom, dit kom." [Translate: "To tell you the truth, we don't actually have resources. You see, we had to start work already (referring to the current time at which the interview had taken place, approximately 9am), but we can't because there aren't enough police vans. We are currently waiting on more police vans to come in. So there are actually not enough bullet proof vests. Like, my bullet proof vest looks alright. There are some men whose plates are starting to fall out. So we just wait, and they keep on saying, "It's coming, It's coming"']. (P004)

The senior official shared that at the national level, the measurement of success was an important factor to address in minimizing the drug use problem. He then suggested that by changing the measurement of success to look at Drug Operations rather than the quantity of arrests (i.e. possession), would create a larger positive impact on the drug use problem.

We focusing on the wrong level of the drug food chain. If you look at the drug food chain and you start with international syndicates at the top, and the manufacturers and the wholesalers, and then you come down to the bottom where first of all the people are using...But as you are aware, a recent study shows that the national drug master plan asks for a 10% reduction in drugs. Police statistics show a 400% increase...so instead of arresting 800 whose using, lets focus on the 10 people who are supplying. If those 10 are not there, then that 800 can't buy. But that means that suddenly, the drug arrests in [suburb] is going to drop from 800 to 400. And does that mean that they haven't done their work properly? Yes it could be, OR they have been focusing on dealers, the availability is less, therefore the possession is less. (P006)

The Senior official elaborated on additional interventions required. These included the need to educate police officers on mental health issues and to improve their understanding on the effects of substance use. With this information and with the appropriate referrals in place, PWUDs could be appropriately policed.

I already said that I believe if the medical aids are paying for this inability of people to say no, because this is in essence what drugs – you just cannot say no to it.... It's an illness, and because it's an illness, this goal, or target that we have to achieve for (amount) arrests per month, puts us in direct conflict with potentially sick people...The police are trying to of course, reduce the availability, but not everybody that is drinking a beer is an alcoholic. So not everyone that is potentially taking a sniff of cocaine is going to be shown problematic behaviour. (P006)

SAPS officials also felt that the substance use problem in the suburb was so rife. They emphasised that there were an inadequate number a lack of rehabilitation centres, and youth support services or programmes to refer individuals to, especially for young people.

We need programmes, we need programmes for our young children on the street. We need places where they can go to where they will be safe. You know, they don't have this stuff here. (P001)

Considering the large influx of people into the suburb, the number of centres should reflect the population. Support services should be based within the suburb itself as the community which suffers from extreme poverty. Making use of any social support services in another suburb was not viable as transport costs would be prohibitive.

So you can understand – I think we need more drug centres in [suburb] and we need facilities where they'll take inpatients... all these places which is outside of [suburb], and we know people don't have money for transport. (P007)

We don't have anything in place for the users... there is where social services and those people must come in you see? we can just advise maybe and recommend that they must go here or there to the parents or families but we don't have like um, facilities, to say go here or go there. (P008)

4.3.8 Summary and conclusion

It became evident that policing a community where substance misuse and crime were rife, was not an easy job. To unravel the complexities of this issue required exploring how substance use operates

within the context of gang dynamics in the area. Officers felt that the role to police the community required the ability to exert more power over the citizens which they serve than what they had as per legislation. This was perceived as the only way to be respected by the community. Some even went as far as wanting to exercise brutality to enforce respect from the community. Officers also spoke about the lack of power to make decisions regarding an arrest, particularly one which they judged required a rehabilitative intervention as opposed to an arrest. This scenario ties into the lack of a referral system for individuals who use/are in possession of substances.

Additionally, informants raised concerns about the police station being under resourced, with insufficient man-power capacity; a very slow and almost non-existent referral system; and yet an increasing annual number of arrests and operations. The volume of work, coupled with the traumas of their everyday duties and inadequate management, resulted in a stressed work environment.

Officers spent substantial time sharing their experiences related to the stressors of the job. A few prominent stressors were the emotional labour that came from having to be 'a part of the community' in order to obtain the trust of community members, their own use of substances, for which they felt there was no help. One of the senior officers interviewed understood that although the use of substances by police officers were illegal, there was an understanding that men/women may potentially use substances to cope with these everyday burdens and stressors. And then finally, they had to deal with undiagnosed PTSD and felt unsupported to deal with/manage it within the workplace.

Strong leadership seemed to be lacking within the policing structure, and this was an obstacle to officers being productive in the workplace, such as divisions among officers, with acknowledgement that there were some police officers who were corrupt.

In summary, findings from local police informants demonstrated mostly comparable viewpoints on the challenges and solutions on substance use in the area. In all interviews, officers believed that the substance use problem in the suburb must be policed in a manner that is conducive to building trust and developing relationships with the community. However, they alluded to being unsupported by the community and experienced huge challenges. These were a lack of power, poor respect by community, and inadequate resources such as manpower, vehicles and leadership.

4.3.9 Comparison of findings between three informant groups

Based on the results from all three groups of data collected, there were both similarities between the groups, as well as differences in their perceptions of the same or similar situations, as detailed in Table 6. In attempting to make sense of the individual group findings across the three groups of informants, the researcher identified prominent overarching themes that either portrayed similarities or differences in perceptions between the three groups. These themes were as follows: (A) Poor self-identity (B) Substance use (C) Perceptions of police interactions, (D) Unlawful behaviours, and (E) Structural challenges. To further understand the complexities of the three groups of the informants, how they view each other, and how they could be encouraged to improve their relationships, these themes were integrated into the framework of the socio-ecological model. Poor self-identity and substance use constituted the 'intrapersonal' level of influence; perceptions of police constituted 'interpersonal' level of influence; unlawful behaviours constituted the 'community' level of influence; and structural challenges constituted the 'societal' level of influence. By aligning the overarching themes into the socio-ecological model, we can explore how each level contributes to the overall phenomenon, providing a more holistic view and informing more effective interventions.

Additionally, identifying the social determinants of health that each prominent theme was impacted by (as seen in Table 6), assisted in the understanding of the informants' challenges.

The social determinants of health framework was used as a tool to sufficiently express the influence and power each group of informants had on each other (WHO, 2010). The chosen framework acted as a conceptual basis for analysing and establishing a method to investigate relationships within the social systems identified within the research study. By examining these overarching themes from the groups of informants' different perspectives, the researcher was able to ascertain the lived experiences of these individuals. This table shows that the social determinants of health operate across the full spectrum of the psychosocial model. Addressing them effectively requires a comprehensive and integrated approach that consider the complex interplay of social, economic, and environmental factors that all influence overall health and well-being, further explored in Chapter 5.

Table 7: Similarities and differences in perceptions between PWUDs, Community leaders and SAPS officers by theme.

Socio-ecological level of influence (CDC, 2019)	Intrapersonal	Intrapersonal	Interpersonal	Community	Societal
Prominent themes: Participant group:	A. Poor self -identity	B. Substance use	C. Perception of Police interactions	D. Unlawful behaviours	E. Structural challenges
Group one: PWUDs	Theme 1.3: Lack of meaningful choices Theme 2.2: Identifying as a population to be policed 2.3 Fear of police encounters	Theme 1.4: Struggling with desperation caused by addiction	Theme 2.3: Fear of police encounters	Theme 3: Government gangsters: unlawful behaviours	Theme 1.1: Living with danger Theme 1.2: The suburb: a dumping ground
Group two: Community leaders	Theme 1: The influence and potential of community leadership	Theme 2.1: The extent of the substance use problem	Theme 3: Police interaction with community leaders	Theme 5: Daily realities of violence and institutional corruption	Theme 2.2: Substance use and the absence of supportive spaces Theme 2.3 Gaps in referral pathways for youth support
Group three: Police officials	Theme 2.1: The SAPS officers' desire for authority and control Theme 4.1: The complex role of police within the communities they serve.	Theme 1.1: The extent of the substance use problem in the suburb Theme 4.3: Police involvement with substance use	Theme 3: The impact of strained relationships with the community	Theme 1.2: The role that gangsterism plays in the substance use problem Theme 4.3: Police involvement with substance use	Theme 4.2 The psychological toll including post-traumatic stress disorder Theme 4.4: Misaligned metrics for defining police success Theme 5: Resource limitations within the police service Theme 6: Breakdowns in the referral system Theme 5.1 Inadequate manpower and machinery
Identified associated social determinants of health (WHO, 2025)	Early childhood development Unemployment and job insecurities Education Structural conflict Housing, basic amenities and the environment social inclusion and non-discrimination ,	Income and social protection; education; unemployment and job insecurities; food insecurity; early childhood development; social inclusion and non-discrimination; structural conflict; housing, basic amenities and the environment.	Social support and community inclusivity; structural conflict; housing, basic amenities and the environment.	social inclusion and non-discrimination; structural conflict; housing, basic amenities and the environment.	Income and social protection; social inclusion and non-discrimination; structural conflict; housing; basic amenities and the environment.

CHAPTER 5: DISCUSSION

This study aimed to explore the relationship between SAPS officers and PWUDs in the suburb, as well as the role of community leaders in managing the high-level substance misuse issue in the area. The study's objectives were to 1) describe and explore the perceptions and experiences of those that use substances and community leaders towards law enforcement activities and officers' policing of substance use; 2) police officers' perceptions of substance use, as well as their approach to its policing and relationships with PWUDs, 3) the role of community leaders was explored to understand how they could positively contribute to the improved relations between the SAPS and PWUDs. And finally, study findings were used to promote more effective relations between stakeholders.

This chapter looks at the themes and sub-themes identified from the data collected from all the three groups reported in Chapter 4 and will be compared and contrasted in this chapter by using the social determinants of health (SDH) framework aligned with the level of influence based on the socio-ecological model, described in Chapter 2.3.

5.1 INTERPRETATION OF FINDINGS

5.1.1 Intrapersonal: Poor Self-Identity

As described by Group One informants, PWUDs felt as though using drugs was part of their identity. They faced poverty and unemployment, lack of recreational facilities and had gangsters as role models; they needed to fight for their everyday survival; using drugs enabled them to manage the struggles of everyday life and was a way to alleviate their stressors. Anderson (1998), in an attempt to inform the etiology of substance misuse, described cultural-identity which looks at an individual's traits and their environment. This in turn influences their identity as substance users as well as the misuse itself. It further suggests that PWUDs are more likely to experience social marginalisation within their communities, and that they have difficulty in defining a gratifying identity for themselves. In addition, PWUDs who live in lower resourced communities have been exposed to limited economic and educational opportunities, which disallows personal growth, and fuels their substance use (Anderson, 1998).

Furthermore, informants from the current study seemed to not identify themselves as being criminals. Similarly, Gibson et al. (2004) in their South London study on substance users and oral health found that informants spoke of themselves during their substance use as "becoming someone they were not" and user informants distanced themselves from "other" normal drug users and referred to other drug users as 'them', avoiding using the pronoun 'us'. This was also found among the PWUDs informants in this study. Gibson et al. (2004) named this as 'entangled identity', which encompasses the state of inner conflict and fluctuations users often experience between their daily routine of use and non-use. Hence PWUDs distance themselves, speaking about their behaviours as non-illicit, and focus on other PWUDs being involved in illegal behaviours (Anderson, 1998).

Applying the SDH model to substance misuse, demonstrates the impact of their socio-economic position, with consequences such as lack of education, low levels of employment resulting in little to no income. This has a direct impact on substance users' living conditions and food availability (WHO, 2013). Health leads to improved social mobility, and by misusing substances, means a drift down the social gradient (WHO, 2010). Social immobility and downward drift leads to increased stressors and ultimately increased misuse of substances. In addition to violence and extreme negative interactions with the police, lack of financial opportunities, housing, basic needs, and supportive relationships are also linked to higher risk of social immobility.

Many of the individuals from whom information was gathered from in this study maintained that their physiological needs in the form of shelter and food were not easily met due to the high rate of poverty.

Their perception was that their safety needs were not being met due to the lack of employment and resources available to them in their community. Easy access to healthcare was inhibited due to stigma or ease of accessibility. Love/belonging needs were not met as there was a constant risk and fear of oneself and loved ones falling victim to drug dealings gone wrong, police violence or gangsterism in the study's location. Applying Maslow's hierarchy of needs, both PWUDs and community leader informants perceived PWUD's physiological, safety and love/belonging needs were not met (McLeod, 2007). On a political and systematic level, most PWUDs who resided in the suburb felt 'dumped' and feelings that they did not belong.

In this study, community leaders were identified as a leader by group one informants but also had formal appointments in organisations or community programmes. However, these community leaders were challenged by not being recognised as making considerable contributions to the community, especially by the SAPS. This sometimes left them feeling as though they were 'stuck between a rock and a hard place'. They were faced with the ability and desire to help but were not acknowledged or given the opportunity, by the local police, to assist. A few did, however, feel acknowledged and were involved with assisting the SAPS officers through formal structures such as Community Police Forums and/or neighbourhood watches but were verbally threatened when they got too involved in certain cases. The philosophy of community policing as outlined by Mengistu et al. (2000) states that the prevention of crime, traffic, and social order problems are collaborative efforts that should be shared between the police and the community. A partnership is needed which identifies and analyses problems, and further develops and implements strategies. However, what makes this relationship effective is the shared trust between the police and the community (Mengistu et al., 2000). In this study, community leaders did not trust the police due to known illegal activities conducted by the police; and the police did not trust community leaders' intentions based on police perception of community-leaders' personal agendas, perspectives that emerged from police-community formal engagements. Although community-policing does come with its challenges, it said to be a clear way to improve community overall satisfaction and trust in the police (Gill, 2014). Gill (2014) further maintains that although there does not seem to be a reduction in fear of crime with community-policing, there is a definite improvement in the perception of social disorder. In this study, community leader informants felt they would be more likely to feel integrated into the community-policing relationship. They believed that such systems and formal processes would lead to positive outcomes, even a reduction in crime.

A few of the South African Police Service officers felt that they lost some of the identity as a police officer due to the police moving from a 'force' to a 'service' in 1994. They believed that they no longer

had the power that they 'had' before this social and transformational change. Having the community 'fear' the SAPS, few officers felt, was an important part of being able to police effectively and would lead to them regaining their 'power'. This concurs with Faull's findings (2010) – "if they (perpetrators) think that you are weak, that is when they will come after you. The only way is for them to fear us (SAPS)". This account from a police officer in Johannesburg illustrates the same opinion shared by more than one of the SAPS officers in the current study. Furthermore, SAPS officers experience emotional dissonance as they have to become 'a part' of the community when they have to obtain information, gain trust, and in instances where they have to recruit individuals to work undercover for the agency.

Furthermore, individuals who misuse substances suffer from public as well as internalised stigma. A study among PWUDs conducted in the United Kingdom that investigated the link of social support to the reduction of stigma and overall well-being, showed that an increase in self-esteem helped PWUDs to access social support. This in turn reduced the impact of stigma and improved general mental health (Birtel et al., 2017). They further reported that social stigma is highest towards drug addiction than to any other mental illness. Indeed, in this study, PWUDs experienced poor social support – being abandoned by their families and support structure – due to their substance misuse. This had a negative effect on their sense of self. Coupled with the constant victimization and violent attacks by the police, the prejudice shown at public sector health facilities about the substance-using community exacerbated PWUDs feelings of being unsupported and feeling like social outcasts. This was also found by Butler (2022) and Friedman et al. (2021) who concluded that violent encounters with police officers were a social determinant of health.

5.1.2 Intrapersonal: Substance use

PWUD's managed their everyday lives and their addictions in a context where unemployment and poverty are rife, resulting in the perception that everyday is a struggle. The possibility of receiving appropriate treatment and healthcare is not readily available, particularly in a low-income community such as the chosen suburb (Meade et al. 2015). Moreover, addiction negatively impacts the brain's executive functioning. Often, substance users are not aware that the behaviour they exhibit causes problems for themselves or others (NIDA, 2020; WebMD,2020) and this is evident in the current study. PWUDs felt so desperate to obtain their next fix and spoke about 'other' PWUDs as being promiscuous, engaging in acts such as prostitution in exchange for substances, or even selling their children for sex in exchange for substances. Over time, activities linked to obtaining substances dominate the individual's activities (NIDA, 2020; Psychology Today, 2020), which may lead to illegal activities such as theft.

At the same time, as reported by informants, PWUDs are often direct or indirect victims of traumatic events such as violent crimes or are the witnesses of violent crimes and deaths which may have consequently led them to suffer from possible undiagnosed PTSD (Atwoli et al., 2013). Community members are also constantly exposed to violence, which leaves them mentally scarred (Fairbrook, 2013). Moreover, Dworkin et al. (2018) state that PWUDs commonly alleviate stressful situations by misusing substances. Conversely, use of substance also impedes the natural recovery of PTSD symptoms and has the possibility of heightening symptoms. Consequently, it is not always possible to say which scenario applied to any specific individual without delving into their substance using history (Dworkin et al., 2018).

The directionality of this relationship was not determined for the PWUDs interviewed in this study. Nonetheless, PWUD's are at greater risk of experiencing higher levels of psychological stress based on the social inequities experienced, which would result in more health-related problems (Atwoli et al., 2013; Brenner et al., 2011). At the same time, adults in SA who misuse drugs are further marginalized and ultimately find it harder to access general healthcare services, available social services and treatment for substance misuse (Dada et al., 2018; Myers et al., 2009; Spooner & Hetherington, 2004). These complex recurring reinforcing loops are evident. For example, with regards to substance misuse, lack of education may lessen employment opportunities which in turn can constrain income. Low income is known to reduce access to health care, nutritious food, and shelter, and increases overall adversity. Adversity causes stress, which in turn promotes unhealthy coping mechanisms such as substance misuse (Brenner et al., 2011). Furthermore, Brenner et al. (2011) state that there is evidence based on the ecological model of stress that relates to one's context whereby socio-economic stressors found in one's place of stay, interact with intra- and interpersonal resources which increases stress (Brenner et al., 2011). These stressors increase daily based on visible signs of social disorder such as crime, graffiti, noise, drug use, litter, vandalism. All PWUD informants described their experiences of this 'social disorder' all around them, and as the researcher, going into these areas to conduct the focus groups, the social disorder was visible.

As explained in the socio-ecological model by Bronfenbrenner & Morris (1998), individuals who engage in substance misuse are driven by an interaction of risk and protective factors, operating on individual, community and environmental levels and contexts. How they experience risk and protective factors depends on their socio-economic status. It is important to recognise the impact of social determinants such as low-income level, poor educational opportunities, low employment rates, food insecurity, adverse early childhood experiences and development, social support and community inclusivity, high crime rates and violent behaviour, inadequate environment recreational and leisure

opportunities, crowded neighbourhoods and poor physical environments. These determinants are all prevalent in the suburb and contribute to individual stress among vulnerable individuals leading to substance use.

As discussed by Sussman and Sinclair (2022), substance users are a vulnerable population and in addition, have to manage the negative psychological and physiological effects of substance use (Sussman and Sinclair, 2022). Strain on the SDHs such as a community that has temporary housing structures, poor sanitation, low education levels, and low employment rates, poor access to state hospitals, clinics and police stations create disease burden which impacts health and social services as well as put strain on law enforcement. Particularly with substance users, adverse social determinants of health problems and health inequities hinders their participation and engagement with the public health system and community.

The overlap in roles between law enforcement and social services for substance users could be overcome through proper referral strategies. However, as shared by the Group Three informants, politics and top-down decision-making, and the often-isolated government departments, prevents interdepartmental strategies and integrated systems. Although there is a growing body of information available on crime, substance misuse, mental health and domestic violence and the need for integrated approaches, changes in alternative, more effective strategies have not materialised. Aligned frameworks and indicators are required, so that departments' measures of performance and cultural norms, principles and objectives can effectively deal with public health issues such as substance misuse. Apart from enforcing law and order, police also have a duty to safeguard vulnerable groups, offer public protection, and protect those at risk of crimes. However, the findings reported by substance users and community leaders were that that police were often violent, uncompassionate and untrustworthy. Despite this, challenges experienced by the police are important to understand their behaviours. Although PWUD and Community Leaders perceived some interactions with the police as unlawful, it is also important to recognise that officers' roles are also hindered by structural and social challenges.

The extent and gravity of the substance use problem in the suburb was described in a similar way by all informant groups. All, especially community leaders in Group Two, recognised that serious community interventions are needed to address the substance use issue in the area. Community leaders felt that there was hope for the community to reduce substance use. However, they maintained this depended on the SAPS officers being lawful in their approaches and should target drug supply and focus police operations on drug merchants' houses rather than users. Police officers

raised how challenging it was to conduct their daily activities without sufficient resources and human capacity. They further mentioned that a tremendous amount of resources go into conducting operations, and mentioned the issue of corruption in these circumstances which causes drug busts and other policing activities to sometimes fall flat, leading to wasteful expenditure.

5.1.3 Interpersonal: Perception of police interactions

All three groups perceived each other differently. This was evident from the caricatures shared which were based on their interpretation of behaviour seen, heard or experienced. Such caricatures impacted upon the perspectives, opinions and behaviour that each group had and displayed towards one another. For example, both police and community leaders perceived each other in an antagonistic way. They did not see each other as partners and were generally not prepared to collaborate to improve community safety by reducing crime, which would ultimately improve overall community wellness. The Social Determinants of Health (SDH) model highlights the direct negative impact that poor governance and social protection has on one's socioeconomic position. Consequently, negative policing interactions act as a mechanism of social control that exacerbates social inequities. The South African police can be seen as part of the problem and not part of the authority that could be exercised to promote fairness and protect human rights (Corruption Watch Annual Report, 2019; WHO, 2010).

Findings that came from PWUDs and community leader informants indicated that not only have SAPS' illegal activities played a huge role in formulating these two groups negative perceptions of the police, but these activities have also undermined the community's confidence resulting in mistrust of the police. Furthermore, community members do not engage with the police to assist them in criminal cases related to substance misuse. Both groups viewed the police as being violent and threatening towards PWUDs and community leaders and were even characterised and labelled as 'government gangsters' by one participant.

Communities fear the police. A policy statement by the American Public Health Association (APHA, 2018) highlighted that law enforcement in instances where searches are perceived to be 'unwarranted', due to possible discrimination, or are invasive, are a form of psychological violence and may have severe adverse mental health outcomes. Both PWUDs and community leaders expressed that they experience fear, daily, based on experienced police violent and threatening behaviour. These repeated experiences lead to community members growing up with an innate fear of the police that can be passed down through generations, especially if one stays in the same social context. Vulnerable populations fear of the police, such as PWUDs, seems to be based on their ongoing experiences of victimization by the police, and frequent violent attacks (Maher & Dixon, 1999; Watt

et al., 2014). Furthermore, Rosenberg (2017) maintained that PWUDs suffer from the impact of pervasive fear as a consequence of being victims to constant police aggression and are more prone to negative health consequences such as immune, endocrine and nervous system dysfunction (Rosenberg, 2017).

In addition, Watson et al. (2014) suggest that when police perceive that individuals are intoxicated from substance use, they are more likely to use force to resolve a situation. Given the high rate of substance use and misuse, substance use disorders and undiagnosed mental illnesses within such lower resourced communities, it is important to acknowledge that the police discriminate against these users. As the current study shows, PWUDs do feel discriminated against when they are victims of crimes themselves or when they experience alleged 'unwarranted' searches. Compared to the general population, people who misuse substances are twice as likely to suffer from a mental illness as well as negatively affects one's cognitive and behavioural abilities (NIH, 2017). Often the symptoms of substances such as those containing amphetamine, are comparable to that of a major mental illness (Ogloff et al., 2007). As discussed by Livingstone (2014) and Watson et al. (2014), police officers in Canada and the USA are not trained how to execute their services respectfully and how to engage and respond to individuals who have a mental illness. Furthermore, Butler (2022) suggested that police interactions with those who have mental illnesses are due to issues out of the police officer's control. These mental health issues are often related to recurring substance misuse, as well as social inequities such as homelessness, poverty, community disorganisation, social disorder and criminal law reforms. Substance use disorders should be an important consideration within the criminal justice system. By allowing for tailored interventions and recognising the underlying issues in the PWUD behaviour, the justice procedural consequences can be mitigated. This approach aims to reduce recidivism rates by treating the root cause of criminal behavior. A Hawaiian study on the effects of serious mental health and substance use on criminal offences, suggests that serious considerations and accommodation need to be made for individuals with mental illness and the justice system especially when these individuals are exposed to risk factors for crime such as unemployment, poverty, homelessness and substance use (Junginger et al., 2006). Police officers need to be educated how to handle individuals who have mental illnesses, including substance use disorders, and improve their interactions with these individuals.

In order to improve relationships between the police and PWUDs and address problematic attitudes and behaviour of some of the police officers, police training must include understanding the relationship between poverty, substance use and mental health; how certain behaviour exacerbates these conditions and behaviours, and their possible roles. In-service training and education about

managing mental health and police's role could change the negative attitudes of the police towards the PWUDs.

Regarding the interactions between the police and the community leaders, the threats and victimization felt by the community leaders suggests that there is little to no collaborative engagement to assist in the improvement of social ills in the area. While there are systems in place such as Community Police Forums and Neighbourhood Watches, community leader informants alluded to the mismanagement of these structures. They perceived that 'corrupt' police representatives' presence on these forums does not facilitate transparency and the development of effective preventative community-related safety and security activities. Based on direct or indirect experiences with police officers, community leaders felt sceptical as they knew details about the illegal activities of police officers in the area. Community leaders reported being targeted for voicing their concerns.

Lack of trust, according to Radin (2013) and Bradford et al. (2014), fed by negative police-community relations undermines the messaging that government is taking steps to fight negative police-community relations. This leads community members to dismiss promises made by government to protect the vulnerable and consequently decreases community cooperation with government. Some police officers collude with the dealers, and dealers collude with the police, to protect the drug dealers' businesses and police involvement which leads to a lack of trust in the SAPS officers.

The community's lack of response to the police in investigations is multi-faceted and complex. Firstly, the police feel as though the communities are easily 'bought' by the drug dealers as the dealers supply them with food, clothes, schooling. Secondly, communities feel as though police cannot be trusted and are 'in on' the crimes as they are seen as 'protecting drug dealers', and/or wrongfully accuse 'innocent' community members of crimes committed by drug dealers themselves. However, as shared by the police officers, this context where the community feel more protected by the drug dealers than the police, suggests that there is an unhealthy and co-dependent relationship between the drug dealers and the community.

A glaring finding reported by informants from both the PWUDs and the community leaders was the unlawful behaviours of police. This lack of trust, mixed with the hostile environment of direct and indirect negative experiences with the police, results in people's lack of confidence that their issues will be taken seriously by the police. This lack of trust stems from community-police interactions and is detrimental to collaborative community efforts to tackle crime. Rebuilding this trust and breaking down barriers of antipathy felt toward the police, requires time for meaningful relationships to form

as trust is the foundation of community partnerships, problem-solving and effective policing (BJA, 2000).

5.1.4 Community: Unlawful behaviours

Police corruption in SA continues to grow, particularly in contexts like the suburb studied which has weak social structures. The community has high levels of poverty and lack of trust in government due to unfulfilled commitments related to infrastructure, opportunities and resources, which is a risk to compliance with the law in SA (Mengitsu et al., 2000; Meade et al., 2015). Mengitsu et al. (2000) further argue that organised crime has become a part of the lawlessness in the country. This form of crime is often supported by corrupt activities of law enforcement in SA. Andvig and Fjeldstadd (2008) describe that corruption in developing countries is a condition that allows for organised crime to develop. The evidence of police corruption and brutality related to drug market policing specifically, has been documented in many countries (Pyman et al., 2016). In this study, the SAPS' unlawful behaviour was a prominent theme in all FGDs and community leader interviews. The impact of SAPS officers' unlawful behaviour and activities had adverse effects on the wellness of the community. The verbal and physical abuse and wrongful searches experienced by the PWUDs, as well as the known protection of drug dealers and illegal involvement of SAPS officers in the illegal trade of drugs as shared by the PWUD, negatively impacted the trust relationship between police and community. As was found in other research done in SA police officers self-reported threatening community members, just as was found in the reports from the PWUDs and community leaders in the current study (Bradford, 2014; Faull, 2011). Apart from the negative impact on overall community wellness, police behaviour and collusion with dealers can negatively affect the economic growth of the community. Their known involvement in drug dealing and failure to enforce the law, increases the consumption of illegal trade (gambling and prostitution) and goods (illicit substances and alcohol sold illegally). An increase in illegal trade and goods also adversely impacts on effective taxation in developing countries such as SA (Andvig & Fjeldstad, 2008). A global assessment on corruption, which included SA, indicated that "corruption worsens poverty in areas where poverty is already widespread" (Lewis, 2017, p. 2) and should be included as one of the main causes of poverty. The consequences of corruption are profound as they are ongoing. When such challenges persist and are long-term, they become 'normalised' and influence entire societies. Communities are undermined by the constant direct and indirect exposure to corruption which has the potential to debilitate well-being. This attempts to induce and foster resilience to hazards and crisis (Lewis, 2017).

It is crucial to identify the organisational factors that promote corruption within police services in order to bring about meaningful change. Kuhlman (2012) cited in Othman et al. (2014) uses the Theory

of Organisational Citizenship Behaviour – employee willingness – shown in their use of discretion – to impact on delinquent employee behaviour. Willing employees should be rewarded through recognition, salary increments, performance appraisals, this motivates future productivity, rewards and leads to job satisfaction. The Theory of Planned Behaviour (Organ, 1988), however links cognition to behaviours such as lying, cheating, and stealing. Using these theories, Othman et al. (2014) conducted research among police officers in Malaysia and found that there was a significant positive relationship between job satisfaction and integrity. Therefore, by addressing the challenges SAPS officers face and improving their job satisfaction should promote higher integrity and fewer illegal activities (Othman et al., 2014). A constructive and community-oriented policing culture can play a vital role in improving social determinants of health by fostering trust, reducing violence and facilitating access to services, particularly in vulnerable communities where policing strategies shape everyday experiences of safety, inclusion and wellbeing (Mwanajiti et., al, 2002; Waddington, 2008). While informants from all groups reported differing experiences and perceptions of police collusion with and protection of the illicit drug trade, all informants were unanimous in the belief that this trade – controlled by gangs – negatively affected the community. This assists with the identification of interventions that should be considered to manage the crime in the community, potentially restoring the community's trust in the police and paving the way for the appropriate prevention and rehabilitation of substance users.

5.1.5 Societal: Structural challenges

Structural challenges encompass physical and organisational challenges faced by all three groups. A common challenge identified by all was the need for a SAPS referral process for PWUDs. PWUDs were arrested for possession and use and were often verbally and physically abused at this point of contact, taken to holding cells, left-over night, or over a weekend, and then released with little to no intervention provided. PWUDs needed to access support and treatment services, and community leaders wanted young users to be assessed and sent through to a community programme, diversion programme or substance use treatment provider.

A few SAPS officers agreed that especially youth offenders, should not be arrested for possession or misuse, maintaining that as the SAPS officers, they should be allowed to use their discretion to decide if the individual should be arrested, left alone, or sent to a relevant service provider. As the international literature suggests, variables such as autonomy, and being able to use one's initiative and discretion has a positive impact on police personnel's job satisfaction (Jo & Shim, 2015). Consequently, police officers should therefore be given the autonomy to make certain decisions in the field, given that officers have training in relation to substance use disorders. This approach has been

implemented elsewhere, for example in Scotland where “arrest referral” is a currently implemented intervention for people arrested for drug misuse or possession. Intervening at this ‘crisis time’ stage of the PWUDs ‘substance use career’, creates a pathway into services away from the justice system. This referral pathway allows for collaborative efforts between various governmental departments and external stakeholders. The arrest referral initiative includes Police, Health, Social development, substance use treatment facilities, and other agencies (housing, benefits, training and employment, and debt counselling). A Drug Action Team co-ordinates the collaboration and implementation of the intervention to improve the life of individuals (Mair, 2002).

Currently, the SAPS officers have a very weak referral mechanism in place, even though there is evidence that a multi-dimensional referral system has greater benefits for the individual than incarceration (Mair, 2002). In the South African context, using the lens of SDH and human rights, the law and government policy hinders the right to health, as there is no referral pathway with proper structures in place leading to substance use treatment or the use of other social welfare services for PWUD’s. In addition, the verbal and physical violence experienced at the hand of the police forbids any form of positive interaction and deters from the development of a trusting relationship with the police. By empowering PWUD’s, community leaders and the community with knowledge of their basic human and legal rights, improved health can be facilitated through being able to better mitigate or prevent the abuse or manage the consequences of the abuse (Kenyon et al. 2018). Without preventative action from the SAPS national body, officials’ commanders or the IPD, this plan falls short.

Boshoff et al. (2015) and Mona et al. (2019) maintain that SAPS police officers are exposed to multiple traumatic incidents. These are aggravated by various contributing factors such as acute stress, social relationship problems, self-destructive behavioural risk factors which result in impaired productivity. They question the efficacy of current trauma interventions currently implemented in their own study’s context and stress the importance of SAPS officers having access to support programmes. As highlighted by officers, trauma is seen and experienced daily. Some officers misuse substances to cope with the trauma, and others have undiagnosed PTSD and other mental illnesses such as depression. The violence shown towards PWUD’s, and the community as reported by informants from Groups 1 and 2, might stem directly from unmanaged PTSD or trauma responses experienced by SAPS officers. Officers reported feeling unsupported as there are few to no referral strategies or debriefings for themselves at the police station due to shortages of social workers and psychologists in the Western Cape. Currently, social workers/psychologists are shared amongst precincts and officers are therefore not able to debrief as needed with a professional (Weideman, 2023). These SAPS officers experiences go beyond the actual traumatic incidents as these acute stressors and trauma have psychological and

adverse health consequences. Their daily and unpredictable experiences of trauma, coupled with the emotionally and psychologically demanding nature of the job, can result in fear, helplessness and horror (Atwoli et al., 2013; Borien, 2020). If these traumas are not managed, serious mental and physical health concerns can result (Atwoli et al., 2013; Borien, 2020). As Jones and Kagee's (2005) findings suggest, SAPS officers require specific coping skills to address duty-related trauma and stressors. Similarly, their often-violent daily interactions with criminals, in addition to their daily confrontation with death, violence and accidents, are emotionally draining. Adding to the deterioration of their psychological health, is the need to constantly regulate their emotions and put up a façade when engaging with such scenarios (Bakker & Heuven, 2006). This emotional dissonance has a further negative impact on job satisfaction, organisational commitment, and staff turnover. Having programmes that focus specifically on emotional regulation could prevent mental health problems (Berking et al., 2010).

In addition to the referral pathway needed for PWUDs and policemen themselves, a further structural challenge for the SAPS officers is the need to review the measurement of success at the national level of SAPS. At the time of the data collection, the National Drug Master Plan (2013-2017) (DSD, 2018) included a target that the misuse of drugs should decrease by 10%, but, paradoxically, monthly targets for drug-related arrests should increase. As stated by the Senior officer in Group three, SAPS officers are known for making arrests for 'possession', to increase their statistics for the month. The increase in arrests is a faulty method to monitor decreases in drug-use, as the more arrests there are, the bigger the substance use problem appears. As was suggested by the senior officer interviewed, instead of an increase in arrests per month/annually, a decrease in arrests could rather be measured coupled with measuring an increase in special drug-specific operations. This would include targeted operations that focus on known drug dealers in the area. Similarly, Faull (2010) argues that the current approaches to performance measurement may in fact encourage unlawful actions to reach performance targets such as unlawful arrests. New metrics should be considered to measure progress.

The SAPS officer informants felt that they were not supported by their superiors as they were not provided with enough resources (manpower, vehicles, bulletproof vests, guns) to do their job effectively. Police officers want to know that their needs are taken care of, and that they are supported in their daily activities, especially given the danger-aspect of their job. A human resource analysis report done of the SAPS looking at trends over a few years shows that human resources allocation was not consistent or equal across the precincts (Simelane et al., 2017). There is a model which determines appropriate allocation of resources. However, this is not being implemented effectively, as according to an analysis in the Theoretical Human Resource Requirement (THRR) system, no station

has been allocated its full resources (Simelane et al., 2017). Challenges mentioned in the report support the challenges highlighted in the current study. Vehicle to officers' ratios, vehicle conditions and geographical locations of police stations that includes the ratio per individual living in the area, non-policing activities such as escort services, attacks on officers and vehicles, and filling in for other officers on leave are challenges SAPS officers face. Budget allocation is provided at programme level, not at individual station level, which poses a problem in assessing the value for money. The police station itself does however have a responsibility to complete an 'input sheet' which goes to various other offices, approved at provincial and national level (Simelane et al., 2017). Additionally, international literature suggests that sufficient resources lead to greater work satisfaction which impacts positively on work undertaken and would more than likely encourage community-policing partnerships (Jo & Shim, 2015).

Lack of facilities was a theme identified by the Community Leaders interviewed. Many maintained that the lack of specifically youth-targeted recreational facilities was a reason that substance misuse was so rife in the suburb. A South African study on adolescents showed the importance of recreational activities as a protective factor against substance use (Morojele et al., 2002). A study looking at peri-urban settlements' similar to the location of this research study, suggested that recreational or relaxation areas, especially for the youth did not exist (Puljevic & Learmonth, 2014). Informants from Pujevic and Learmonth's (2014) study believed that the youth are left with very few options. Youth then spend time in and around liquor outlets where they are exposed to drinking and smoking. Additionally, they found that current NGO's and community centres available are compelled to focus on other issues such as HIV prevention to secure funding. An issue, as reported by Puljevic and Learmonth (2014) was commonly found in the literature. Stowe et al. (2024) reports that foundational to enhancing health and social outcomes among young people who use drugs is the decriminalization and reduction of militaristic approaches towards drug use, such as the violent police engagements reported in the current study (Stowe et al., 2024). Instead, as detailed in the SACENDU Phase 44 report (January–June 2018), a policy recommendation is that a community response is required to address the substance use problem in SA (Dada et al., 2019).

Police power together with corruption and poor integration with social services will continue to inhibit appropriate referral strategies for the various support systems required for communities to thrive. The rates of substance use and living conditions will not improve, and neither will the deep-rooted attitudes and violent behaviours of the police which directly and indirectly impact these communities.

5.1.6 Interpreting the informants' dynamic through a socio-ecological lens

Applying the socio-ecological model (Bronfenbrenner & Morris, 1998) highlights that community dynamics (PWUDs, Community Leaders and Law enforcement) do not operate in isolation but are shaped by multiple levels of influence (Jalali et al., 2020; Latimore et al., 2023). Structural and environmental challenges such as poverty, low-resources and systemic inequalities do impact communities responses to substance use, and the findings also suggest that internal community norms, beliefs and social narratives play a critical role (Jalali et al., 2020; Latimore et al., 2023; Lee et al., 2024). In particular, one or two participants expressed conventional, and often moralistic views on drug use and criminality, framing substance use through a lens of blame. These viewpoints, if taken at face value, which are situated at the interpersonal levels of the socio-ecological model may seem to hinder the development of more supportive and health-oriented interventions. There is importance in engaging communities not only as recipients of structural interventions but as complex social systems with internal norms and discourses that can either support or hinder change. Interventions aligned with the socio-ecological model must address both the external conditions that limit community capacity and socio-cultural narratives that shape the perceptions of substance use and justice (Brenner et al., 2013; Jalali et al., 2020; Latimore et al., 2023; Lee et al., 2024).

5.2 STRENGTHS AND LIMITATIONS

Obtaining rich information from very hard to reach populations such as PWUDs under quite challenging circumstance was a strength of this research, as it allowed for a deeper understanding of unique perspectives and experiences that are often overlooked, leading to more nuanced and impactful findings that can better inform targeted interventions and policies. It was an interdisciplinary approach to a complex problem, and the methods followed careful validation. There was a dearth of literature on the impact of community leaders in the context of this research, and this hindered the possibility of engagement of the South African or international literature. Through the current study, new information on community leaders and their role in the substance using community was generated.

For PWUD (Group One), a partial limitation was the underestimation of the need to oversample to address the issue of drop-out. Due to the sporadic nature of the PWUDs during the recruitment phase, two recruitment drives were done to recruit PWUD. The second drive was more efficient and successful than the recruitment phase that took place the month before. Despite this, the data collection activities drew out rich data which was used to address the objectives of the study.

Secondly, the interviews with the SAPS officers were shortened due to time limitations. Interviews took place in the mornings, after their workday had started. A few of the SAPS officers seemed restless during the interview as they had their work partner waiting for them. Before the interview started, a few mentioned that they only had a short time to interview. This then may have limited the natural flow of probing suggested to maximise qualitative interviews. Although the data reached saturation, this issue could have been mitigated by conducting interviews outside of working hours (before or after their shift, or if they were granted blocked out time to conduct the interview) to minimize the pressure to conduct the interviews quickly.

Lastly, the researchers' initial degree started as a MPhil in Criminology at the Centre of Criminology at UCT, consequently, the interview guide had no specific questions on health or mental well-being. Data were already collected before the researcher moved to an Mphil in Public Health. Although issues about mental well-being and health come through in the discussions and themes, if the researcher started the degree in Public Health there would have been more focused attention on these components.

CHAPTER 6: RECOMMENDATIONS, FUTURE RESEARCH, LIMITATIONS AND CONCLUSION

Substance use is a growing complex problem particularly in poorly resourced communities in peri-urban settings. This exploratory qualitative research was designed to elicit the lived experiences of users, community leaders and police officers and their relationships. This allowed validation of data across the three groups and facilitated the triangulation and understanding of the substance misuse problem within the suburb, which could aid in producing a set of informed recommendations to initiate and encourage more effective relations between these groups. Furthermore, by applying the social determinants of health (SDH) framework and the socio-ecological model, the researcher was able to understand and engage with the interactions between the relevant determinants of health that emerged in the interviews and focus groups, and bring to light issues, levels of influence, challenges and solutions for each of the groups of informants.

6.1 RECOMMENDATIONS BASED ON FINDINGS

Overall recommendations arising from this study were advocated for by informants from all three groups, the researcher being immersed in the research, and from literature sources. They

recommendations consider the social determinants of health and the socio-ecological model which lends itself to health promotion and initiatives that foster change.

6.1.1 Recommendations for PWUDs

At the time of data collection, there were 20 non-profit organisations within the suburb that were found on the internet in the public domain, ranging from Educare services to community and welfare organisations, to child development centres and services for the elderly (WC, 2004). However as per the community leader perceptions, these services did not seem to be sufficiently utilized. NPO's should increase the range of their marketing strategies through awareness raising by making use of entities such as community leaders, community health care workers, and health facilities. Referrals to these NPO's are necessary to ensure the full utilization of these organisations to reduce the health burden associated with substance use.

In a resource lean communities such as exists in this community, social workers must respond to the needs of the individuals and families and integrate community-organising initiatives by pulling together collaborative efforts between integrated services delivery, neighbourhood, civic and economic development. Brooks et al. (2004) share that in order for this to be effective, lengthy discussions are required to take place with all stakeholders involved to determine a shared philosophy and mission, and deliberation of the community's needs.

Meade et al. (2015) recommends the need for evidence-based interventions that actively seek out substance users and build up motivation for treatment. There is therefore an opportunity for mobile outpatient substance use treatment interventions/programmes for areas such as the suburb studied, offering additional services such as basic health care and social support, referrals to organisations, and assistance with other relevant issues, such as gaining access to an identity document, birth certificate, bank card (MAP, 2022).

6.1.2 Recommendations for Community Leaders

Community leaders can assist in mobilizing and empowering communities to be more engaged and accountable to authorities instead of hampering investigations. Similarly, as stated in Machethe and Ebioha (2022), community-mobilization and active citizen involvement is one of the most impactful defences against crime in any neighbourhood, which includes involvement in prevention work.

Mengistu et al. (2000) suggests that dealing with the uncertain and unstable nature of policing, empowering community leaders was the best way to finding solutions. Community leaders are individuals who best know the social problems that communities face, and by the SAPS engaging with

the community leaders beyond the nature of the CPF, should enlist improved public participation, build trust with the community, community leaders and the SAPS themselves. By doing this, community members can be involved in maintaining and enhancing their own social environment. By equipping community leaders with personal resources, including offering them supervision, they would enhance the success of community activities by improving the community's perceptions, sense of belonging and citizen participation (Zanbar & Itzaky, 2013). For example, a strategy might entail implementing an annual exhibition with all NGOs and NPOs and other relevant governmental departments which showcase services offered to the community, which could improve utilization of services. Consequently, the community would feel more supported, and community leaders would feel acknowledged for the work they do, and be skilled to assist in the correct manner, and make the correct referrals to services. Similar to Thusong, an integrated governmental service delivery hub aimed at community members to gain access to resources and face-time with government officials from various departments (Thusong Service Centre, 2020), such an annual exhibition would not only provide opportunities to gain access to resources but also to have training on specific skills. These events could be marketed and attended by community leaders, and relevant governmental departments and NGO's/NPO's. Specifically, related to this study, NGOs/NPOs and governmental departments should move relevant services to the suburb.

Related to community leaders' roles, capacity-building training that enhances their skills-sets, with certification is recommended. Training by police and NPOs could focus on how to protect a crime scene; leadership; counselling skills; health and wellness. Consideration could be given to incentives for the work they do in the community such as branded clothing, stipends and reimbursing airtime and data. Additional considerations would be providing the community leaders with direct access to contact persons in the police department, other governmental stakeholders, Department of Home Affairs, as well as substance use services and life skills education aimed at the benefiting the community. With improved access community leaders are able to offer referrals and assist community members which in turn would improve access to care, services and improved wellbeing. The Department of Social Development could provide supervision for community leaders, making intentional use of community leaders to assess community needs when planning an intervention.

Municipally elected councillors should engage with displaced community members and deliver on 'promises' made regarding appropriate housing for those families relocated to the suburb. Being able to meaningfully connect and involve communities in advocacy and policy work allows for improvement of trust between government officials and the state. This can drive policy change (Aspen, 2019).

6.1.3 Recommendations for SAPS officers

Equity considerations such as needs assessments; the implementation of an equity audit to evaluate current distribution identifying biases or imbalances; and having clear and transparent criteria and processes for allocation of resources by National SAPS should be implemented and monitored in provincial SAPS precincts. As was highlighted, lack of manpower, machinery, bullet proof vests and vehicles decrease productivity and morale.

A suggestion was that SAPS offices should not work in the same geographical location where they live, to avoid biases, over familiarity with the community, all issues that may increase illegal activities. This may facilitate renewed energy from police officers. Conversely, some literature suggests that staying in the area in which you work creates a sense of ownership and familiarity for police officers, and that this may be key to effective policing (Annan, 2011).

The measurement of success at SAPS National should be reassessed and new metrics should be created to more appropriately measure gains towards goals. Paradoxically the current measurement of the implementation of policy (reduction in substance use) has metrics that target users and not suppliers and contributes to harm. Therefore, instead of annually increasing the number of required arrests as a measure of success, the number of successful 'Drug operations'/'Drug busts' should rather be used as a way to measure the success of the officers.

SAPS officers should be trained in leadership and soft skills. Prior results, as reported in Avdija (2010) highlighted that if police officers want to show more favourable attitudes towards the community, they have to adopt a respectful and polite attitude themselves, and refrain from using force. As per Fellingham et al. (2012), substance use is a vice, not a crime. Therefore, the SAPS officers require training on how to handle community members who suffer from mental disorders; in this context specifically persons suffering from a substance misuse disorder.

There is an abundance of evidence that demonstrates multiple factors are necessary for change; consistent with Gill (2014) making use of community-policing as a collaborative effort with high focused and specialised prevention strategies could lead to long-term improvements as well as healthier communities. Likewise in this study's findings, synergy is required between non-profit organisations, government departments and the community to pull resources together, and have one mandate, and develop one set of goals and directives (Gill, 2014).

The relationship between gangsterism and substance use exacerbates social problems in communities, contributing to increased crime rates, violence, and social instability. Addressing substance abuse

within the context of gang-related activities requires comprehensive strategies that address both the supply and demand sides of the issue. This includes police efforts to disrupt drug trafficking networks, provide support and rehabilitation services for individuals struggling with substance abuse, and implement community-based interventions involving community leaders that are aimed at preventing youth involvement in gangs and substance use.

In conclusion, building trust within a community requires intentional efforts to foster open communication, transparency and inclusivity. By incorporating the recommendations developed for each of the groups (active engagement, ensuring equitable access to resources, promoting shared and honest values), communities, and more specifically PWUD, community leaders and police officers can create a foundation of mutual respect, trust and cooperation. So, although the recommendations in this chapter are identified as actions given per group of informants; recommendations if implemented together can strengthen social support systems, enhance collective well-being, improve access to essential care and resources, and lead to a significant improvement in the community's overall health and well-being, fostering a safer, more resilient and sustainable environment for all. These measures will collectively promote long-term resilience, improved quality of life, and greater equity in health outcomes for all members of the community.

6.3 FUTURE RESEARCH NEEDS

Future research needs, focusing on policy and practice stem from reflections on gaps in the findings, and questions posed that were unanswered, or were out of the scope of this specific study. The study findings form a basis to identify and address the needs of all groups of actors, which can be used to formulate interventions, their evaluation designed to improve the well-being of the three groups identified and reduce the magnitude of substance misuse in the suburb and in other similar settings.

Further indepth interviews with community leaders could be conducted with the intention of exploring how this cadre could be effectively mobilised and used to address key local social issues that negatively affect communities and individuals. Programmes that empower and formally involve community leaders in prevention, awareness and support activities could be developed and integrated into local social development or health strategies.

Conducting community-based research could bridge the gap between government and community services, mobilizing resources for support in areas such as substance use, poverty, recreational activities, self-development for the suburb and for other similar contexts. Known for its collaborative

and empowering processes, community-based research leads to participants having increased control over their lives, whilst nurturing community strengths, and problem-solving abilities.

In addition, a programme which facilitates community leaders to be more active and acknowledged in the community as a supportive structure to both the PWUDs, community and the Police needs to be developed and evaluated. If successful, this could lead to widespread adoption. In addition, an analysis of the implications of the current police performance indicators and piloting proposed alternative ones that better measure progress towards goals would assist police efforts to focus on more fruitful community building action.

The core of this research was to improve peacebuilding among police officers, substance users and community leaders. Efforts should be focused on further developing interventions that include tangible indicators to measure elements such as 'trust', 'improved relationships', and 'social cohesion'.

6.4 CONCLUSION

This study explored fundamental factors and concerns that could enhance the mutual perceptions of the police, PWUD's, and community leaders, while also providing recommendations for a community grappling with substance use issues.

The first objective of this study aimed to explore the relationship between the SAPS officers and PWUDs in the suburb, as well as the role of the community leaders within the areas. The PWUD's and community leaders saw that the police had many corrupt and untrustworthy members, and meted violence on users rather than focusing on suppliers. This led to fear, perceived lack of safety and mistrust which resulted in the inadequate functioning of community policing structures. The police, on the other hand, are not a homogeneous 'force' but are a service with inadequate resources and support services allocated for members. This resulted in many officers with poorly managed trauma.

This lack of trust has resulted in poor communication between these actors and inadequate functioning of community policing structures. Although recommendations have emerged from the FGDs, interviews and literature, the reality is that because of the presence of corrupt SAPS officers, few recommendations can be effective until the corruption has been eliminated. It is evident from the information collected in this study, that PWUDs, community leaders and SAPS officers themselves, know who the corrupt officers are. However, due to the internal informal culture and the fear that exists within the station as well as between community and corrupt SAPS officers, as well as the

transactional relationships that exists between gangsters and police officers, individuals do not speak up, and the issues are ignored by their authorities. Community leaders were often threatened by SAPS officers to silence them regarding unlawful SAPS activities.

During the interpretation of the findings, the unintended consequences of a poorly formulated SAPS national policy was brought to light in which the measures of success targeted users and not suppliers. This policy requires revision. Furthermore, to improve trust and restore faith in the SAPS, new organisational processes are required to address and investigate illegal activities within the SAPS stations as well as the allocation/misallocation of resources. Additionally, there is the need to maximize access to social support and resources available in the suburb for PWUDs. Community leaders currently play an informal role in bridging the relational gap between PWUDs and the SAPS officers, specifically in the role of community-policing. With sufficient empowerment of these community-leaders, the overall wellbeing of the community can improve, particularly as they are the first point of contact for issues pertaining to the PWUDs and the general community, and are a resource currently underutilized by government, NGOs and institutions such as the SAPS.

My hope is that by identifying possible synergies and antagonisms between substance users, community leaders and the South African Police Service, this dissertation will serve as evidence to start a conversation to improve the relationships, create additional opportunities and enhance prevention and control efforts around substance misuse in peri-urban areas such as the community studied. Learning from this experience may also assist managing the difficult issue of substance use in other settings

REFERENCES

- Agee, J. (2009). Developing qualitative research questions: a reflective process. *International Journal of Qualitative Studies in Education*, 22(4), pp. 431-447.
- Aitken, C., Moore, D., Higgs, P., Kelsal, J., & Kerger, M. (2002). The impact of police crackdown on a street drug scene: evidence from the street. *International Journal of Drug Policy*, 13, pp. 193-202.
- Altbeker, A. (2005). *The dirty work of democracy: a year on the streets with SAPS*. Johannesburg: Jonathan Ball.
- Amaro, H., Sanchez, M., Bautista, T., & Cox, R. (2021). Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. *Neuropharmacology*, 188.
- American Addiction Centre. (2024). How do drugs and alcohol affect the respiratory system? Retrieved from <https://americanaddictioncenters.org/health-complications-addiction/respiratory-system>
Accessed on 18 December 2023
- Anderson, T.L. (1998). A cultural identity theory of drug use. *The Sociology of Crime, Law and Deviance*, 1, pp. 233-262.
- Andvig, J. C., & Fjeldstad, O. (2008). *Crime, Poverty and Police Corruption in Developing Countries*. Bergen: Chr. Michelsen Institute (CMI Working Paper WP 2008: 7).
- Annan, S. L. (2011). "It's not just a job. This is where we live. This is our backyard": The experiences of expert legal and advocate providers with sexually assaults women in rural areas. *Journal of the American Psychiatric Nurses Association*, 17(2).
- Aspen Planning and Evaluation Programme (ASPEN). (2019). Meaningfully connecting with communities in advocacy and policy work. Retrieved from <https://d35kre7me4s5s.cloudfront.net/wp-content/uploads/2019/04/09094614/Fund-for-Shared-Insight-Landscape-Scan-Final-for-Public-Release-4-11-2019-003.pdf> Accessed 28 January 2020
- Atkinson, R., & Flint, J. (2001). *Accessing hard-to-reach populations: Snow-ball research strategies*: University of Surrey. Issue 33.
- Atwoli, L., Stein, D.J., Williams, D.R., Mclaughlin, K. A., Petukhova, M., Kessler, R. C., & Koenen, K. C. (2013). Trauma and posttraumatic stress disorder in South Africa: analysis from the South African Stress and Health Study. *BMC Psychiatry*, 13, 182.

Avant, F., Rich-Rice, K., & Copeland, D. (2013). Leadership and rural communities. *International Journal of Business, Humanities and Technology*, 3(8), pp.53-59.

Avdija, A. S. (2010). The role of police behaviour in predicting citizens' attitudes towards the police. *Applied Psychology in the Criminal Justice*, 6(2), pp.76-90.

Aziato, L., Majee, W., Jooste, K., & Teti. (2017). Community leaders' perspectives on facilitators and inhibitors of health promotion among the youth in rural South Africa. *International Journal of Africa Nursing Sciences*, 7, pp. 119-125.

Babbie, E., & Mouton, K. (2007). *The practice of social research*. Oxford University Press: South Africa.

Bakker, A. B., & Heuven, E. (2006). Emotional dissonance, burnout, and in-role performance among nurses and police officers. *International Journal of Stress Management*, 13(4), pp. 423-440.

Begun, A. L., Bares, C. B., & Chatier, K. G. (2020). *Social environmental contexts of addictive behavior. The Routledge Handbook of Social Work and Addictive Behaviours. 1st Edition, Routledge.*

Bellar, P. E., & McNulty, T. L. (2009). Gang membership, drug selling, and violence in Neighborhood context. *Justice Quarterly*, 26(4), pp. 644-669.

Ben-Eliyahu, A. (2014). On methods: what's the difference between qualitative and quantitative approaches. Retrieved from <https://chronicle.umbmentoring.org/on-methods-whats-the-difference-between-qualitative-and-quantitative-approaches/> Accessed 23 November 2018

Berking, M., Meier, C., & Wupperman, P. (2010). Enhancing emotion-regulation skills in police officers: results of a pilot-controlled study. *Behavior Therapy*, 41, pp. 329-339.

Bernazzani, S. (2016). The importance of considering the social determinants of health. *American Journal of Managed Care*. Available from <https://www.ajmc.com/view/the-importance-of-considering-the-social-determinants-of-health> Accessed 10 May 2020

Birtel, M. D., Wood, L., & Kempa, N. J. (2017). Stigma and social support in substance abuse: implications for mental and well-being. *Psychiatry Research*, 252, pp. 1-8.

Borien, D. J. (2020). Evaluation of the differences in perception toward stress and trauma intervention strategies in the South African Police Service. Retrieved from: <https://etd.uwc.ac.za/handle/11394/8052?show=full> Accessed on the 13 December 2023

Boshoff, P., Strydom, H., & Botha, K. (2015). An assessment of the needs of police official for trauma intervention programmes – a qualitative approach. *Social Work, 50*(2), Issue 7.

Bowers Du Toit, N. F. (2014). Gangsterism on the Cape Flats: a challenge to “engage the powers”. *HTS Theological Studies, 70*(3), pp. 1-7, doi:10.4102/hts.v70i3.2727

Bradford, B., Huq, A., Jackson, J., & Roberts, B. (2012). What price fairness when security is at stake? Police legitimacy in South Africa. *Regulation & Governance, 8*(8), pp. 246 – 268.

Brenner, A. B., Zimmerman, M. A., Bauermeister, J. A., & Caldwell, C. H. (2013). Neighbourhood context and perceptions of stress over time: an ecological model of neighborhood stressors and intrapersonal and interpersonal resources. *American Journal of Community Psychology, 51*(0), pp. 544-556.

Bronfenbrenner, U., & Morris, P.A. (1998). The ecology of developmental processes. In: Damon W., Lerner R., editors. *Handbook of Child Psychology*. John Wiley & Sons; Hoboken, NJ, US: 1998. pp. 993–1028.

Brooks, F., Wertheimer, M. R., Beck, E. L., & Wolk, J. L. (2004). Community partnerships: an innovative model of social work education practice. *Journal of Community Practice, 12*(3), pp. 123-140.

Bureau of Justice Assistance (BJA). (2000). Understanding community policing: a framework for action: Monograph. Retrieved from <https://www.ncjrs.gov/pdffiles/commp.pdf> Accessed 30 November 2019

Butler, A., Zakimi, N., & Greer, A. (2022). Total systems failure: police officers' perspectives on the impacts of the justice, health, and social service systems on people who use drugs. *Harm Reduction Journal, 19*(1):48. doi: 10.1186/s12954-022-00629-1.

Centre for Disease Control and Prevention (CDC). (2017). NCHHSTP Social determinants of health. Retrieved from <https://www.cdc.gov/nchhstp/socialdeterminants/faq.html#what-are-social-determinants> Accessed on 20 May 2020

Centre for Disease Control and Prevention (CDC). (2024). About Violence Prevention. Retrieved from https://www.cdc.gov/violence-prevention/about/?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html Accessed on 20 April 2024.

Centre for Disease Control and Prevention (CDC). (2024). CDC research on SDOH. Retrieved from <https://www.cdc.gov/public-health-gateway/sdoh/research.html?tp5> Accessed on 11 November 2024.

Chan, J. B. L. (1997). *Changing Police Culture: Policing in a Multicultural Society*. Cambridge University Press.

Christian, P. J. (2012). Gatekeepers in conflict research settings: ethics, access and safety. Retrieved from http://www.academia.edu/1494659/Gatekeepers_in_Conflict_Research_Settings_Ethics_Access_and_Safety Accessed January 2019

City of Cape Town. (2011) Census: [study location] Retrieved from [https://www.capetown.gov.za/en/stats/2011CensusSuburbs/2011_Census_CT_Suburb_\[study_location\].Profile.pdf](https://www.capetown.gov.za/en/stats/2011CensusSuburbs/2011_Census_CT_Suburb_[study_location].Profile.pdf) Accessed on 23 July 2015

Colker, A. C. (2004). Treatment of Alcohol and other substance use disorders. Retrieved from <http://www.ncsl.org/print/health/saguidebook.pdf> Accessed on 10 January 2017.

Collins, C.S., & Stockton, C. M. (2018). The central role of theory in qualitative research. *International Journal of Qualitative Methods*, 17, p.1-10.

Cooper, H., Moore, L., Gruskin, S., Mia, J. D., & Krieger, N. (2004) Characterising perceived police violence: Implications for public health. *American Journal of Public Health*, 94 (7), pp. 1109 – 1118.

Cornish, J. L., & Prasad, A. (2021). Sex Differences in Substance Use Disorders: A Neurobiological Perspective. *Frontiers in Global Women's Health* (2).

Corruption Watch Annual Report. (2019). Retrieved from: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.corruptionwatch.org.za/wp-content/uploads/2020/03/CRW0320_7171_AnnualReport-2019.pdf Accessed on 11 June 2024

Crime stats SA. (2019). Worst ten precincts: largest number of reported crimes in Western Cape. Retrieved from <https://www.crimestatssa.com/topten.php> Accessed on the 25 January 2020

Crofts, N., & Patterson, D. (2016). Police, law enforcement and HIV. *Journal of the International AIDS Society*, 19(4S3).

Dada, S., Harker Burnhams, N., Erasmus, J., Lucas, W., Parry, D., Bhana, A., Pretorius, S., Weimann, R., TB HIV Care., ANOVA Health Institute., OUT Wellbeing., & University of Pretoria. (2019). SACENDU Research Brief Phase 44, 21(2). Retrieved from <http://www.samrc.ac.za/sites/default/files/attachments/2019-04-30/SACENDUBriefPhase44.pdf> Accessed 30 January 2020.

Dada, S., Harker Burnhams, N., Erasmus, J., Lucas, W., Parry, D., Bhana, A., Pretorius, S., Weimann, R., TB HIV Care., ANOVA Health Institute., OUT Wellbeing., & University of Pretoria. (2020). SACENDU Research Brief Phase 47: Monitoring alcohol, tobacco and other drug abuse treatment admissions in South Africa. Retrieved from chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.samrc.ac.za/sites/default/files/attachments/2022-07/SACENDUFullReportPhase47.pdf Accessed 18 November 2020.

Dada, S., Harker Burnhams, N., Laubscher, R., CD, P., & Myers, B. (2018). Alcohol and other drug use among women seeking substance abuse treatment in the Western Cape, South Africa. *South African Journal of Science* 114 (9/10).

Dahlberg, L. L., & Krug, E.G. (2002). Violence: a global public health problem. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World Report on Violence and Health. Geneva, Switzerland: World Health Organisation, pp. 1-21.

Daniels, D. (2005). Lecture in Phenomenology. Retrieved from <http://web.sonoma.edu/users/d/daniels/phenomlect.html> Accessed on 10 May 2017.

Dean, H. D., Williams, K. M., & Fenton, K. A. (2013). From theory to action: applying social determinants of health to public health practice. *Public Health Reports*, 128(3). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3945442/pdf/phr128s60001.pdf>

Degenhardt, L., Charlson, F., Ferrari, A., Santomauro, D., Erskine, H., Mantilla-Herrera, A., Whiteford, H., Leung, J., Naghavi, M., Griswold, M., Rehm, J., Hall, W., Sartorius, B., Scott, J., Vollset, S. E., Knudsen, A. K., Haro, J. M., Patton, G., Kopec, J., . . . Vos, T. (2018). The global burden of disease attributable to alcohol and drug use in 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet Psychiatry*, 5(12), 987-1012. [https://doi.org/https://doi.org/10.1016/S2215-0366\(18\)30337-7](https://doi.org/https://doi.org/10.1016/S2215-0366(18)30337-7)

Degenhardt, L., Glantz, M., Evans-Lacko, S., Sadikova, E., Sampson, N., Thornicroft, G., Aguilar-Gaxiola, S., Al-Hamzawi, A., Alonso, J., Helena Andrade, L., Bruffaerts, R., Bunting, B., Bromet, E. J., Miguel Caldas de Almeida, J., de Girolamo, G., Florescu, S., Gureje, O., Maria Haro, J., Huang, Y., . . . World Health Organisation's World Mental Health Surveys, c. (2017). Estimating treatment coverage for people with substance use disorders: an analysis of data from the World Mental Health Surveys. *World Psychiatry*, 16(3), 299-307. <https://doi.org/10.1002/wps.20457>

Department of Community Safety (DOCS). (2019). Western Cape Provincial Crime Analysis (2018/2019) Retrieved from https://www.westerncape.gov.za/sites/www.westerncape.gov.za/files/wccs_crime_report_2020-03-25_medres.pdf Accessed on 21 January 2021.

Department of Social Development (DSD). (2013). National Drug Master Plan 2013 – 2017 (NDMP 2013-2017). Retrieved from https://www.gov.za/sites/default/files/gcis_document/201409/national-drug-master-plan2013-17.pdf Accessed on 23 October 2017

Department of Social Development (DSD). (2020). National Drug Master Plan 2019 -2024 (NDMP 2019 – 2024). Retrieved from: <https://www.gov.za/documents/other/national-drug-master-plan-2019-2024-24-jun-2020> Accessed in 28 July 2023.

Dworkin, E. R., Wanklyn, S., Stastiewicz, P. R., & Coffey, S. F. (2017). PTSD symptom presentation among people with alcohol and drug use disorders: Comparisons by substance of abuse. *Addictive Behaviours* (76), pp. 188-194.

Erasmus, J., Hornsby, N., Johnson, K., Harker, J., Parry, C., TB HIV Care., SANCA., Anova Health Institute., University of Pretoria (COSUP)., Foundation for Professional Development., NACOSA., Urban Futures Centre (DUT)., Sediba Hope Medical Centre., Advanced Access and Delivery & Tintswalo Home Based Care. South African Medical Research Council. (2023). SACENDU UPDATE Phase 53, January – June 2023: Monitoring alcohol, tobacco and other drug abuse treatment admissions in South Africa. Retrieved from <https://www.samrc.ac.za/sites/default/files/attachments/2024-03/SACENDUupdatePhase54.pdf> Accessed on 20 April 2024.

Erasmus, J., Molestsane, M. K., Hornsby, N., Johnson, K., Harker, J., Parry, C., TB HIV Care., SANCA., Anova Health Institute., University of Pretoria (COSUP)., Foundation for Professional Development., NACOSA., Urban Futures Centre (DUT)., Sediba Hope Medical Centre., Advanced Access and Delivery & Tintswalo Home Based Care. South African Medical Research Council. (2024). SACENDU Full report

January – December 2023: Monitoring alcohol, tobacco and other drug abuse treatment admissions in South Africa. Retrieved from chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.samrc.ac.za/sites/default/files/attachments/2024-10/SACENDUVOL25-2024FullReport.pdf Accessed on 23 November 2024.

Fairbrook, S. W. (2013). The physical and mental effects of community violence exposure in pre-adolescent and adolescent youth. *Journal of student nursing research*, 6(1), pp. 22-30.

Faull, A. (2010). "When I see them I feel like beating them". Corruption and the South African Police Service. *SA Crime Quarterly*, 34, pp. 33 – 40.

Faull, A. (2010). Missing the target: When measuring performance undermines police effectiveness. *South African Crime Quarterly*, 31. Retrieved from https://journals.co.za/docserver/fulltext/iscrime/2010/31/iscrime_n31_a4.pdf?expires=1579351989&id=id&accname=guest&checksum=FBD5BD03F52AA187B5DB9C6531794DCE Accessed 18 January 2020.

Faull, A. (2011). Corruption in the South African Police Service: Civilian perceptions and experiences. *ISS Paper 226*.

Fellingham, R., Dhali, A., Guidozi, Y., & Gardner, J. (2012) The 'war on drugs' has failed: Is decriminalisation of drug use a solution to the problem in South Africa? *South African Journal of Bioethics and Law*, 5(2).

Fonseca, F., Robles-Martínez, M., Tirado-Muñoz, J., Alías-Ferri, M., Mestre-Pintó, J. I., Coratu, A. M., & Torrens, M. (2021). A Gender Perspective of Addictive Disorders. *Current Addiction Reports*, 8, pp. 89–99

Friedman, J., Syvertsen, J. L., Bourgois, P., Bui, A., Beletsky, L., & Pollini, R. (2021). Intersectional structural vulnerability to abusive policing among people who inject drugs: A mixed methods assessment in California's central valley. *International Journal of Drug Policy*, 87:102981. doi: 10.1016/j.drugpo.2020.102981.

Galea, S., & Vlahov, D. (2002). Social determinants and the health of drug users: socioeconomic status, homelessness and incarceration. *Public Health Report*, 117(1), pp. S135 - S145.

Gastrow, P., & Shaw, M. (2001). Police transformation and public response in South Africa. *Why South Africa Matter*, 130 (1), pp. 259-275.

Gibbs, A. (1997). Focus Groups. *Social Research Update*. (Issue Brief No. 19). Retrieved from <http://sru.soc.surrey.ac.uk/SRU19.html> Accessed November 2016.

Gibson, B., Acquah, & Robinson, P. G. (2004). Entangled identities and psychotropic substance use. *Sociology of Health & Illness*, 26(5), pp. 597-616.

Goga, K. (2014). The drug trade and governance in Cape town. *ISS Paper 263*. Retrieved from <https://www.issafrica.org/uploads/Paper263.pdf> Accessed on 23 July 2015.

Greef, B. (2012). The effectiveness of community policing forums in addressing crime at local level: a research perspective. Retrieved from https://www.saps.gov.za/resource_centre/publications/mr_greeff_presentation_saps_colloquium.pdf Accessed on January 2019

Guest, G., Bunce, A., & Johnson, L. (2003). How Many Interviews Are Enough? An Experiment with Data Saturation and Variability. *Field Methods*, 18(1).

Harker Burnhams, N., Laubscher, R., Howell, S., Shaw, M., Erasmus, J., & Townsend, L. (2016) Using respondent-driven sampling to recruit illegal poly-substance users in Cape Town, South Africa: implications and future directions. Retrieved from https://open.uct.ac.za/bitstream/handle/11427/21666/Burnhams_Article_2016.pdf?sequence=1&isAllowed=y Accessed on 25 January 2019

Harker, N., Kade, R., Myers, B., Fakier, N., Parry, C., Flisher, A. J., Peltzer, K., Ramlangan, S., & Davids, A. (2011) Substance abuse trends in the Western Cape, a review of studies conducted since 2000. Retrieved from <http://www.hsrc.ac.za/en/research-data/view/3676>

Harker, N., Lucas, W. C., Laubscher, R., Dada, S., Myers, B., & Parry, C. D. (2020). Is South Africa being spared the global opioid crisis? A review of trends in drug treatment demand for heroin, nyaope and codeine-related medicines in South Africa (2012-2017). *International Journal for Drug Policy*, 83:102839. doi: 10.1016/j.drugpo.2020.102839.

Harm Reduction International (HRI). (2024). Global State of Harm Reduction 2024, HRI, London. Retrieved from chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://hri.global/wp-content/uploads/2024/10/GSR24_full-document_12.12.24_B.pdf Retrieved on 20 November 2020.

Hassan, M.A., Abdelhameed, M.A., Abd El-Naem, M.M., & Abelhafeez, M. H. (2021). Does type and number of used substances affect the severity of illness in patients with substance use disorders? *The Egyptian Journal of Neurology, Psychiatry and Neurosurgery*, *57*(110).

Howell, S. P., & Marks, M. M. (2015). Discounting the disparaged: insights into the policing of drug use and sex work in South Africa. *Blue Serge and Red Ribbons, Chapter 15 Republic of South Africa*.

Human Rights Violation Report. (2017). Step up Project. Retrieved from http://mainline-eng.blogbird.nl/uploads/mainline-eng/STEP_UP_HUMAN_RIGHTS_REPORT_TBHIV_CARE_2017.pdf
Accessed on 3 May 2019

International Narcotics Control Board (INCB) Report. (2013). Economic Consequences of Drug Abuse – Chapter 1 Retrieved from:
https://www.incb.org/documents/Publications/AnnualReports/Thematic_chapters/English/AR_2013_E_Chapter_1.pdf Accessed on Feb 2019

Isandla Institute. (2021). Sprint resource note a framework for violence prevention. Retrieved from chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://isandla.org.za/en/resources/item/download/296_70c3777d3d8cf25d5ba6f4f98a96aa8f Accessed 20 February 2024.

Jalali, M. S., Botticelli, M., Hwang, R. C., Koh, H.K., McHugh, R. K. (2020). The opioid crisis: a contextual, social-ecological framework. *Health Research Policy and Systems*, *18*(1) doi: 10.1186/s12961-020-00596-8

Jelsma, J., & Clow, S. (2005). Ethical issues relating to qualitative research. *South Journal of Physiotherapy*, *61*(1), pp. 3-6.

Jo, Y., & Shim, H. S. (2015). Determinants of police job satisfaction: Does community matter? *International Journal of Law, Crime and Justice*, *43*, pp. 235-251.

Jones, R., & Kagee, A. (2005). Predictors of post-traumatic stress symptoms among South African Police personnel. *South African Journal of Psychology*, *35*(2).

Junginger, J., Claypoole, K., Laygo, R, M., & Crisani, A. (2006). Effects of serious mental illness and substance abuse on criminal offenses. *Psychiatric Services*, *57*(6), pp. 879-882.

Kalton, G. (2009). Methods for oversampling rare sub-populations in social surveys. *Survey Methodology*, *35*(2), pp. 125-141.

Keegan, M. (2005). The proliferation of firearms in South Africa (1994-2005). Available from: <https://africacheck.org/wp-content/uploads/2013/03/The-Proliferation-of-Firearms-in-South-Africa-1994-2004.pdf> Accessed on 27 January 2019.

Kenyon, K. H., Forman, L., & Brolan, C. E. (2018). Deepening the relationship between human rights and the social determinants of health: a focus on indivisibility and power. *Health and Human Rights Journal*, 20(2), pp. 1-10.

Korstjens, I., & Moser, A. (2017). Series: practical guidance to qualitative research. Part 4: trustworthiness and publishing. *European Journal of General Practice*, 24(10), pp. 120-124.

Kruger, T., & Landman, K. (2008). Crime and the physical environment in South Africa: Contextualizing international crime prevention experiences. *Built Environment*, 34(1). Pp 75- 87.

Kruger, T., Lancaster, L., Landman, K., Liebermann, S., Louw, A., & Robertshaw, R. (2016). Making South Africa safe: A manual for community-based crime prevention: The Council for Scientific and Industrial Research, Pretoria.

LAERD. (2017). Non-probability sampling. Retrieved from <http://dissertation.laerd.com/non-probability-sampling.php> Accessed 23 November 2018

Latimore, A. D., Salisbury-Afshar, E., Duff, N., Freiling, E., Kellett, B., Sullenger, R. D., Salman, A. (2023). Primary, Secondary, and Tertiary Prevention of Substance Use Disorders through Socioecological Strategies. *NAM Perspectives*, 10.

Lavrakas, P. J. (2008). *Encyclopedia of survey research methods* Thousand Oaks, CA: Sage Publications, Inc. doi: 10.4135/9781412963947

Lee, S., Baik, H. U., Lee, J., Shin, Y. (2024). A Path Analysis Study on the Influence of Social Norms on Substance Use Severity: Focusing on People Who Use Cannabis, Narcotics, and Psychotropic Substances in South Korea. *International Journal of Environmental Research and Public Health*, 22(1).

Lewis, J. (2017). Social impacts of corruption upon community resilience and poverty. *Journal of disaster risk studies*, 9(1), pp. 391

Lin, C., Cousin, S. J., Zhu, Y., Clingan, S. E., Mooney, L. J., Kan, E., Wu, F., & Hser, YI. (2024). A scoping review of social determinants of health's impact on substance use disorders over the life course. *Journal of Substance Use and Addiction Treatment*, 166, 209484.

Livingstone, J. D., Desmarais, S. L., Verdun-Jones, S., Parent, R., Michalak, E., & Brink, J. (2014). Perceptions and experiences of people with mental illness regarding their interactions with police. *International Journal of Law and Psychiatry*, 37, pp. 334-340.

Machete, P., Obioha, E. E., & Mofokeng, J. T. (2022). Community-based initiatives in preventing and combatting drug abuse in a South African township. *International Journal of Research in Business and Social Science*, 11(2), p. 209-220.

Maher, L., & Dixon, D. (1999). Policing and public health. *British Journal of Criminology*, 39 (4), pp.488 – 512.

Mahlangu, T. (2020). Poor Policies, complicit police deepen SA's drug problem. Retrieved from <https://www.corruptionwatch.org.za/poor-policies-complicit-police-deepen-sas-drug-problem/>
Access on 17 February 2024

Mair, G. (2002). Arrest referral schemes: first port of call for drug users in the criminal justice process. Retrieved from <https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/09627250208553370.pdf>

Accessed 30 January 2020. Marks, M. (2005). Transforming the robocops: changing police in South Africa. Scottsville, South Africa: University of KwaZulu-Natal Press.

Marks, M., & Howell, S. (2016). Cops, drugs and interloping academics: an ethnographic exploration of the possibility of policing drugs differently in South Africa. *Police Practice and Research*, 17(4), pp. 341-352.

Marks, M., Wilson, M. & Shelly, S. (2020). Police as advocates for harm reduction during COVID-19 lockdown in DURBAN: shifting the dominant narrative. *Acta Criminologica: African Journal of Criminology and Victimology*,33(3), pp. 54- 69.

Martiskainen, M. (2017). The role of community leadership in the development of grassroots innovations. *Environmental Innovation and Societal Transitions*, 22, pp. 78-89.

Matzopoulos, R., Cois, A., Probst, C., Parry, C. D., Vellios, N., Sorsdahl, K., Joubert, J., Pacella, R. (2021). Estimating the Burden of Disease from Alcohol Use in South Africa in 2000, 2006, 2012. Retrieved from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3854745 Accessed on 20 April 2024

McLeod, S. (2007). Maslow's Hierarchy of Needs. Retrieved from <http://highgatecounselling.org.uk/members/certificate/CT2%20Paper%201.pdf> Accessed 4 December 2019

Meade, C. D., Lion, R. R., Cordeo, D. M., Watt, M. H., Joska, J. A., Gouse, H., & Burnhams, W. (2016). HIV risk behavior among methamphetamine users entering substance abuse treatment in Cape Town, South Africa. *AIDS and Behaviour, 20*(10), pp. 2387-2397.

Meade, C. S., Towe, S. L., Watt, M. H., Lion, R. R., Myers, B., Skinner, D., Kimani, S., & Pieterse, D. (2015). Addiction and treatment experiences among active methamphetamine users recruited from a township community in Cape Town, South Africa: A mixed methods study. *Drug and Alcohol Dependence, 152*. pp. 79-86.

Mengistu, B., Pindur, W., Leibold, M. (2000). Crime and community policing in South Africa. *African Social Science Review, 1*(1), pp. 1-15.

Meyer, M., & van Graan, J. (2011). Effective community policing in practice: The Roodekrans neighbourhood watch case study, West Rand. *Southern African Journal of Criminology, 24*(2), pp. 132-145.

Mkhize, S. M. (2016). A cross-sectional study of traditional police culture themes amongst experienced South African Police Service officials. Retrieved from https://researchspace.ukzn.ac.za/bitstream/handle/10413/13165/Mkhize_Sazelo_Michael_2016.pdf?sequence=1&isAllowed=y Accessed on January 2018

Mona, G. G., Chimbari, M. J., & Hongoro, C. (2019). A systematic review on occupational hazards, injuries and diseases among police officers worldwide: policy implication for the South African Police. *Journal of Occupational Medicine and Toxicology, 14*(2).

Moriarty, J. (2011). Qualitative methods overview. School for Social Care Research. Retrieved from http://eprints.lse.ac.uk/41199/1/SSCR_Methods_Review_1-1.pdf

Morojele, N. K., Flisher, A. J., Muller, M., Ziervogel, C. F., Reddy, P., & Lombard, C. J. (2002). Measurement of Risk and Protective Factors for Drug Use and Anti-Social Behavior among High School Students in South Africa. *Journal of Drug Education, 32*(1), 25-39

Movement Advanced Project (MAP). (2022). The ID divide: How barriers to ID impact different communities and affect us all. Retrieved from <http://www.mapresearch.org/id-documents-report> Accessed on 20 July 2024

Mwanajiti, N., Mhlanga, P., Sifuniso, M. Nachali-Kambikambi, Y., Muuba, M., & Mwananyanda, M. (2002). Police Brutality in Southern Africa – A Human Rights Perspective. Published by: Inter-African Network for Human Rights and Development (Afronet).

Myers, B., Carney, T., & Wechsberg, W. M. (2016). “Not on the agenda”: A qualitative study of influences on health services use among poor young women who use drugs in Cape Town, South Africa. *International Journal of Drug Policy*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4829448/> Accessed on 14 September 2018

Myers, B., Fakier, N., & Louw, J. (2009). Stigma, treatment beliefs, and substance abuse treatment use in historically disadvantaged communities. *African Journal of Psychiatry (Johannesburg)*, 12.

Myers, B., Louw, J., & Pasche, S. (2010). Inequitable access to substance abuse treatment services in Cape Town, South Africa. *Substance Abuse Treatment Prevention Policy*, 5(28). Retrieved from <http://dx.doi.org/10.1186/1747-597X-5-28> Accessed March 2017

National Demographic Institute (NDI). (2019). Designing and implementing gender-sensitive focus groups. Retrieved from https://www.ndi.org/files/NDI%20Fact%20Sheet_GenderandFocusGroups.docx Accessed on 29 November 2019

National Institute on Drug Abuse (NIDA). (2017). The impact of drugs on neurotransmission. Retrieved from <https://www.drugabuse.gov/news-events/nida-notes/2017/03/impacts-drugs-neurotransmission> Accessed on 11 October 2019

National Institute on Drug Abuse (NIDA). (2020). Drugs and the Brain. Retrieved from <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain> Accessed on 12 December 22

NEJM Catalyst. (2017). Social determinants of health (SDOH). Retrieved from <https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0312> Accessed on May 2020

National Institutes of Health. (2017). The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK425753/> Accessed on 18 December 2023

Nyumba, T. O., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018). The use of focus groups in discussion methodology: insights from two decades of application in conversation. *Methods in Ecology and Evolution*, 9(1).

Ogloff, J. R. O., Davis, M. R., Rivers, G., & Ross, S. (2007). The identification of Mental disorders in the Criminal Justice System. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.194.2393&rep=rep1&type=pdf> Accessed on 17 January 2020.

Oldfield, S. (2004). Urban networks, community organising and race: an analysis of racial integration in a desegregated South African neighbourhood. *Geoforum*, 35, pp. 189-201.

Othman, R., Omar, N., & Aris, N. A. (2010). Influence of job satisfaction and codes of ethics on integrity among police officers. *Procedia – Social and Behavioral Science*, 145, pp. 206-276.

Palaganas, E. C., Sanchez, M. C., Molintas, M. V. P., & Caricativo, R. D. (2017). Reflexivity in qualitative research: a journey of learning. *The Qualitative Report*, 22(2), pp. 426-438.

Pan, S. W., Christian, W.M., Pearce, M. E., Blair, A. H., Jongbloed, K., Zhang, H., Teegee, M., Thomas, V., Schetchter, M. T., & Spittal, P. M. (2013). The Cedar Project: Impacts of policing among young Aboriginal people who use injection and on-injection drugs in British Columbia, Canada. *International Journal of Drug Policy*, 24, pp. 449-459.

Parry, C.D., Plüddemann, A., Louw, A., & Leggett, T. (2004). The 3-metros study of drugs and crime in South Africa: findings and policy implications. *American Journal of Drug and Alcohol Abuse*, 30(1), pp. 167-185.

Patil, R. R. (2013). Social determinants of health: conceptual and operational predicaments. *Journal of Public Health and Epidemiology*, 5(1), pp. 6-10.

Patton, M. Q. (2001). *Qualitative research & evaluation methods*. (3rd ed.). Saint Paul, MN: Sage Publications.

Payne, B. K., & Gainey, R. R. (2007). Attitudes about the police and n safety in neighbourhood safety in disadvantaged neighbourhoods: The influences of criminal victimisation and perceptions of a drug problem. *Criminal Justice Review*, 32(2), pp.142-155.

Peltzer, K., Ramlagan, S., Johnson, B. D., & Phaswana-Mafuya, N. (2010). Illicit drug use and treatment in South Africa: A review. *Substance Use & Misuse*, 45, pp. 2221 – 2243.

Pigou, P. (2002). Monitoring police violence and torture in South Africa. Retrieved from <http://www.csvr.org.za/docs/policing/monitoringpolice.pdf> Accessed on 15 July 2015.

Pino, N., & Johnson, L.M. (2011). Police deviance and community relationship in Trinidad and Tobago. *Policing: an international journal of policing strategies and Management*, 34 (3), pp. 454-478.

Provincial Government Western Cape (PGWC). (2010). Blueprint: Workstream on the prevention and treatment of harmful alcohol and drug use. Retrieved from https://www.westerncape.gov.za/other/2010/7/provincial_government_of_western_cape_-_substance_abuse_blueprint.pdf Accessed on the 1 April 2015

Psychology Today. (2020). Addiction. Retrieved from <https://www.psychologytoday.com/intl/basics/addiction> Accessed on 18 January 2020.

Puljevic, C., & Learmonth, D. (2014). Substance abuse prevention in Cape Town's peri-urban settlements: local health trainers' perspectives. *Health Psychology and Behavioral Medicine*, 2(1), pp. 183-197.

Pyman, M., Cohen, J., Boardman, M., Webster, B., Seymour, N. (2016). Arresting corruption in the police. Retrieved from <https://www.all4integrity.org/en/tech4integrity/knowledge-center/article-corruption-in-the-police-the-global-experience-of-police-corruption-reform-efforts/> Accessed on 18 December 2023.

Radin, D. (2013). Does corruption undermine trust in health care? Results from public opinion polls in Croatia. *Social Sciences & Medicine*, 98, p. 46-53.

Radin, S. M., Kutz, S. H., LaMarr, J., Vendiola, D., Vendiola, M., Wilbur, B., Thomas, L. R., & Donovan, D. M. (2015). Community perspectives on drug/alcohol use, concerns, needs and resources in four Washington State tribal communities. *Journal of Ethnology and Substance Abuse*, 14(1), pp. 29-58.

Room, R., & Rehm, J. (2010). Alcohol and non-communicable diseases – cancer, heart disease and more. *Addiction*, 106 (1), pp.1-2.

Rosenberg, J. (2017). The effects of chronic fear on a person's health. Retrieved from <https://www.ajmc.com/view/the-effects-of-chronic-fear-on-a-persons-health> Accessed on May 2020

Rutledge, P., & Hogg, J. L. C. (2020). In-Depth Interviews, pp. 1-7. Retrieved from 10.1002/9781119011071.iemp0019 Accessed on 1 February 2025.

Salomane, K. E. (2010). Role of Community Policing Forums (CPF's) in effective crime prevention in the Merafong Local Municipality Area: a critical analysis. Retrieved from <http://dspace.nwu.ac.za/handle/10394/4744> Accessed 23 July 2015

Scheibe, A., Shelly, S., Hugo, J., Mohale, M., Lalla, S., Renkin, W., Gloeck, N., Khambule, S., Kroukamp, L., Bhoora, U., Marcus, T. S. (2020). Harm reduction in practice - The Community Oriented Substance Use Programme in Tshwane. *African Journal of Primary Health Care and Family Medicine*, 12(1):e1-e6

Scott, S. M. (2004). The benefits and consequences of police crackdowns: response guide No. 1. Retrieved from https://popcenter.asu.edu/Responses/police_crackdowns/print/ Accessed on 24 March 2019.

Seale, H., Harris-Roxas, B., Heywood, A., Abdi, I., Mahumbo, A., Chaunhan, A., & Woodland, L. (2022). The role of community leaders and other information intermediaries during the COVID-19 pandemic: insights from the multicultural sector in Australia. *Humanities and Social Sciences Communications*, 9, 174. doi:10.1057/s41599-022-01196-3

Shenton, A.K. (2004) Strategies for Ensuring Trustworthiness in Qualitative Research Projects. *Education for Information*, 22(2), pp.63-75.

Shepherd, D., & Suddaby, R. (2017). Theory building: a review and integration. *Journal of Management*, 43, pp. 59-86. Retrieved from <https://library.sacredheart.edu/c.php?g=29803&p=185919#:~:text=A%20theoretical%20framework%20is%20used,to%20the%20given%20definitions%2C%20and> Accessed on 18 December 2023.

Simelane, B. D. (2011). Community Safety Barometer: Final Summative Report. Available from: https://www.westerncape.gov.za/text/2011/6/cs_barometer_study_summative_report.pdf Accessed on 2 December 2017

Simelane, B., Brown, L., & Seyisi, S. (2017). Analyses of human resource allocation for South African Police Service with specific reference to the Western Cape. Retrieved from

https://www.westerncape.gov.za/assets/departments/community-safety/human_resource_allocation_analyses_report_0.pdf Accessed 8 December 2019.

Snyder, L. (2013). Policing the police: Conflict theory and police violence in a racialized society. Retrieved from https://digital.lib.washington.edu/researchworks/bitstream/handle/1773/22805/Snyder_washington_02500_11356.pdf?sequence=1 Accessed November 2018

South African Police Service (SAPS). (2014). SAPS Retrieved from <http://www.saps.gov.za/about/about.php> Accessed on the 12th January 2015.

South African Police Service (SAPS). (2019). Crime Stats 2017-2018. Retrieved from https://www.gov.za/sites/default/files/gcis_document/201809/crime-stats201718.pdf Accessed 25 January 2020.

South African Police Service (SAPS). (2023). Crime Stats 2022 - 2023. Retrieved from <https://www.saps.gov.za/services/crimestats.php> Accessed on 20 April 2024

South African Police Services (SAPS). (2023). SAPS AUDIT Response. Retrieved from saps.gov.za/services/downloads/April-2022_23-presentation.pdf Accessed on 20 April 2024.

Spooner, C., & Hetherington, K. (2005). Social determinants of drug use. Technical report number 228. Retrieved from chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://d1wqtxts1xzle7.cloudfront.net/64877290/TR.228-libre.pdf?1604817019=&response-content-disposition=inline%3B+filename%3DSOCIAL_DETERMINANTS_OF_DRUG_USE.pdf&Expires=1739274677&Signature=V96tcRHYoozC~tzQ3oluXV5WqtNXb5br41vMB1O2qj2hP5aBnIBgGIAoTgv7oBAakTgSgERDgyVXHMu7XuNsk2KixrYH~MEe0ZHpaUFDd-Fjrvjc0i4UoMG7s9L4blqhes5WsQ-VJAVyWVhHg2G61iZJMFYQakmdVGdSYWTdORScuM5fc4GzT74F8oqrHukzYgveLlwhqjxLxy2ChiyZ7sAPdxhZhyKmmFq7IzhmocllQ1e~N7O3OjVTJiByHnrARHR~20bV2vFob2ymRXukYdF4MdDz7Y2-gSg9c7i0hBDqgZo-XBXPWAxUCiTgzWVBtuGy9~9OV2JRgmFJVmw__&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA Accessed on 23 February 2023.

Steinberg, J. (2008) Thin Blue: The unwritten rules of policing in South Africa. Johannesburg: Jonathan Ball with Open Society foundation for South Africa.

Stowe, M. J., Gatonye, R., Maharjan, I., Kehinde, S., Arya, S., Valderrábano, J. H., McBride, A., Scheibein, F., Igonya, E. K., & Fast, D. (2024). "The war on drugs is a war on us: young people who use drugs and the fight for harm reduction in the Global South." *Harm Reduction Journal* 21(1), pp. 43.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). A Guide to SAMHSA's Strategic Prevention Framework. Rockville, MD: Center for Substance Abuse Prevention. Substance Abuse and Mental Health Services Administration Retrieved from chrome-extension://efaidnbmnnnibpcajpcgiclfendmkaj/https://library.samhsa.gov/sites/default/files/strategic-prevention-framework-pep19-01.pdf Accessed on 6 February 2024

Sussman, S., & Sinclair, D. L. (2022). Substance and Behavioral Addictions, and Their Consequences among Vulnerable Populations. *International Journal of Environmental Research in Public Health*. 19(10):6163. doi: 10.3390/ijerph19106163

Syed, T. (1997). Not Victimless: Understanding the harmful effects of police corruption. *Servamus*, 91 (1). Retrieved from <https://www.csvr.org.za/not-victimless-understanding-the-harmful-effects-of-police-corruption/> Accessed on 20 June 2016

Thusong Service Centre. (2019). What are Thusong Service Centres? Retrieved from <http://www.thusong.gov.za/index.html> Accessed 28 January 2020.

Truen, S., Ramkolowan, Y., Corrigan, J., & Matzopoulos, R. (2011). Baseline Study of the Liquor Industry Including the Impact of the National Liquor Act 59 of 2003. Pretoria: Department of Trade and Industry. Retrieved from http://www.thedti.gov.za/business_regulation/docs/nla/other_pdfs/dna_economics_nla_act.pdf Accessed on 18 March 2019.

Tufford, L., & Newman, P. A. (2010) Bracketing in qualitative research. *Qualitative Social Work*, 11(1), pp. 80-96.

United Nations Children's Fund (UNICEF). (2022). 'Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers Across Settings', UNICEF, New York.

United Nations Office on Drugs and Crime (UNODC). (2018). World Drug Report 2018: Executive Summary, Conclusion and Policy Implications. Retrieved from

https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_1_EXSUM.pdf Accessed on 25 January 2019

United Nations Office on Drugs and Crime (UNODC). (2023). World Drug Report 2023. Retrieved from <https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2023.html> Accessed on 23 July 2024.

Van der Spuy, E., Parmentier, S., & Dissel A. (2007) Restorative justice: politics, policies and prospects. Cape Town: Juta.

van Dijk, A. J., Herrington, V., Crofts, N., Breunig, R., Burris, S., Sullivan, H., Middleton, J., Sherman, S., & Thomson, N. (2019). Law enforcement and public health: recognition and enhancement of joined-up solutions. *The Lancet*, 393(10168), pp. 287-294.

van Heerden, M. S., Grimsrud, A. T., Seedat, S., Myer, L., Williams, D. R., & Stein, D. J. (2009). Patterns of substance use in South Africa: results from the South African Stress and Health study. *South African Medical Journal*, 99, pp. 358-66.

van Walbeek, C., Gibbs, N., & Harker, N. (2021). Assessing the feasibility of implementing minimum unit pricing in the Western Cape, South Africa: the experience of Scotland, the Northern Territory of Australia, Russia and Botswana of minimum unit pricing and other price-based policies. Retrieved from chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.westerncape.gov.za/assets/assessing_the_feasibility_of_implementing_mup_in_the_western_cape_south_africa.pdf Accessed on 18 December 2023

Varentsov, I. (2016). A look inside South Africa's only harm reduction project. Retrieved from <https://www.talkingdrugs.org/a-look-inside-cape-town-only-harm-reduction-project> Accessed 4 November 2018

Waddington, D. (1992). Contemporary Issues in Public Disorder. London: Routledge.

Waddington, P. A. (2008). Police culture. *Dictionary of Policing. Cullompton: Willan*, 203–205.

Watson, A. C., Swartz, J, m Bohrman, C., Kriegel, L S., & Draine, J. (2014). Understanding how police officers think about mental/emotional disturbance calls. *International Journal of Law and Psychiatry*, 37, pp. 351-358.

Watt, M. H., Aunon, F. M., Skinner, D., Sikkema, K. J., Kalichman, S. C., & Pieterse, D. (2012) "Because he has bought for her, he wants to sleep with her": Alcohol as a currency for sexual exchange in South African drinking venues. *Social Science & Medicine*, 74, pp. 1005-1012.

Watt, M. H., Meade, C. S., Kimani, S., MacFarlane, J. C., Choi, K. W., Skinner, D., Pieterse, D., & Kalichman, S. C (2014) The impact of methamphetamine ("tik") on a peri-urban community in Cape Town, South Africa. *International Journal of Drug Policy*, 25, pp.219-225.

WebMD. (2020) What is drug addiction? Retrieved from <https://www.webmd.com/mental-health/addiction/drug-abuse-addiction#1> Accessed on September 2020.

Weideman, M. (2023). Police officers speak out about their experiences investigating sexual and gender-based violence cases in South Africa. Retrieved from [Police officers speak out about their experiences investigating sexual and gender-based violence cases in South Africa Development Aid](#) Accessed on 1 February 2025.

Weitzer, R, Tuch, S. A. (1999). Race, class and perceptions of discrimination by the police. *Crime and Delinquency*, 4(45), pp. 494-507

Weitzer, R. (2006). Citizens' perception of police conduct: Race and neighbourhood context. *Justice Quarterly*, 16 (4), pp. 819 – 846.

Western Cape Government (WC). (2004). Non-profit organisations in the Western Cape. Retrieved from https://www.westerncape.gov.za/other/2004/2/wc_ngo.pdf Accessed on 12 January 2020.

World Health Organisation (WHO). (2010). A conceptual framework for action on the social determinants of health. Debates, Policy & Practice, Case Studies: Discussion Paper 2.

World Medical Association. (2013). World Medical Organisation Declaration of Helsinki: Ethical principles for medical research involving human subjects. Retrieved from http://www.chemie.uni-hamburg.de/studium/wma_declaration.pdf Accessed on the 23 July 2015.

Zanbar, L., & Itzaky, H. (2013). Community activists' competencies: the contributing factors. *Journal of Psychology*, 41(2), pp. 249-263.

APPENDICES

Appendix A1 Data collection for PWUDs (Group One)

All 40 informants were screened and were invited to participate in the study. The two female FGDs were scheduled for the following Monday at 1:00pm and at 2:30pm. The same time slots were given to the men for the Tuesday. As a reminder, each participant was handed a card with the venue, date, day and time printed on it. Referring to Figure 3, on the Monday, only six women, and on the Tuesday, only four men arrived for the FGDs. All eligible informants had provided their cell phone numbers and had given verbal permission to be phoned. When called on the day at the time agreed for the focus group, both men and women confirmed their attendance, but that they needed time to freshen up, yet still did not arrive. Others had said that they were 'scurrelling' (definition: spend time collecting means to obtain money, food or/and drugs) (Burnhams, Laubscher, Howell, Shaw, Erasmus, Townsend, 2016) and would be there shortly. They did however not arrive. Therefore, of all the 40 informants that were screened and found eligible, 14 women and 16 men did not arrive for their FGDs in their indicated time-slots and therefore only one female (n=6) and one male (n=3) focus group took place.

Furthermore, during the informed consent process of the male group, one of the men withdrew from the group for domestic reasons. This reduced the number of informants to 3, however the FGD still took place. Due to the low numbers and with only two FGDs completed within the allocated 4 sessions, it was planned that further informants were to be screened and recruited for an additional male and female focus group the following month. The community leader then reported that informants were not comfortable with walking to the library, although a close walking distance from their homes. They would rather cooperate if the venue were moved even closer to where most informants lived. Consequently, the following month, a modular unit within one of the areas was selected, and same-day recruiting for FGDs was employed due to the sporadic lifestyles of most of the PWUDs in the area. An hour before the second set of FGDs were scheduled, six males were recruited, and the focus group successfully took place. As soon as the male focus group was complete, an hour was spent recruiting the females for the female focus group. This method of recruitment was successful as these users' ability to plan and time manage was unreliable due to them having to scurrell (Harker Burnhams, 2016). For the second FGD, ten females were recruited. Two further eligible females arrived unexpectedly, and all 12 women were invited to stay.

Appendix A2 Screening/Eligibility Questionnaire

Masters Study

PLEASE DO NOT USE FULL NAMES ANYWHERE ON THIS FORM

UCT Masters Research Project – Jodilee Erasmus

Date of Screening:.....(dd/mm/yy)

Interviewers initials:.....

Patient ID.....|_|_|_|_|_|_|_|

1. What is your date of birth? |_|_|_|/|_|_|/|_|_|_|_|_|
DD MM YYYY

1a. And how old are you now?....._|_|

2. Do you drink Alcohol?

Yes

No

3. Do you use drugs?

Yes

No

3i) If yes, which drugs do you use?

.....

4. How often do you use drugs?

Every day

Once or twice a week

- Once a month
- Less than once a month

5. Do you live or work or socialise often in the suburb?

- Yes
- No

6. Would you be willing to provide us with contact information so that we can contact you during the study?

- Yes
- No
- Refused

7. Are you willing to talk in groups?

- Yes
- No
- Refused

Appendix A3 Contact Information Form

Masters Research Project – Jodilee Erasmus

INTERVIEWERS INITIALS |__|__|

DATE: |__|__| / |__|__| / |__|__|__|__|

DD MM YYYY

Please use this form to record any additional information (e.g., nicknames, hangouts, or cell phone numbers, etc.) that will be helpful if you need to schedule an appointment for a later time or the next day. This information should help you find the participant in case they forget to meet at the scheduled location.

What is your first name and what nicknames do you use?

Where do you usually hang out during the day?

Where do you usually hang out at night?

Please give at least two cell phone numbers where we can reach you.

— — Name _____ Relationship _____
Area Number

— — Name _____ Relationship _____
Area Number

— — Name _____ Relationship _____
Area Number

Appendix B1 Consent form for Focus Group Discussions

Masters Research Study

Introduction.

My name is Jodilee Erasmus, a Masters student at the University of Cape Town, and I would like your permission to take part in a focus group discussion for my research study. The purpose of this study is to explore the relationships between yourselves and policing officers in the suburb.

What We're Asking of You.

The research will require Substance users to take part in one in a focus group discussion and answer a series of questions, each an opportunity to talk about your experiences with the police, your feelings and thoughts to try and improve the relationship between both police and substance users. Each focus group discussion will last up to 1 hour. If you agree, I will digitally record the discussion so that we can capture all the information that you provide. You will not be compensated for your participation in these discussions.

Potential Risks and Discomforts.

We do not foresee any risk with participating in this interview; however, some of the questions might make you feel uncomfortable. You will be free to choose not to answer these questions. Participation is **voluntary** and you may leave at any time.

Confidentiality and Privacy.

Any information that we get during the consent processes and this focus group discussion will stay confidential. The audio recordings of the interviews will be locked away in a computer and then it will be destroyed after a year. The consent forms will also be destroyed after one year of the study's completion

Participation and Withdrawal.

Participation is voluntary. You can choose not to participate in the interviews. If you decide to participate, you may choose to stop your participation at any time. There will be no consequences. You may also refuse to answer any questions you do not want to answer.

If you have concerns about the research, its risks and benefits or about your rights as a research participant in this study, you may contact the Law Faculty Research Ethics Committee Administrator, Mrs Lamize Viljoen, at 021 650 3080 or at lamize.viljoen@uct.ac.za. Alternatively, you may write to the Law Faculty Research Ethics Committee Administrator, Room 6.28 Kramer Law Building, Law Faculty, UCT, Private Bag, Rondebosch 7701.

Written consent:

Please let us know if you have any questions before checking this consent form. Please sign next to each item to show that you agree/disagree to what is required:

Agree	Disagree	
		I agree to take part in the study, which has been fully described to me, by participating in this interview.
		I understand that my participation in this study is completely voluntary, and there will be no penalty if I choose not to participate.

DECLARATION BY PARTICIPANT

By signing below, I, _____ agree to take part in Ms Jodilee Erasmus' research project

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressured to take part. I also understand that I do not give up any rights by signing below.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.
- I have received a card with information about rights of research participants and who to contact with questions.

Participant's Signature _____ **Date** _____ **Signed at (Place)**

Witness _____ **Date**

FIELD WORKER DECLARATION

I, _____ (***Student***) declare that:

- I explained the information in this document to _____
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that s/he adequately understands all aspects of the research
- I gave him/her a card with information about rights of research participants and who to contact with questions.

_____	_____	_____
Student's Signature	Date	Signed at (Place)
_____	_____	
Witness	Date	

Appendix B2 Interview guide for substance users

Masters Research Study

4 focus groups

10 participants each (needed 8 each)

Total participants 36 – over sample – 40.

X2 male groups and X2 female groups

Each focus group to last 45 – 60 minutes

Theme1: Extremity of the substance abuse problem in the suburb

1. Tell me about area – why do you like or not like living here?
2. Do you think there is a drug problem in the suburb? If yes, why do you think so?
3. It is a very big area. Do you find that some areas within the suburb have bigger drug problems than others?

Theme2: Police's response to the problem

1. How safe do you feel in the suburb?
2. What kind of crimes do you see often?
3. What is a drug bust? Does this happen often?
4. Do you think the police do a good job to try and prevent crimes related to drugs?
5. Do the drug merchants/ dealers/ users ever threaten the police?
6. Policemen and women are meant to serve and protect. Do you think they do this? Why or why not?
7. Do you trust the police– why or why not?
8. SAPS vs METRO – do you know the difference? Have you had experience with them? Do they treat you differently

Theme3: Indirect vs direct experiences to police (forms basis of their perceptions)

1. Has anyone ever been arrested for drugs? - If yes, how did they handle/treat you?
2. What happens when you get arrested?
3. Those who haven't been arrested – have you seen or know of people arrested for drugs? How did this make you feel about the police?
4. When you get arrested – do your family and/or friends get affected in anyway? Is yes, how?

Theme4: Improving relations between community and police

1. What do you think the police can do, to “police” drug users better?
2. What can be done to improve the relationship between police and people in the community that use drugs?
3. Do you think that if you are treated better, you may not use as much drugs?

(If anyone wants help – please talk to me afterwards, I have pamphlets and numbers of treatment centres).

Appendix C1 Consent Form for Community leaders

Masters Research Study

Introduction:

My name is Jodilee Erasmus, a Masters student at the University of Cape Town, and I would like your permission to take part in a focus group discussion for my research study. I am doing a research study on the relationships between the police and substance users in the community.

What I am Asking of You:

The research will require Community Leaders to take part in one semi-structured interview each to determine and discuss the fundamental challenges related to substance abuse that the suburb is facing as an area and improving the relations between the police and the illegal substance-using community. Each will take about 30–40 minutes each. If you agree, I will digitally record the discussion so that we can capture all the information that you provide. You will not be compensated for your participation in these discussions.

Potential Risks and Discomforts:

We do not foresee any risk with participating in this interview; however, some of the questions might make you feel uncomfortable. You will be free to choose not to answer these questions.

Participation is **voluntary**, and you may leave at any time.

Confidentiality and Privacy:

Any information that we get during the consent processes and this focus group discussion will stay confidential. The audio recordings of the interviews will be locked away in a computer and then it will be destroyed after a year. The consent forms will also be destroyed after one year of the study's completion.

Participation and Withdrawal:

Participation is voluntary. You can choose not to participate in the interviews. If you decide to participate, you may choose to stop your participation at any time. There will be no consequences. You may also refuse to answer any questions you do not want to answer.

If you have concerns about the research, its risks and benefits or about your rights as a research participant in this study, you may contact the Law Faculty Research Ethics Committee Administrator, Mrs Lamize Viljoen, at 021 650 3080 or at lamize.viljoen@uct.ac.za. Alternatively, you may write to the Law Faculty Research Ethics Committee Administrator, Room 6.28 Kramer Law Building, Law Faculty, UCT, Private Bag, Rondebosch 7701.

Written consent:

Please let us know if you have any questions before checking this consent form. Please sign next to each item to show that you agree/disagree to what is required:

Agree	Disagree	
		I agree to take part in the study, which has been fully described to me, by participating in this interview.
		I understand that my participation in this study is completely voluntary, and there will be no penalty if I choose not to participate.

DECLARATION BY PARTICIPANT

By signing below, I, _____ agree to take part in Ms Jodilee Erasmus' research project

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressured to take part. I also understand that I do not give up any rights by signing below.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.
- I have received a card with information about rights of research participants and who to contact with questions.

Participant's Signature _____ **Date** _____ **Signed at (Place)**

Witness _____ **Date**

FIELD WORKER DECLARATION

I, _____ (***Student***) declare that:

- I explained the information in this document to _____
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that s/he adequately understands all aspects of the research
- I gave him/her a card with information about rights of research informants and who to contact with questions.

_____	_____	_____
Student's Signature	Date	Signed at (Place)
_____	_____	
Witness	Date	

Appendix C2 Interview guide for Community Leaders

Masters Research Study

6-8 In-depth interviews

30 - 40 minutes each

1. What are your responsibilities as a community leader?
2. How big is the area you “look after”?
3. Tell me about the drug problem in the suburb?
4. Do you have a responsibility to help improve the drug situation?
5. Do you ever engage with the police to discuss these matters?
6. Do you think that the police are effective in policing the illegal drug using community in the suburb?
7. Is there any way you think that they can improve their policing strategies?
8. Are there any community forums?
9. There are lots of talk of violence policing strategies... have you ever seen this or directly experienced it?
10. It's important that the entire community has trust in the police.. do you think there is a way to strengthen the relationship between police, community leaders, the community and the illegal substance using community to work together to prevent / stop the illegal substance use problem?

Appendix D1 Consent form for all law enforcement officers

Masters research Project – Jodilee Erasmus

Introduction

My name is Jodilee Erasmus, a Masters student at the University of Cape Town, and I would like your permission to take part in a focus group discussion for my research study. I am doing a research study on the relationships between the police and substance users in the community.

What We're Asking of You.

If you agree to take part in an interview, the research will require policemen/women to take part in one semi-structured interview each to determine and discuss the fundamental challenges that policemen and women are faced with in addressing the drug problem in the suburb. It will take about 20 - 30 minutes each. If you agree, we will digitally record the discussion so that we can capture all the information that you provide. You will not be compensated for your participation in these discussions

Potential Risks and Discomforts.

We do not foresee any risk with participating in this interview; however, some of the questions might make you feel uncomfortable. You will be free to choose not to answer these questions. Participation is **voluntary** and you may leave at any time.

Confidentiality and Privacy.

Any information that we get during the consent processes and this focus group discussion will stay confidential. The audio recordings of the interviews will be locked away in a computer and then it will be destroyed after a year. The consent forms will also be destroyed after one year of the study's completion.

Participation and Withdrawal

Participation is voluntary. You can choose not to participate in the interviews. If you decide to participate, you may choose to stop your participation at any time. There will be no consequences. You may also refuse to answer any questions you do not want to answer.

If you have concerns about the research, its risks and benefits or about your rights as a research participant in this study, you may contact the Law Faculty Research Ethics Committee Administrator, Mrs Lamize Viljoen, at 021 650 3080 or at lamize.viljoen@uct.ac.za. Alternatively, you may write to the Law Faculty Research Ethics Committee Administrator, Room 6.28 Kramer Law Building, Law Faculty, UCT, Private Bag, Rondebosch 7701.

Appendix D2 Interview guide for Policemen/women

Masters research Project – Jodilee Erasmus

In-depth interviews

10 participants each (needed 8 each)

X 5 male and X5 female (depending on sex make up of drug response unit, and who is available)

Each interview to last 20 minutes

1. The suburb is known for its Substance abuse problem – but just how bad is it?
2. Does the police station in the suburb have a special drug response unit? Or a special action plan to prevent / stop the selling and abusing of illegal substances? Tell me about it.
3. What has preventing policing from curbing the drug-problem in the area?
4. What is the police's response to the following groups:
 - i) Drug user
 - ii) Dealer
 - iii) Merchant
5. Do you think this response is effective?
6. What do you think could be an alternate response?

Appendix D3 Interview guide for Senior Law enforcement officer

Masters Research Project – Jodilee Erasmus

In-depth interview

1 participants

Each interview to last 45 - 60 minutes

1. The suburb is known for its Substance abuse problem – but just how bad is it?
2. Does the police station in the suburb have a special drug response unit? Or a special action plan to prevent / stop the selling and abusing of illegal substances? Tell me about it.
3. Are you familiar with the Mini drug master plan? Have you had training on how to implement it? If yes – have you been able to implement it successfully?
4. Are there any drug forums / community forums where the drug problems are discussed? Where the police and community work together to try and prevent and stop the drug situation.

Appendix E: SAPS' Goals in the National Dug Master Plan (2019-2024)

Table 5: Goal 2: Supply reduction deliverables

GOAL 2	Reduce the supply of drugs through proactive law enforcement; effective responses to drug-related crime; countering money-laundering and promoting judicial cooperation	
MEASURABLE OBJECTIVES	<p>Increase focus on disruption, dismantling and neutralising the drug trafficking networks as opposed to drug users.</p> <p>Reduce drug related corruption and money laundering.</p> <p>Reduce the diversion of precursor chemicals.</p> <p>Strengthen monitoring and reporting mechanisms related to NPS and emerging drugs.</p> <p>Improve understanding of the national drug threat assessment.</p> <p>Improve information gathering and analysis of the drug threats and trends.</p> <p>Improve investigation, prosecution and convictions of drug supply networks.</p> <p>Review and harmonise laws and policies related to supply reduction.</p>	
DELIVERABLE	RESPONSIBLE BUSINESS UNIT/DEPARTMENT	TARGET DATE
1. Increase capacity building and awareness to prevent drug-related crimes.	<p>Lead: South African Police Services.</p> <p>Dependencies: Department of Social Development, Department of Justice and Constitutional Development, South African Police Services, National Prosecuting Authority, Department of Basic Education, Department of Health, Department of Higher Education and Training, Department of Transport, Department of Home Affairs.</p>	2019 - 2024
2. Enhance operational coordination at all levels.	<p>Lead: Directorate for priority Crime Investigations.</p> <p>Dependencies: State Security Agency, South African Revenue Service, South African National Defence Force, Department of Home Affairs, Border Management Agency, Cross Border Road Transport Agency, National Prosecuting Authority, Department of Justice and Constitutional Development, Financial Intelligence Centre, South African Revenue Service, South African Police Services.</p>	2019 - 2024
3. Mitigate the supply of drugs and liquor through enhanced operations; (investigations and prosecutions).	<p>Lead: Directorate for Priority Crime Investigations.</p> <p>Dependencies: Department of Justice and Constitutional Development, National Prosecuting Authority, South African Revenue Services, Financial Intelligence Centre, Directorate for Priority Crime Investigation, Forensic Science Laboratory, South African Police Services.</p>	2019 - 2024
4. Review and harmonise laws and policies related to supply reduction.	<p>Lead: Department of Justice and Constitutional Development.</p> <p>Dependencies: Department of Health, Department of Trade and Industry, Department of Transport, South African Police Services and the Department of Social Development.</p>	2019 - 2024
5. Identify trends and control New Psychoactive Substances.	<p>Lead: South African Police Services.</p> <p>Dependencies: Department of Justice and Constitutional Development, National Prosecuting Authority, Directorate for Priority Crime Investigations, Forensic Science Laboratory, South African Health Product Regulatory Authority.</p>	2019 - 2024

Appendix F: UCT Ethics approval



FACULTY OF HEALTH SCIENCES
Human Research Ethics Committee



FHS016: Annual Progress Report / Renewal

HREC office use only (FWA00001637; IRB00001938)		
This serves as notification of annual approval, including any documentation described below.		
<input checked="" type="checkbox"/> Approved	Annual progress report	Approved until/next renewal date 30.11.2025
<input type="checkbox"/> Not approved	See attached comments	
Signature Chairperson of the HREC/ Designee		Date Signed 12/11/2024

Note: Please email this form and supporting documents (if applicable) in a combined pdf-file to hrec-enquiries@uct.ac.za.

Please use the latest form found on our website:
<http://www.health.uct.ac.za/fhs/research/humanethics/forms>



Comments to PI from the HREC
<i>Thank you for the deviation document</i>

Principal Investigator to complete the following:

1. Protocol information

Date (when submitting this form)	4 November 2024		
HREC REF Number	614/2017	Current Ethics Approval was granted until	30 August 2018
Protocol title	Investigating a community's perceptions of how South African Police Service respond to and engage with illicit substance use and users: a case study of Delft.		
Protocol number (if applicable)	L0005/2016		
Are there any sub-studies linked to this study?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
If yes, could you please provide the HREC Reference number for all sub-studies? Note: A separate FHS016 must be submitted for each sub-study.	NA		
Principal Investigator	Prof Leslie London		



Department and email address	Faculty of health sciences leslie.london@uct.ac.za
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1.1 Does this protocol receive US Federal funding?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No X
1.2 If the study receives US Federal Funding, does the annual report require full committee approval?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Note: Any annual approvals for Full Committee review MUST be submitted on the monthly HREC submission dates.</p> <p>(Please send electronic combined copy if for full committee review to hrec-submission@uct.ac.za)</p>		

If yes in 1.2 please complete section 1.3 below for invoicing purposes

1.3 Ethics Renewal Fee

Please (tick ✓) appropriate box for billing purposes:

<i>Submission Type</i>	<i>Description</i>	<i>New fee (Vat Incl.)</i>	<i>tick ✓</i>
<i>Research funded solely from UCT departmental/divisional/group budget/self-initiated research</i>	Annual evaluation of research progress report for re-certification	R0,00	<input type="checkbox"/>
<i>Non-sponsored student research for degree purposes at UCT/Other Universities & Colleges</i>	Annual evaluation of research progress report for re-certification	R0,00	X <input type="checkbox"/>
<i>Annual re-certification / Progress report (FHS016 Form)</i>	Clinical Trial & International Grant Funded Research - Annual evaluation of research progress report for re-certification for Full Committee Approval	R7700,00	<input type="checkbox"/>
<i>Annual re-certification / Progress report (FHS016 Form)</i>	Clinical Trial & International Grant Funded Research - Annual evaluation of research progress report for re-certification for Expedited review	R3800,00	<input type="checkbox"/>
<i>Annual re-certification / Progress report (FHS016 Form)</i>	National grant funded research - Annual evaluation of research progress report for re-certification for Full Committee Approval	R5000,00	<input type="checkbox"/>
<i>Annual re-certification / Progress report (FHS016 Form)</i>	National Grant funded research for Annual evaluation of research progress report for re-certification for Expedited review	R1650,00	<input type="checkbox"/>

NB: Protocols funded by UCT (e.g. departmental funding / student research) and by certain grant funding organizations (e.g. MRC, NRF, CANSA) are exempt from these charges.

Please provide details for Invoicing, either complete section 1 or 2 :

1. Invoice billing – Directly to Sponsor

Sponsor's name	NA
Billing Address of Sponsor:	NA



Vat Number:	
Contact person	
Telephone number	
Email Address	
2. Internal Journal Billing:	
Fund Number:	
Cost Centre Number:	
Account Holder Name:	
Division of Account Holder:	

2. List of documentation included to support this approval where applicable

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3. Protocol status (tick ✓)

<input type="checkbox"/>	Open Enrolment
<input type="checkbox"/>	Closed to enrolment (tick ✓)
<input type="checkbox"/>	Research-related activities are ongoing
<input type="checkbox"/>	Research-related activities are complete, long-term follow-up only
<input type="checkbox"/>	Research-related activities are complete, data analysis only
<input checked="" type="checkbox"/>	Main study is complete but sub-study research-related activities are ongoing
<input type="checkbox"/>	Publication or thesis submitted and final completion?
<input type="checkbox"/>	Study is closed → Please submit a Study Closure Form (FHS010)

4. Enrolment

Number of participants enrolled to date	27
Number of participants enrolled, since last HREC Progress report (continuing review)	None
Additional number of participants still required	None



5. Refusals

Total number of refusals (participants invited to join the study, but refused to take part)	17
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6. Cumulative summary of participants

Total number of participants who provided consent	28
Number of participants determined to be ineligible (i.e. after screening)	0
Number of participants currently active on the study	27
Number of participants completed study (without events leading to withdrawal)	27
Number of participants withdrawn at participants' request (i.e. changed their mind)	1
Number of participants withdrawn by PI due to toxicity or adverse events	0
Number of participants withdrawn by PI for other reasons (e.g. pregnancy, poor compliance)	0
Number of participants lost to follow-up. Please comment below on reasons for loss of follow-up.	NA
Number of participants no longer taking part for reasons not listed above. Please provide reasons below:	0

7. Progress of study

Please provide a brief summary of the research to date including the overall progress and the progress since the last annual report as well as any relevant comments/issues you would like to report to the HREC:	
Student completed her data collection and analysis in 2017. This was followed by a leave of absence in 2018, due to the birth of her child. Student registered in 2019, and continued write up of dissertation however from 2020 student could not register due to fees owed. Student is currently registered and has sent final draft to supervisors.	

8. Protocol violations and exceptions (tick ✓ all that apply)

<input checked="" type="checkbox"/>	No prior violations or exceptions have occurred since the original approval
<input type="checkbox"/>	Prior violations or exceptions have been reported since the original approval and have already been acknowledged or approved



	If so, did these occur in the last review period
<input type="checkbox"/>	Unreported minor violations that have occurred since the last review, as well as significant deviations not yet reported, are attached for review

9. Amendments (tick ✓ all that apply)

<input type="checkbox"/>	No Prior amendments have been made since the original approval
<input type="checkbox"/>	Prior amendments have been reported since the last review and have already been approved
<input checked="" type="checkbox"/>	New protocol changes/ amendments are requested as part of this continuing review (See note below)

Note: If new protocol changes are being requested in this review, please complete an amendment form (FHS006).

Specific changes in the amended protocol and consent/assent forms must be **bolded**, *italicised* or tracked and all changes must include a rationale.

10. Adverse events

10.1 Please provide below or attach a narrative summary of serious adverse events and/ or unanticipated problems since the last progress report. Please indicate changes made to the protocol and informed consent document(s) as a result (if not already reported to the HREC). Please comment on whether causality to any study procedure or intervention could be established.
NA

10.2 Have participants received appropriate treatment/ follow-up/ referral when indicated (e.g. in the case of abnormal or incidental clinical findings, distress or anxiety)?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable X
If yes, please describe:

11. Summary of Monitoring and Audit Activities (tick ✓)

11.1 Was this study monitored or audited by an external agency (e.g. SAHPRA, FDA)?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable X

11.2 Did a Data and Safety Monitoring Board publish a report?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable X

11.3 If yes, please identify the agency and attach a summary of the findings.						
<table border="1"> <tr> <td>Agency Name</td> <td></td> <td>Report attached</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> X Not applicable</td> </tr> </table>	Agency Name		Report attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X Not applicable
Agency Name		Report attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X Not applicable	



	DSMB report attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X	Not applicable
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11.4 Has there been any agency, institutional or other inquiry into non-compliance in this study, or any finding of non-compliance concerning a member of the research team?

Yes
 No X

If yes, please explain:

12. Level of risk (tick ✓)

12.1 In light of your experience of this research, please indicate whether the level of risk to participants has:

Increased
 Decreased
 Shown no change X

If there has been a change, please explain:

12.2 Please provide a narrative summary of recent relevant literature that may have a bearing on the level of risk.

Not applicable

13. Insurance

Please confirm that valid no fault insurance is still in place? (tick ✓)

Yes
 No X

If yes, please complete the following:

Insurer's name:			
Policy no.		*Coverage Period:	

For UCT sponsored studies please liaise the insurance office via fhs.sponsorship@uct.ac.za regarding the required documentation and information required obtain a renewed UCT No-fault Insurance Certificate.

14. Statement of conflict of interest



Has there been any change in the conflict of interest status of this protocol since the original approval? (tick ✓)	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No X
If yes, please explain and if necessary, attach a revised conflict of interest statement (Section #7 in the New Protocol Application Form FHS013):	
NA	

15. Signature

My required signature certifies that the above is complete and correct.			
Signature of PI	_____	Date	7/11/2024



Form FHS011: Study deviation

HREC office use only (FWA00001637; IRB00001938)

This serves as acknowledgement of a protocol deviation as described below.

Chairperson of the HREC signature/ Designee		Date	12/11/2024
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Note: Please note that incomplete submissions will not be reviewed. Please email this form and supporting documents (if applicable) in a combined pdf-file to hrec-enquiries@uct.ac.za. Our website address: <https://health.uct.ac.za/home/human-research-ethics>

Principal Investigator to complete the following:

1. Protocol information

Date (when submitting this form)	4 November 2024	HUMAN RESEARCH ETHICS COMMITTEE 12 NOV 2024 HEALTH SCIENCES FACULTY UNIVERSITY OF CAPE TOWN
HREC REF Number	614/2017	
Project Title	Investigating a community's perceptions of how South African Police Service respond to and engage with illicit substance use and users: a case study of Delft.	
Protocol number (if applicable)	L0005/2016	
Principal Investigator	Prof Leslie London	
Department and Email address	Division of Public Health, School of Public Health Medicine Leslie.london@uct.ac.za	

2. Protocol deviation description

Please describe the deviation below, including the reason why the deviation has occurred.

Student failed to renew ethical approval.

Student took leave of absence during 2018 due to pregnancy and failed to renew the ethics application for 2019. Student could not register since 2020 due to fees owed. Fees have been paid, and student is now able to submit her dissertation.

3. Follow-up actions

3.1 Please describe any follow-up action(s) taken or planned as a result of this deviation e.g. DSMB reporting, report to sponsor, informing participants.

None necessary. No data were collected nor analysis conducted during the period. Student continued with write-up of dissertation.



3.2 Please describe what action(s) have or will be taken to prevent similar deviations in future.
Student to submit thesis December 2024

4. Principal Investigator's acknowledgement of responsibility

The required signature indicates the PI has reviewed the deviation, taken appropriate follow-up action and implemented or plans to implement preventative steps where possible.

Signature of PI		Date	12 Nov 2024
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