



## Research paper

## Producing alcohol and other drugs as a policy ‘problem’: A critical analysis of South Africa’s ‘National Drug Master Plan’ (2013–2017)

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## ABSTRACT

**Background:** The strong symbolic value of illicit drug use makes it a contested issue, which attracts mixed public opinion, intense media attention and close political scrutiny. This means that the formulation of plausible, authoritative policies governing illicit drugs must navigate fraught political terrain. In a country like South Africa with its long unique history of institutionalised oppression of the black majority, the issues confronting drug policy are particularly complex and the need for carefully formulated policy responses especially urgent. Yet despite this, the area of drug policy development in South Africa has received little scholarly attention to date.

**Methods:** This paper explores the complexities of policymaking in the South African context by drawing on feminist scholar Carol Bacchi’s poststructuralist approach to policy analysis, which focuses on how policy helps to produce the problems it purports to solve. Taking as its empirical focus, South Africa’s current drug policy, the third National Drug Master Plan (NDMP), 2013–2017, the paper analyses how the policy constitutes the ‘problem of alcohol and other drugs’ (AODs).

**Results:** We identify three central policy proposals through which specific problematisations emerge: (1) the proposal that drug use is a global issue requiring a coordinated policy response, (2) appeals to evidence-based policy proposals and (3) the proposal that AOD ‘use’ and ‘abuse’ be treated interchangeably. We suggest that these proposals reveal a tendency towards inflating the ‘problem of AODs’ and thus work to justify punitive policy measures.

**Conclusions:** In an effort to explore the implications of particular problematisations for effecting social change, we clarify the ways in which the policy may work to undermine the interests of those it seeks to aid by reinforcing stigma and marginalisation.

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## Introduction

Given the controversy surrounding illicit drug use, the formulation of effective, credible policies governing such use must navigate complex political terrain. Policies are seen as needing to address public concern about illicit drug use as well as demonstrating a capacity to remedy the problems presumed to follow from drug use (Fraser & Moore, 2011). At the same time, the strong symbolic value of illicit drug use means it draws mixed opinion (Ritter, 2011) and policies can sometimes attract criticism for their tendency to pathologise people who use drugs, and stigmatise already marginalised communities (Buchanan & Young,

2000). In a country like South Africa with its unique history of social exclusion and political disenfranchisement of the black majority, the issues confronting policymakers are especially challenging and the need for carefully formulated policy responses are particularly pressing. In an effort to explore the complexities of policymaking in the South African context, we draw on feminist scholar Carol Bacchi’s poststructuralist approach to policy analysis, which offers tools for analysing the ways in which ‘problems’ are constituted within policies. Rather than accepting policy definitions of social problems, Bacchi’s ‘What’s the Problem Represented to be?’ (WPR) approach invites consideration of how particular issues are represented as ‘problems’ in policy. Doing so requires scrutiny of what counts as a ‘problem’ and the implications of particular problematisations for how governing takes place. This approach has been productively used to examine a variety of alcohol and other drug (AOD) policy issues (see e.g. Fraser & Moore, 2011; Lancaster & Ritter, 2014), and laws in the Australian context (Lancaster, Seear & Treloar, 2015; Seear & Fraser, 2014). It has

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also been applied in a cross-national comparison of recovery discourse in two Australian and British AOD policy reports (Lancaster, Duke & Ritter, 2015). Despite these important scholarly contributions to understanding the complexities of AOD policy-making in Western policy contexts, a critical analysis of AOD policy development in the South African context has yet to be undertaken. Alongside Bacchi's WPR approach, we draw on an analysis of rhetoric and an assessment of the objectives of South Africa's current AOD policy.

Drug policy in South Africa has historically been dominated by prohibitionist and supply reduction approaches aimed at achieving a drug free society (Otu, 2011; Parry & Myers, 2011). However, in the lead-up to the development of the third National Drug Master Plan 2013–2017 (NDMP) – South Africa's key national policy document – commentators called for a more nuanced harm reduction approach (Parry & Myers, 2011; Van Niekerk, 2011). Given these two different visions for AOD policy and the fairly recent adoption of the current NDMP, a critical analysis of South Africa's AOD policy is both timely and important. Following Bacchi's observation that policies are active in producing the problems they claim to address, we explore how the 'problem of AODs' has been articulated in South Africa's third NDMP, and with what potential effects for those governed by it. In doing so, we identify the discursive strategies used to render AODs (especially illicit drugs) a particular kind of 'problem', and clarify how this problematisation authorises certain measures as legitimate. As we do not have access to empirical data on the implementation of the NDMP, we do not seek to evaluate how the policy is being applied in practice, nor whether it is an effective means of governance. And while we make some tentative observations on the implications of this policy for those it targets, a thoroughgoing assessment of how specific policy practices affect the individuals and communities concerned requires further research. Nonetheless the arguments we develop are likely to be of interest both within and beyond the South African policy context in that they raise questions about the potential of policy to undermine the interests of those it seeks to aid – in this case people who use AODs – by reinforcing stigma and marginalisation.

## Background

Historically, drug policy in South Africa has been characterised by a prohibitionist and punitive stance, which has been institutionalised via South Africa's international agreements and domestic laws and policies (Myers, Louw & Fakier, 2008; Otu, 2011; Padayachee, 2001; Parry & Myers, 2011; Van Niekerk, 2011). South Africa is a signatory to the United Nations (UN) Single Convention on Narcotic Drugs, 1961 (Van Niekerk, 2011) and the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (Fellingham, Dhai, Guidozi & Gardner, 2012), both of which aim to prohibit production and supply of narcotic drugs. Upholding these international commitments while also being attentive to local needs has proved challenging, with prohibitionist treaties often seemingly winning out (Padayachee, 2001). The means by which South Africa translated its international commitment to prohibition into domestic law was through the *Drugs and Drug Trafficking Act 1992* (ZA). Primarily concerned with supply reduction through law enforcement measures, the Act prohibited the use, possession, sale and manufacture of 'any dependence-producing substance' (*Drugs and Drug Trafficking Act 1992*, p. 6). Notably, the dependence-producing substances listed did not include alcohol or tobacco, nor did the Act recognise that people could use drugs without becoming dependent. Indeed, the idea that drugs are dangerous to society underpinned the Act, and legitimised the design of a policy underpinned by the vision of a drug free society (Fellingham

et al., 2012; Parry & Myers, 2011). The focus on drug dependence is also evident in the *Prevention of & Treatment of Drug Dependency Act, 1992* (ZA), which sought to establish treatment and prevention programmes for drug dependence.

It is important to contextualise South African drug policy at the time against the backdrop of the racial segregation that occurred during apartheid. Under apartheid, people of colour were systematically excluded from opportunities available to white South Africans, and were forced to live in poor conditions in remote areas or townships on the urban fringe (Peltzer, Ramlagan, Johnson & Phaswana-Mafuya, 2010). While the apartheid regime established health and social services for whites, public services for the black majority were scant by comparison, the one exception being police and law enforcement resources, which were deployed primarily to maintain control over black South Africans (Peltzer et al., 2010). In relation to South Africa's drug policy under apartheid, it has been suggested that the apartheid regime may even have 'deliberately promoted drugs among the black and coloured communities as a strategy to fight back mounting oppositions to apartheid policy' (Otu, 2011, p. 381).

Since South Africa's transition to a non-racial democracy in 1994, impetus has grown to address social 'problems', including those associated with AOD use, through a social welfare approach (Geyer & Lombard, 2014). This is partially evident in the first National Drug Master Plan (NDMP), 1999–2004 (*Department of Welfare, 1999*), which emphasised the need not only to reduce supply, but also demand for AODs (Geyer & Lombard, 2014). The second NDMP, 2006–2011 (DSD, 2006) and the *Prevention and Treatment of Substance Abuse Act, 2008* (ZA), which supersedes the *Prevention of & Treatment of Drug Dependency Act, 1992* (ZA), also underscored the need to reduce demand for AODs and address AOD-related harms alongside supply reduction (Otu, 2011). Despite the apparent shift to a more multi-faceted policy approach, scholars have observed that the second NDMP retains the rhetoric of cultivating a 'drug free society' through law enforcement supply reduction measures (Parry & Myers, 2011). Otu (2011) notes that law enforcement activities have increased despite the inclusion of harm reduction strategies in the second NDMP, arguing that 'South Africa has seen soaring numbers of drug offences arrests, trials, convictions and incarceration' (p. 386). Moreover, as he points out, the majority of people in South Africa facing charges of drug offences are people of colour, leading him to argue that South Africa's drug policy has further entrenched apartheid-era racial inequalities.

While it has been claimed that the 'war on drugs' rhetoric resonates with both the public and political parties (Otu, 2011), commentators have levelled a number of criticisms at the second NDMP. Like the *Drugs and Drug Trafficking Act 1992* (ZA), it treats all AOD use as intrinsically harmful irrespective of drug type and individual patterns of use, prompting calls for a more nuanced policy approach (Parry & Myers, 2011; Van Niekerk, 2011). Often drawing on international examples, scholars have argued that criminalisation is neither evidence-based nor effective, stigmatises people who use drugs, neglects appropriate treatment responses, can result in corruption and vigilantism, and overburdens the criminal justice system (see Otu, 2011; Parry & Myers, 2011; Padayachee, 2001; Van Niekerk, 2011). Extending this critique, Myers et al. (2008) have commented on the absence of clear recommendations for AOD policy action in South Africa, alongside a lack of leadership and accountability to implement policy effectively.

The formulation of the third, and current, NDMP 2013–2017 presented an opportunity for the identified shortcomings of the previous policy to be addressed, although it is unclear to what extent they have informed the current policy. In 2011, the Central Drug Authority (CDA) and the Department of Social Development

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