

**EXPLORING THE EXPERIENCES OF SOCIAL
SERVICE PROVIDERS REGARDING THE
IMPLEMENTATION OF THE NATIONAL DRUG
MASTER PLAN (2013-2017)**

by

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The image shows the crest of Stellenbosch University, which is a shield with various symbols, including a book and a scale, surrounded by a banner. The crest is positioned in the background of the text.

**THIS IS PRESENTED FOR THE DEGREE OF
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***“For my mother, Roseline Kannemeyer,
and my grandmother, Lena de Koker”***

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ABSTRACT

National Drug Master Plans (NDMP's) are being implemented in the Republic of South Africa since 1999. NDMP's serve as the overarching and coordinating policy-plan to address and manage the substance abuse problem in the RSA. The NDMP for 2013-2017 is the third NDMP in the RSA and various professional disciplines and sectors deemed it as essential, since it was implemented in a time wherein the substance abuse problem of the country was raging.

NDMP's in the RSA are developed and implemented based on integrated and multi-sectoral service delivery, in order to address and manage the South African substance abuse problem. The wide spectrum of NDMP's and its newness in certain geographical areas and provinces of the RSA served as challenges to social service providers. The challenging experiences by social services providers regarding the implementation of NDMP's can be ascribed to their active involvement with the implementation of NDMP's in substance abuse service delivery.

The NDMP for 2013-2017 provoked a wide spectrum of reactions from professional disciplines and sectors that were role-players in the implementation of this plan. It was observed in the South African social work practice that many of the professional disciplines and sectors that were involved in the implementation of the NDMP for 2013-2017, approached social service providers for strategic guidance, professional support and theoretical expertise regarding their challenges, general experiences and concerns in relation to the implementation of this plan. There is a gap in literature regarding the experiences of social service providers regarding the implementation of NDMP's, and specifically the NDMP for 2013-2017. There is a continuous national concern regarding the implementation of future NDMP's as there is an intensification and negative diversification of the South African substance abuse problem.

This research study was implemented at a time of urgent need for professional guidance and support regarding the planning and implementation of future NDMP's in the RSA. There are currently no NDMP's in the RSA, as the previous NDMP's (the NDMP for 2013-2017) time frame for implementation lapsed. The NDMP for 2018-2022, is not yet finalized and endorsed by the South African National Assembly.

Therefore, the aim of this study was to explore the experiences of social service providers regarding the implementation of the National Drug Master Plan (2013-2017). In order to meet the aim of the study, four relevant objectives were formulated.

A qualitative approach with an exploratory and descriptive nature was utilised in this study. The researcher made use of purposive sampling to obtain the sample of 16 participants. Ethical clearance was obtained for this low-risk study. A semi-structured interview guide was chosen to collect the data. Interviews were audiotaped and transcribed. The data was analysed into four themes, namely (1) the perceptions and understandings of social service providers regarding the NDMP (2013-2017); (2) the feasibility and practicality of the NDMP (2013-2017); (3) an overview of the implementation of the NDMP (2013-2017) with specific reference to challenges experienced; and (4) an anticipation of the implementations of future NDMP's. Data verification was also done by ensuring as far as possible the truth value, applicability, consistency and neutrality of the study.

As observed in Social Work practice, various professional disciplines and institutions are desperate for strategic guidance for the implementation of future NDMP's and a professional interpretation of the implementation of the NDMP for 2013-2017. This research study thus attempted to describe the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. The conclusions and recommendations regarding this topic can hopefully be utilised for the implementation of future NDMP's.

OPSOMMING

Nasionale Dwelm Meesterplanne (NDMP's) word sedert 1999 geïmplementeer in die Republiek van Suid-Afrika. NDMP's dien as die oorkoepelende en koördinerende beleidsplan vir die aanspreek en bestuur van die dwelmproblematiek in die RSA. Die NDMP vir 2013-2017 is die derde NDMP in die RSA en is in verskeie professionele sektore en dissiplines beskou as noodsaaklik, aangesien dit geïmplementeer was in 'n tydperk waar die middelmisbruik-probleem in die land onbeheerbaar was.

Suid-Afrikaanse NDMP's is geskoei op integrale en multisektorale dienslewering vir die aanspreek en hantering van die probleme rondom middelmisbruik. Die breë spektrum van NDMP's en die nuutheid daarvan in sommige geografiese areas en provinsies is as uitdagend beleef deur maatskaplike diensverskaffers. Dié uitdagende ervarings deur maatskaplike diensverskaffers kan grotendeels toegeskryf word aan die feit dat hulle direk betrokke is by die implementering van NDMP's tydens dienslewering vir middelmisbruik.

Die NDMP vir 2013-2017 het wye spektrum reaksies ontlok in die verskeie professionele dissiplines en sektore wie rolspelers was in die implementeringsproses van hierdie beleidsplan. In die Maatskaplikewerk-praktyk in Suid Afrika is waargeneem dat baie van die professionele dissiplines en sektore wie betrokke was by die implementering van die NDMP vir 2013-2017, hul gewend het na maatskaplike diensverskaffers vir strategiese leiding, professionele ondersteuning en teoretiese kundigheid met betrekking tot hul uitdagings, algemene ervaringe en kommer rakende die implementering van dié plan. Daar is tans 'n tekort aan literatuur oor die ervaringe van maatskaplike diensverskaffers rakende die implementering van NDMP's en spesifiek die NDMP vir 2013-2017. Daar is toenemende nasionale kommer oor toekomstige NDMP's weens 'n skerp toename in middelmisbruik in Suid-Afrika.

Hierdie navorsingstudie is geïmplementeer in 'n tydperk waar dringende leiding nodig is vir die beplanning en implementering van toekomstige NDMP's in die RSA. Daar is tans geen NDMP in die RSA nie omdat die vorige beleidsplan (NDMP vir 2013-2017) se tydperk verstrek het en die volgende beleidsplan, die NDMP vir 2018-2022 nog nie voltooi en goedgekeur is deur die Suid-Afrikaanse Nasionale Vergadering nie.

Die doel van die studie was dus om die ervaringe van maatskaplike diensverskaffers aangaande die implementering van die NDMP (2013-2017) te ondersoek. Vier doelwitte is geformuleer ten einde die doel van die studie te bereik.

'n Kwalitatiewe benadering met 'n verkennende en beskrywende aard is gevolg in die studie. Die navorser het gebruik gemaak van doelbewuste steekproeftrekking om die steekproef van 16 deelnemers te bekom. Etiese klaring is verkry vir hierdie lae risiko studie. 'n Semi-gestruktureerde onderhoudskedule is benut om die data in te samel. Die onderhoude is opgeneem en getranskribeer. Die data is in vier temas verdeel, naamlik (1) die persepsies en insig van maatskaplike diensverskaffers van die NDMP (2013-2017); (2) die uitvoerbaarheid en praktiese aard van die NDMP (2013-2017); (3) 'n oorsig oor die implementering van die NDMP (2013-2017) met spesifieke verwysing na uitdagings wat ervaar is; en (4) die verwagtinge oor die implementering van toekomstige NDMP's. Data verifikasie is ook gedoen deur die geloofwaardigheid, oordraagbaarheid, betroubaarheid en bevestigbaarheid van die studie so ver moontlik te verseker.

Soos waargeneem in veral die Maatskaplikewerk-praktyk, is verskeie professionele dissiplines en instellings desperaat vir strategiese leiding vir die implementering van toekomstige NDMP's en vir 'n professionele vertolking van die implementering van die NDMP vir 2013-2017. Hierdie navorsingstudie het dus gepoog om die ervarings van maatskaplike diensverskaffers te beskryf. Die gevolgtrekkings en aanbevelings rondom hierdie onderwerp kan hopelik benut word met die implementering van toekomstige NDMP's.

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LIST OF ACRONYMS

ARA	Association for Responsible Alcohol Use
CTDCC	Cape Town Drug Counselling Centre
CDA	Central Drug Authority
CND	Commission on narcotic drugs
COA's	Children of alcoholics
DAB	Drug advisory board
DAP	Drug advisory programme
DSD	Department of Social Development
EST	Ecological systems theory
HOD	Head of department
IDP	Integrated development plan
LDAC's	Local drug action committees
MDMP's	Mini drug master plans
MEC	Member of the executive committee
NDMP	National Drug Master Plan
NGO's	Non-governmental organizations
PSC	Public service commission
PSAF's	Provincial Substance Abuse Forums
RSA	Republic of South Africa
SACSSP	South African Council for Social Service Professions
SALGA	South African Local Government Association
SANCA	South African National Council on Alcoholism and Drug Dependence
SUD	Substance use disorder
UNDCP	United Nations Drug Control Programme
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
UNGASS	United Nations General Assembly Special Session
UTC	Universal treatment curriculum
WC	Western Cape

TABLE OF CONTENTS

<i>Abstract</i>	<i>iii</i>
<i>Opsomming</i>	<i>v</i>
<i>Recognition and acknowledgements</i>	<i>vii</i>
<i>List of acronyms</i>	<i>viii</i>
<i>Table of contents</i>	<i>ix</i>
<i>List of figures</i>	<i>xv</i>
<i>List of tables</i>	<i>xvi</i>
CHAPTER 1 INTRODUCTION	1
1.1 PRELIMINARY STUDY AND RATIONALE	1
1.1.1 Provincial Substance Abuse Forums	2
1.1.2 Local Drug Action Committees	3
1.1.3 The implementation mandate of local municipalities to address the local substance abuse problem	4
1.2 PROBLEM STATEMENT	4
1.3 RESEARCH QUESTION, GOAL AND OBJECTIVES	5
1.3.1 Research question	5
1.3.2 Research goal	6
1.3.3 Research objectives	6
1.4 THEORETICAL POINTS OF DEPARTURE	7
1.5 CONCEPTS AND DEFINITIONS	7
1.6 RESEARCH METHODOLOGY	8
1.6.1 Research approach	9
1.6.2 Research design	10
1.6.2.1 Exploratory research design	10
1.6.2.2 Descriptive research design	11
1.6.3 Research sample	11
1.6.4 Instrument for data collection	13
1.6.5 Data analysis	13
1.6.6 Data verification	15
1.7 ETHICAL CLEARANCE	16
1.7.1 Informed consent	16
1.7.2 The right to privacy and voluntary participation	17

1.7.3	Right to privacy and confidentiality of data.....	17
1.7.4	Protection from harm.....	17
1.8	LIMITATIONS OF THE STUDY	18

CHAPTER 2 AN OVERVIEW OF SUBSTANCE ABUSE BY MEANS OF THE ECOLOGICAL SYSTEMS THEORY20

2.1	INTRODUCTION.....	20
2.2	THE ECOLOGICAL SYSTEMS THEORY.....	20
2.3	STRUCTURE OF THE ECOLOGICAL SYSTEMS THEORY	22
2.3.1	The micro system	22
2.3.2	The meso system	24
2.3.3	The exo system	25
2.3.4	The macro system	25
2.4	STRUCTURE OF THE REVISED ECOLOGICAL SYSTEMS THEORY	26
2.5	KEY CONCEPTS IN ECOLOGICAL SYSTEMS THEORY.....	28
2.5.1	The person: environment fit.....	29
2.5.2	Behaviour context.....	30
2.5.3	People, life situations and behaviour patterns.....	31
2.5.4	Structural causality	32
2.5.5	Adaptations	33
2.5.6	Mastery/competence	34
2.5.7	The concept of coping	36
2.5.8	Life stressors and stress	36
2.5.9	Family dynamics and behaviours.....	37
2.6	ECOLOGICAL SYSTEMIC RESPONSES TO SUD's.....	38
2.7	PERSONAL QUALITIES AND ENVIRONMENTAL RESOURCES.....	40
2.8	SUMMARY	41

CHAPTER 3 DISCUSSION OF THE NATIONAL DRUG MASTER PLAN (2013-2017) AND OTHER RELATED LEGISLATION AND POLICIES43

3.1	INTRODUCTION.....	43
3.2	ORGANIZED INTERNATIONAL STRATEGIES TO MANAGE SUBSTANCE USE DISORDERS.....	43
3.2.1	The United Nations Office on Drugs and Crime (UNODC)	44
3.2.2	The Colombo Plan.....	45

3.3	LEGISLATIVE FRAMEWORKS FOR NATIONAL DRUG MASTER PLANS.....	46
3.3.1	Legislative definition of a National Drug Master Plan.....	47
3.3.2	The central drug authority and its function to develop national drug master plans.....	47
3.3.3	The establishment and mandate of Provincial Substance Abuse Forums	49
3.3.3.1	The Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008): Provincial Substance Abuse Forums.....	49
3.3.3.2	The National Drug Master Plan (2013-2017): Provincial Substance Abuse Forums (PSAF's).....	51
3.3.4	The establishment and mandate of local drug action committees	52
3.3.4.1	The Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008): Local Drug Action Committees (LDAC's).....	52
3.3.5	Additional key roles in establishing, constituting and functioning of local drug action committees.....	53
3.3.6	The functions of Local Drug Action Committees	55
3.3.7	Legislative compliance to implement National Drug Master Plans.....	56
3.4	THE NATIONAL DRUG MASTER PLANS OF THE REPUBLIC OF SOUTH AFRICA.....	57
3.4.1	Former National Drug Master Plans.....	58
3.4.1.1	1999-2004: National Drug Master Plan	58
3.4.1.2	2006-2011: National Drug Master Plan	60
3.4.2	The 2013-2017: National Drug Master Plan.....	62
3.4.2.1	Background of the 2013-2017 NDMP	62
3.4.2.2	Objectives of the NDMP for 2013 -2017.....	63
3.4.2.3	The NDMP for 2013-2017's key challenges as identified in the review of the NDMP for 2006-2011	64
3.4.2.4	The integrated strategy of the NDMP 2013-2017.....	65
3.4.2.5	Application of an integrated strategy to the National Drug Master Plan for 2013-2017	67
3.4.2.6	The roles and responsibilities of Local Drug Action Committees regarding the implementation of the National Drug Master Plan for 2013-2017	69
3.4.2.7	The prescribed monitoring and evaluation component in the National Drug Master Plan for 2013-2017	69
3.4.2.8	Implementation evaluation of the National Drug Master Plan for 2013-2017	70
3.5	SUMMARY	72

CHAPTER 4 EMPIRICAL STUDY ON THE EXPERIENCES OF SOCIAL SERVICE PROVIDERS REGARDING THE IMPLEMENTATION OF THE NATIONAL DRUG MASTER PLAN (2013-2017)	74
4.1 INTRODUCTION.....	74
4.2 RESEARCH METHOD.....	75
4.2.1 Research approach	75
4.2.2 Research design	75
4.2.3 Sampling	75
4.2.4 Data collection.....	76
4.2.5 Data analysis.....	76
4.2.6 Ethical aspects	77
4.3 DEMOGRAPHICAL CHARACTERISTICS OF PARTICIPANTS.....	77
4.3.1 Language preference of participants.....	77
4.3.2 Years of experience in the social service professions.....	78
4.3.3 Employment positions in the work environment.....	79
4.3.4 Qualifications of participants	81
4.3.5 Gender of participants	82
4.3.6 Ages of participants.....	83
4.3.7 The involvement of participants in external substance abuse services	83
4.4 THEMES AND SUBTHEMES	84
4.4.1 Theme one: The perceptions and understanding of social service providers regarding the national drug master plan (2013-2017)	86
4.4.1.1 Subtheme 1: Understanding of the operations related to the NDMP for 2013-2017	86
4.4.1.2 Sub-theme 2: The extent to which employer organizations fully understood the NDMP for 2013-2017	91
4.4.2 Theme two: Feasibility and practicality of the National Drug Master Plan (2013-2017).....	95
4.4.2.1 Sub-theme 1: The feasibility, suitability and practicality of the NDMP for 2013-2017	96
4.4.2.2 Sub-theme 2: The inclusion of the NDMP for 2013-2017 in integrated development plans (IDP's) of municipalities.....	99
4.4.2.3 Sub-theme 3: The joint and cooperative implementation of the NDMP for 2013-2017 at a community level	104
4.4.3 Theme three: Overview of implementation of the National Drug Master Plan (2013-2017) with specific reference to challenges experienced.....	109

4.4.3.1	Sub-theme 1: Experiences of challenges at a micro system (i.e. individuals and their families)	110
4.4.3.2	Sub-theme 2: Experiences of challenges at a meso system (i.e. groups such as sports clubs and other services and activities in support of substance abuse services)	113
4.4.3.3	Sub-theme 3: Experiences of challenges at an exo system (social services and the comprehensiveness of the substance abuse problem)	116
4.4.3.4	Sub-theme 4: Experiences of the challenges at a macro systemic level (i.e. the culture of substance use/misuse)	118
4.4.4	Theme four: The anticipation of the implementation of future National Drug Master Plans.....	121
4.4.4.1	Sub-theme 1: The relevance of National Drug Master Plans to the substance abuse problem of the Republic of South Africa.....	122
4.4.4.2	Sub-theme 2: Key factors to be considered for future National Drug Master Plans in the Republic of South Africa	123
4.5	CONCLUSION	127
CHAPTER 5 CONCLUSIONS AND RECOMMENDATIONS		129
5.1	INTRODUCTION.....	129
5.2	CONCLUSIONS AND RECOMMENDATIONS	130
5.2.1	Profiling and characterizing participants.....	130
5.2.2	The perceptions and understanding of social service providers regarding the National Drug Master Plan (2013-2017) (Theme 1).....	131
5.2.3	The feasibility and practicality of the National Drug Master Plan (2013-2017) (Theme 2)	133
5.2.4	An overview of implementation of the National Drug Master Plan (2013-2017) with specific reference to challenges experienced (Theme 3).....	136
5.2.5	The anticipation of the implementation of future National Drug Master Plans (Theme 4).....	139
5.3	RECOMMENDATIONS FOR FURTHER RESEARCH	140
5.4	KEY FINDINGS AND MAIN CONCLUSIONS	141
REFERENCE LIST		143
ANNEXURE 1:	REC HUMANITIES: NOTICE OF RESEARCH STUDY APPROVAL	152
ANNEXURE 2:	SEMI-STRUCTURED INTERVIEW SCHEDULE FOR SOCIAL SERVICE PROVIDERS.....	154
ANNEXURE 3:	LETTER TO PARTICIPANTS REGARDING INFORMED CONSENT	156

ANNEXURE 4: INFORMED CONSENT FORM FOR PARTICIPANTS 158
ANNEXURE 5: INDEPENDENT CODER THEME VERIFICATION FORM 159
ANNEXURE 6: MEMBER VERIFICATION FORM..... 160
ANNEXURE 7: REFLECTION REPORT..... 161

LIST OF FIGURES

Figure 2.1:	Bronfenbrenner’s original ecological systems theory	22
Figure 2.2:	Bronfenbrenner’s revised ecological systems theory with specific reference to the inclusion of the chronosystem	26
Figure 2.3:	Bronfenbrenner’s revised ecological systems theory with specific inclusion of the techno-system	28
Figure 2.4:	The circle of courage (Chase, 2015)	35
Figure 3.1:	The integrated and balanced approach described by the NDMP for 2013-2017	66
Figure 3.2:	An illustration of the application of the NDMP for 2013-2017	67
Figure 4.1:	Language preference of participants (N=16)	78
Figure 4.2:	The qualifications of participants	81
Figure 4.3:	The gender of participants	82
Figure 4.4:	Number of participants involved in external substance abuse services	84

LIST OF TABLES

Table 4.1:	Years of experience of participants	79
Table 4.3:	The ages of participants	83
Table 4.4:	Themes and sub-themes	85

CHAPTER 1

INTRODUCTION

1.1 PRELIMINARY STUDY AND RATIONALE

In the last decade, substance abuse and addiction has escalated into a serious social problem in South Africa. The South African substance abuse problem needs to be addressed in the context of the *'world drug problem'* as the global drug abuse challenge encompasses the South African region as well. According to the World Drug Report (2016:12), 247 million individuals globally used a substance in 2016; 29 million suffered from a drug use disorder and a mere 1 out of 6 individuals who had a drug use disorder globally, accessed treatment in the same year. The World Drug Report (2016:19) further argued that although the toll taken by the drug problem may vary in size and shape across countries (both developed and developing), it remains a global problem irrespective of varying contributing factors. The aforementioned World Drug Report also stipulates that vulnerability to drugs, be it in terms of cultivation, production, trafficking or use can exist in countries at any level of development.

In her foreword of the National Drug Master Plan for 2013-2017 (NDMP, 2013), the National Minister of Social Development at the time, Minister Bathibile Dlamini, acknowledged that the impact of alcohol and substance abuse continues to ravage South African families, communities and societies (NDMP, 2013). Furthermore, the NDMP (2013:2) stipulated that the government of the Republic of South Africa demonstrated their commitment in addressing the scourge of substance abuse by a special intervention implemented by the office of the President of the Republic in the community of Eldorado Park, Johannesburg in the Gauteng Province.

At the 2nd Biennial Anti-Substance Abuse Summit held in Durban (Kwazulu-Natal, South Africa), the former President of South Africa, President Jacob Zuma; pledged his support, that of the Parliament, national and provincial authorities to combat substance abuse in South Africa (NDMP, 2013). The aforementioned commitments by the National Ministry of the Department of Social Development and the office of the President of South Africa harmonizes with Section 3, Chapter 2 of the Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008) as seen by the

following statement: *'The Minister and Ministers responsible for Departments and Organs of state listed in Section 53 (2) (a) to (t) must take reasonable measures within the scope of their line functions and available resources to combat substance abuse through the development and coordination of interventions that fall into three broad categories namely: demand, harm and supply reduction'*. It is for the aforementioned reason, that the Central Drug Authority is legally constituted in terms of Section 53 of the Act for the Prevention of and Treatment for Substance Abuse to coordinate and manage all interventions in terms of substance abuse strategically at a national level (Act 70 of 2008, 2008:30). According to the Act for the Prevention of and Treatment for Substance Abuse (2008:32), the overarching role of the Central Drug Authority is to oversee and monitor the implementation of the NDMP (2013-2017). The NDMP (2013-2017) confirms the aforementioned in Chapter 2, wherein the roles and responsibilities of the Central Drug Authority is extensively discussed (NDMP, 2013:23). Equally pivotal to the Central Drug Authority and the combat of substance abuse is the establishment and functioning of Provincial Substance Abuse Forums.

1.1.1 Provincial Substance Abuse Forums

According to the Act for the Prevention of and Treatment for Substance Abuse (70 of 2008:33), the Member of the Executive Committee (MEC) must establish a Provincial Substance Abuse Forum for his or her province. The NDMP (2013-2017) harmonizes with the above-mentioned act, when it states that Provincial Substance Abuse Forums must be established and directly refers to the aforementioned act. Furthermore, the researcher analysed that the Act for the Prevention of and Treatment for Substance Abuse (2008:33) and the NDMP (2013:127) describe the roles, functions and responsibilities of the Provincial Substance Abuse Forums as coordinating and supporting in the addressing of substance abuse in provinces. Moreover, section 58 (c) and (d) of the Act for the Prevention of and Treatment for Substance Abuse (2008:33) mandates Provincial Substance Abuse Forums to compile integrated mini drug master plans for provinces and assist Local Drug Action Committees in the performance of their functions. The researcher analysed that the Provincial Substance Abuse Forums play a crucial role in the combat of substance abuse at a provincial level, specifically in relation to provincial coordination of strategies and interventions to address substance abuse and the linkage with the Central Drug Authority. On the

other side of the spectrum, the establishment of roles and responsibilities of Local Drug Action Committees is equally pivotal, as this structure is the closest formal contact to communities where substance abuse services are needed and is seen as the frontline to the combat of substance abuse.

1.1.2 Local Drug Action Committees

The Act for Prevention of and Treatment for Substance Abuse (2008:34) states that a municipality must establish a local drug action committee to represent itself, and to give effect to the mini drug master plan. The NDMP (2013:127) concurs with the above-mentioned act, and directly places the onus on the Mayors of municipalities to establish local drug action committees. Moreover, local drug action committees in municipalities are mandated by the Act for the Prevention of and Treatment for Substance Abuse (2008:35) to execute the following functions:

- Ensure that effect is given to the NDMP in the relevant municipality.
- Compile an action plan to combat substance abuse in the relevant municipality in cooperation with provincial and local governments and implement the action plan.
- Ensure that its action plan is in line with the priorities and objectives of the integrated mini drug master plan and that it is aligned with the strategies of government departments.

The above-mentioned functions of local drug action committees are directly linked to its purpose in local municipalities.

The crucial responsibility of local municipalities in the establishment and management of local drug action committees, with specific reference to the execution of the NDMP (2013-2017) are stressed by both the Act for the Prevention of and the Treatment for Substance Abuse (2008:34) and the NDMP (2013:127-128). The NDMP's (2013-2017) implementation ended in 2017 and one can analyse a wide spectrum of dynamics in terms of its implementation. The above-mentioned plan prescribes that monitoring and evaluation of the implementation of the plan is executed in terms of the following focus areas: programme performance, organizational performance, financial performance and community needs (NDMP, 2013:107-108).

1.1.3 The implementation mandate of local municipalities to address the local substance abuse problem

Local municipalities must manage the substance abuse problem at a local level as a policy-related and legislative mandate (Act for the Prevention of and Treatment for Substance Abuse, 2008:34; NDMP, 2013:127). The secretariat of the Western Cape Provincial Substance Abuse Forum (Pepper, 2017), openly admitted in an interview that the forum is severely challenged with regards to local municipalities, in terms of the establishment of local drug action committees, their functioning and implementation of the NDMP (2013-2017). The secretariat of the Western Cape Provincial Substance Abuse Forum, furthermore, admitted that social service providers currently play a key role in the establishment of local drug action committees and the overall implementation of the NDMP (2013-2017) at a community level (Pepper, 2017).

The researcher observed that there is no exploration regarding the experiences of social service providers with the implementation of the NDMP (2013-2017). The researcher furthermore ascertained in practice that social service providers played a key role in educating professional and lay service providers in the field of substance abuse at a community level, advocating for the implementation of the NDMP (2013-2017) and assisting with the implementation of the NDMP (2013-2017). It therefore stands to reason that social service providers may have a wealth of experiences to share, regarding the implementation of the NDMP (2013-2017) that remains unexplored nor described on an in-depth level. Based on the preliminary literature review described above and the current research problem, the researcher was able to formulate a problem statement.

1.2 PROBLEM STATEMENT

Babbie and Mouton (2007:72) view the research problem as an integral part of the research process. An even clearer description is provided by Kumar (2005:192), who explains that the research problem should focus on a central theme, while identifying the gaps in the existing body of knowledge. The researcher formulated the following research problem, based on the research topic and specifically based on the initial literature review as discussed in the previous section: The experiences of social

service providers regarding the implementation of the National Drug Master Plan (2013-2017).

The researcher could not find any literature or research evidence exploring and describing the experiences of social service providers with the implementation of the NDMP (2013-2017), inclusive of the Western Cape. A need to explore the experiences of social service providers regarding the implementation of the NDMP (2013-2017), was therefore identified as the focus for this proposed research study, in an attempt to suggest recommendations to address the scourge of substance abuse in the Republic of South Africa. Therefore, the problem statement that was investigated in this research study was: *'The experiences of social service providers regarding the implementation of the National Drug Master Plan (2013-2017)'*.

1.3 RESEARCH QUESTION, GOAL AND OBJECTIVES

The research question, goal and objectives of this study will be presented subsequently.

1.3.1 Research question

Maree and Pietersen (in Maree, 2007:145) refer to the research process and note that, once the research problem was identified, a research question or hypothesis should be formulated. The aforementioned authors explained that the choice and/or formulation between a research question and a hypothesis, will assist the researcher to develop a research plan.

A *research question* relates to the research goal and attempts to find answers regarding the research problem (Maree & Van der Westhuizen in Maree, 2007:30). A need to explore the experiences of social service providers regarding the implementation of the NDMP (2013-2017) was identified in the problem statement. The researcher therefore opted to make use of a *research question* to address the research problem.

To have a better understanding of the experiences of social service providers regarding the implementation of the NDMP (2013-2017), the following research question was formulated for this study:

What are the experiences of social service providers regarding the implementation of the National Drug Master Plan (2013-2017)?

1.3.2 Research goal

Ivankova, Creswell and Plano Clark (in Maree, 2007:276) refer to a research goal as the purpose of a research study. The aforementioned authors explained that it should provide a clear description of the intention of a study, and the subsequent reasons behind the study. In the latter Babbie and Mouton (2007:79), stipulated that social research serves many purposes, amongst which: to explore, describe and explain remains essential. For the purpose of this research study, and based on the research question, the following *research goal* was identified: *To develop an in-depth understanding of the experiences of social service providers regarding the implementation of the National Drug Master Plan (2013-2017).*

1.3.3 Research objectives

Fouché and Delport (in De Vos, Strydom, Fouche & Delport, 2011:04), explained that the objectives of a research study should be focused on the concrete steps to be followed to attain the research goal. Following the research goal, the *research objectives* were as follows:

- To provide an overview of substance abuse by means of the ecological systems theory (EST).
- To discuss the National Drug Master Plan (2013-2017), related legislation and policies by means of a literature study.
- To explore and describe the experiences of social service providers regarding the implementation of the National Drug Master Plan (2013-2017) by means of semi-structured personal interviews.
- To suggest recommendations to policymakers, social welfare service planners, social service providers, establishers and coordinators of local drug action committees and all implementers of National Drug Masters Plans, regarding effective solutions to enhance the implementation of national drug master plans.

1.4 THEORETICAL POINTS OF DEPARTURE

The National Drug Master Plan for 2013-2017, formed the basis for this proposed research study, especially in terms of its purpose and directive for the implementation of interventions to address substance abuse (NDMP, 2013). The ecological systems theory (EST) was also chosen as a theoretical framework to give an overview of substance abuse for the purpose of this study (Bronfenbrenner, 2005). Furthermore, the Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008, 2008) was utilised as a legislative framework. The Western Cape Provincial Blueprint on Substance Abuse was further utilised as a guiding document for the state of substance abuse and related services rendered within the province (Western Cape Provincial Blueprint on Substance Abuse, 2010). Research (Whiting, 2014) attested that the institutional mechanism to manage substance abuse in the Republic of South Africa should be reviewed, and the researcher attempted to do this review in the research study. Geyer and Lombard (2014) found that NDMP's should be developed by the utilizing a social development approach as the social service profession can be valuable in the implementation of the comprehensive multi-sectoral intervention NDMP's require to manage the substance abuse problem of the RSA.

There is a wide spectrum of experiences of social services providers regarding the implementation of the NDMP for 2013-2017. It is for the aforementioned reason that it was important to explore and describe the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. Furthermore, the researcher viewed the utilisation of the above-mentioned policies, legislation and hence identified a scholar's thesis as important for the proposed research study. The aforementioned scholar's thesis assisted to structure a theoretical milieu for this research study as the implementation of the NDMP for 2013-2017 entailed a comprehensive response to the South African substance abuse problem in its entirety, inclusive of the particular research problem to be investigated.

1.5 CONCEPTS AND DEFINITIONS

The researcher viewed the definition of the term substance abuse as an important point of departure within the proposed research study. The Act for the Prevention of and Treatment for Substance Abuse defined *substance abuse* as the sustained or

sporadic excessive use of substances and includes any use of illicit or unlawful use of substances (2008:37).

The researcher found it challenging to define a social service provider in the context of the Republic of South Africa, as literature, relevant legislation and relevant policies lacked such a definition. To define a social service provider, the researcher opted to make use of the White Paper for Social Welfare (1997). The White paper for Social Welfare (1997:100) identifies social development workers and other categories of personnel as social workers, social auxiliary workers, community development workers, child and youth care workers and other categories. Social development workers may be deployed to perform both specialist, generalist and developmental roles and may receive either formal or informal training; and may in some cases be accredited by an approved authority (White Paper on Social Welfare, 1997). For the purpose of this research study, social service providers were social development workers in the context of the Republic of South Africa.

One of the foundation concepts is a *National Drug Master Plan* that lacks a proper definition in the Act for the Prevention of and Treatment for Substance Abuse (2008). On the other side of the spectrum, the NDMP (2013:28) defines a *Drug Master Plan* as a single document that is adopted by government and which outlines all national concerns regarding drug control, it summarizes national policies authoritatively, defines priorities and allocates responsibility for drug control efforts. Furthermore, the aforementioned plan stipulates that a *Drug Master Plan* is a national strategy that guides the operational plans of all government departments and other entities involved in the reduction of the demand for or the supply thereof and the associated harms associated with the use and abuse of, and dependence on substances.

1.6 RESEARCH METHODOLOGY

The discussion that follows provides a description of the methodology that is proposed to be utilised for the purpose of this research study.

1.6.1 Research approach

Research studies could be basic or applied in nature. Bless, Higson-Smith and Kagee (2006:44) explained that *basic research* is used when the researcher aims to contribute to the development of human knowledge and understanding of a specific phenomenon. The acquiring of knowledge is the main aim, while the application of this acquired knowledge is of little concern. This study falls in the ambit of *basic research*, seeing that it contributes to the knowledge base relating to the experiences of social services providers regarding the implementation of the NDMP for 2013-2017. The exploration and description of these experiences could assist the researcher to make recommendations that could assist the entire professional sector that has to manage the substance abuse problem.

The types of research discussed above could be implemented from a qualitative or a quantitative research approach, or a combination of the above (Creswell, 2009:3). The *qualitative research approach* is used to answer questions about the complex nature of social issues and phenomena and assists the researcher to develop a better or in-depth understanding of this issue/phenomenon under investigation. This approach is less structured and makes use of inductive reasoning. The latter implies that there is a movement from the specific to the general (Creswell & Poth, 2018; Leedy & Omrod, 2005:94-97). Kumar (2005:12) also argues that the qualitative research approach is more flexible (therefore less structured than the quantitative research approach) and adds that this approach has an explorative nature to assist in the development of knowledge and understanding.

Based on the basic nature of this study (as described at the beginning of this section) and the identified need to explore and describe the experiences of social service providers regarding the implementation of the NDMP for 2013-2017, the researcher chose the qualitative research approach with some quantitative elements as a suitable framework for the purpose of this proposed research study. Mouton and Marais (in De Vos et al., 2011:74) explained that the procedures of the qualitative research approach are not as strictly formalised, the scope is more likely to be undefined, whilst a more philosophical mode of operation is adopted. Fortune and Reid (in De Vos et al., 2011:74) postulated that the following characteristics are inherent to the qualitative research approach:

- The researcher attempts to gain a first-hand, holistic understanding of phenomena of interest by means of a flexible strategy of problem formulation and data collection, shaped as the investigation proceeds.
- Methods such as participant observation and unstructured interviewing are used to acquire an in-depth knowledge of how the persons involved construct their social world.
- As more knowledge is gained, the research question may shift, and the data collection methods may be adjusted accordingly.
- Qualitative methodology rests on the assumption that valid understanding can be gained through accumulated knowledge acquired first-hand by a single researcher.

The researcher proposed to use the qualitative research approach, since the characteristics of this approach suited the nature of the research problem to be investigated.

1.6.2 Research design

Kumar (2005:195) links a research design to the chosen research approach. The author explains that the research design refers to the details of the procedures that will be followed, within the framework of the research approach. The procedures include the population and sampling, the data collection and the data analysis (De Vos et al., 2011).

Within the framework of the proposed qualitative research approach of this research study, the researcher opted to make use of *the exploratory and descriptive designs* to assist him to conduct this study, as explained below.

1.6.2.1 Exploratory research design

The exploratory research design is used when little knowledge about a social issue/phenomenon exists and often serves as a prelude to further research studies (Bless et al., 2006:470). Alston and Bowles (2003:34) explain that, although often used together with other research designs, this research design should be viewed as a design in “its own right” as it assists the qualitative researcher in developing an in-

depth understanding of social issues/phenomena. The researcher established that literature and previous studies provided a very limited focus on the experiences of social service providers regarding the implementation of the NDMP 2013-2017. In order to make recommendations in relation to the experiences of social service providers regarding the implementation of the NDMP 2013-2017, an exploratory research study could assist in the development of a better understanding of the above-mentioned experiences. The exploratory research design is often used together with the descriptive research design (Alston & Bowles, 2003:34). The researcher also chose the latter research design for this proposed study.

1.6.2.2 Descriptive research design

Rubin and Babbie (2005:125) explain that the explorative and descriptive research designs have similarities in terms of the development of a better understanding of social issues/phenomena. The descriptive research design is specifically used to provide the researcher with a framework from which a thick description of the meaning attached to a specific issue/phenomenon could be developed. Following the exploration of the experiences of social service providers regarding the implementation of the NDMP 2013-2017, the researcher's goal includes that the data obtained from this exploration would be described in order to make recommendations to the professional sector involved with substance abuse services. These included policy makers, social welfare service planners, social service managers, social service providers and all role-players involved in the rendering of substance abuse services at a community level.

1.6.3 Research sample

Maree and Pietersen (in Maree, 2007:172) describe the *population* of a research as all the people/objects related to the research topic. The population of a research study therefore refers to people and/or objects that are the focus of the specific study (Bless et al., 2006:98). The following population was identified for the purpose of this research study: social service providers that renders substance abuse services and who are involved in the substance abuse service delivery field. The researcher therefore utilised social service providers that render a professional service in the substance abuse field within various service sectors, i.e. non-governmental organizations,

government departments, non-profit companies, organized substance abuse forums and social workers in private practice. All prospective participants were contacted via telephone and/or electronic mail in their personal professional capacity outside the boundaries of their organization where they are employed, as will also be discussed in Chapter 4.

Time and cost restraints, however, made it impossible for a researcher to collect data from the whole population (Maree & Pietersen in Maree, 2007:172). A *sample* is a subset of elements drawn from the population in which the researcher is interested. It is important to use a sample that is representative of the population (Bless et al., 2006:98). In order to obtain a representative sample, the researcher identified the following criteria for inclusion in the study. Participants should:

- Be a social service provider currently working full time or part time in the substance abuse field.
- Be involved in substance abuse services, full time or part time in at least one of the following intervention systems: micro, meso and macro system practice inclusive of services in a policy development environment.

In order to obtain the above sample, the researcher employed the *non-probability method of sampling*. When using this method of sampling, the “odds of being selected” as well as the sample size cannot be determined beforehand (Gravetter & Forzano, 2003:118). Typical techniques associated with the non-probability sampling method include accidental, purposive, quota, snowball and theoretical sampling techniques (Unrau, Gabor & Grinnell, 2007:280). The researcher opted to make use of the *purposive sampling technique*. According to Rubin and Babbie (2005:247) in purposive sampling, the researcher makes use of his/her own judgement regarding who would be best equipped to answer the research question. The criteria for the inclusion in the sample influences this choice, as was the case in this study.

The researcher was not able to determine the *size of the sample*, as characterised by the non-probability sampling method described above. The researcher made use of data saturation, which meant that he continued with data collection until no more new data emerged, as will also be elaborated on in Chapter 4 (Bless et al., 2006:108). The method of data collection will be discussed below.

1.6.4 Instrument for data collection

Qualitative data collection takes place through interaction with the participants in their natural environment (Nieuwenhuis in Maree, 2007:78). Greeff (in De Vos et al., 2011:342) describes interviewing as the “predominant mode of data collection in qualitative research”. Interviews can take place on a one-on-one basis (i.e. between the researcher and a participant) or in a group format (i.e. as a focus group discussion).

The researcher opted to make use of *personal interviews* with mostly open-ended questions as a method of data collection for the proposed research study. The personal interviews were *semi-structured* in nature (See Annexure 2). Nieuwenhuis (in Maree, 2007:87) explains that semi-structured interviews provide the researcher with an interview schedule, without limiting the course of the interview. The researcher obtained rich data using semi-structured personal interviews that described the experiences of social service providers regarding the implementation of the NDMP for 2013-2017 (Greeff in De Vos et al., 2011:360). The researcher audio-taped the semi-structured personal interviews. The audio recordings were transcribed by the researcher after the interviews were conducted.

De Vos, Strydom, Fouché and Delport (2011:331) stipulate that it is imperative to conduct a pilot study, whether it is a qualitative or a quantitative study that’s undertaken. Royse (De Vos et al., 2011:331) states that the purpose of a pilot study is to determine whether the relevant data can be obtained from the participants. The researcher conducted a pilot study as part of the proposed research study pertaining to the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. Two participants formed part of the pilot study that also met the criteria for inclusion (Lourens & Bedeker, 2007).

1.6.5 Data analysis

Shurink, Fouché and De Vos (in De Vos et al., 2011:399) describe qualitative data analysis as a process where a range of strategies are used to organise the data. The researcher made use of the stepwise framework proposed by Tesch (in Creswell, 2009:186) to ensure that the organisation and analysis of the qualitative data was conducted in a scientifically sound manner. These steps are:

- The researcher forms an overall picture obtained by carefully reading through all the transcripts and jots down in writing the ideas that emerged.
- The first transcript is then selected and read once more. The researcher asks him/herself: “What is this about?” Thoughts are plotted in a margin.
- The rest of the transcripts are overviewed by working in the same way. Next, a list is made of all the topics indicated in the margin. Similar topics are grouped together into columns, which consist of main topics and sub-topics.
- The list of topics and sub-topics is returned to the transcripts. Codes are given to the topics and sub-topics are added along the appropriate segments in the text. There is also at this stage, a check-out for new/hidden topics or codes.
- The most descriptive wording is selected for topics and converted into categories. Similar topics are sub-themed under the relevant category.
- A final decision is made regarding which categories to be included.
- Corresponding data is placed under each category to highlight the themes and sub-themes.
- The themes and sub-themes are then discussed and described.

The researcher applied these steps during data analysis. The researcher thus utilised themes to categorise the data in order to ensure that the full spectrum of the experiences of social service providers regarding the implementation of the NDMP 2013-2017 was covered. The following themes were identified by the researcher:

- The perception and understanding of the national drug master plan (2013-2017)
- Feasibility and practicality of the national drug master plan.
- Overview of implementation of the national drug master plan with specific reference to challenges experienced.
- Anticipation of implementation of future national drug master plans.

1.6.6 Data verification

The researcher also ensured that the qualitative data collected was verified. The verification included verifying the data against the literature and the researcher embed it in larger theoretical perspectives (De Vos et al., 2011:402). Qualitative researchers often do not view the traditional criteria for “good research”, namely internal and external validity; reliability and objectivity as appropriate Schurink (in de Vos et al., 2011:419). Schurink (in De Vos et al., 2011:419-421) refer to Guba’s model (in Krefting, 1991:214-222) as a means for the qualitative researcher to ensure the quality of a research study. The researcher made use of the criteria, as described by Guba (in Krefting, 1991:214-222) to ensure that the data collected was verified as indicated below.

- **Truth value:** De Vos et al. (2011:419) refers to the terms “credibility and authenticity”. The aforementioned authors recommend that the researcher ensures that the topic and participants in a study is accurately identified and described. The truth value was enhanced by using the interviewing techniques advised for qualitative research, as well as triangulation methods of data collection (i.e. individual interviews).
- **Applicability:** Transferability assists the qualitative researcher to ensure the applicability of a research study (De Vos et al., 2011:420). The applicability of a research study refers to the degree to which the findings of the research study are applicable to other contexts or groups. The researcher enhanced the applicability of this study through a dense description of the research methodology, as well as a thick description of data collected during the interviews.
- **Consistency:** Guba (in Krefting, 1991:216) mention that the qualitative researcher must ensure that the “findings would be consistent if the inquiry were replicated with the same subjects or in a similar context” to ensure consistency. De Vos et al. (2011:420) refer to the dependability of the research study in terms of whether the research process was well documented and audited. In this study, the researcher made use of a dense description of the research method, literature control after narratives were transcribed and an independent coder in order to ensure consistency (See Annexure 5).

- **Neutrality:** The neutrality of a qualitative research study refers to the conformability of the study (de Vos et al., 2011:421). Guba (in Krefting, 1991:216-217) explains that neutrality in qualitative research studies should reflect the neutrality of the required data, rather than that of the researcher. Regarding neutrality, the researcher made use of field notes, transcripts of the semi-structured personal interviews, an independent coder (Annexure 5) and member checking. Three participants read through the transcribed interviews to ensure that the transcriptions were a true reflection of the interviews (see Annexure 6). In addition to the aforementioned, the researcher had regular contact with his supervisor to ensure that his personal views did not affect the research process, collection and organising of data or writing of the research document. He wrote a brief reflection report regarding his own views on the research topic (see Annexure 6).

1.7 ETHICAL CLEARANCE

Strydom (in De Vos et al., 2011:113) refers to ethical practice in social research in terms of mutual trust, acceptance, cooperation, well-accepted conventions and expectations between all parties involved in a research project. Ethical clearance was obtained for this study (see Annexure 1). The following ethical aspects were considered in this study:

1.7.1 Informed consent

Grinnell and Unrau (2008:37) explain that the participants must have the right to choose what should happen to them and what not. In order to make such a choice, the participants should receive all the information related to the research project. In this regard, Leedy and Ormrod (2005:101) suggest that participants should be provided with information regarding: The purpose and nature of the research, the right to participate voluntary, the procedures that were followed, the advantages and possible disadvantages of participation, and the credibility and role of the researcher were all addressed in this study (see Annexure 3). All participants who took part in this study gave their informed consent (see Annexure 4).

1.7.2 The right to privacy and voluntary participation

The informed consent forms (Annexures 3 and 4) indicated that participation was voluntary. The researcher also ensured the privacy of the participants. The privacy of the participants included that they had the right to decide whether they wanted to participate, as well as how they wanted to participate and at what venue, they wanted the interview to be conducted (Strydom in De Vos et al., 2011:119). The researcher also made sure that participants knew that they could withdraw their participation at any time from the interviews without any consequences.

1.7.3 Right to privacy and confidentiality of data

Privacy also refers to confidentiality of the data. The use of audio-tape recordings, the transcripts of the interviews as well as the field notes should not be available to any person not agreed upon by the participant (Strydom in De Vos et al., 2011:119). The researcher informed the participants that only the researcher, his study leader and independent coder would have direct access to the content of the interviews (i.e. the transcripts). Furthermore, all data are safely stored.

Tesch (in Creswell, 2009:186) notes that the researcher can make use of a coding system to protect the identity of the participants. Marshall and Rosman (in De Vos et al., 2011:338) postulate that coding can take several forms and the choice remains that of the researcher. The researcher applied the principle of confidentiality in this study and did not reveal any identifying particulars of participants. The information that participants conveyed were not linked to their personal identity but a coding system. The researcher thus documented the information in the research report with reference to the coding system and not the personal identity of the participants.

1.7.4 Protection from harm

Babbie (2007:27) explains that social research should not bring physical or emotional harm to participants. The author explains that it is easier to ensure that no physical harm will be inflicted by the research study than it is to ensure the protection from emotional harm.

The researcher was aware that the interviews focus on professional experiences could be inter-related with personal experiences and reflections. It is for the aforementioned reason that the researcher attempted to protect the proposed research study environment. The aforementioned is inclusive of electronic protection of participant's data during analysis on the researcher's computer as data will always remain confidential. Furthermore, the researcher declares that his computer is password protected and that participants' data are properly stored under the aforementioned password protection. The researcher in addition, also acted within the framework of the ethical practice in Social Work in terms of the professional code of ethics, as he is a social worker, registered at the South African Council for Social Services Professions in accordance with Act 110 of 1978.

1.8 LIMITATIONS OF THE STUDY

There are certain limitations of the study and these are furnished below:

- As this was a qualitative study, the findings of this study cannot be generalised.
- The sample of this study was also small, although rich data was obtained.
- The study was only conducted in the Western Cape and no other regions in the Republic of South Africa.
- There was no pilot study conducted, although the semi-structured interview guide was sufficient to collect data and no changes were necessary.
- There was also not a vast amount of literature cited in this study, although the researcher read extensively on this topic and the literature cited proved to be relevant and suitable for this study.
- Another limitation is that some of the literature is not recent. However, the researcher attempted to consult the most recent literature on this topic.
- The researcher did not distinguish between social workers and other social service providers in the empirical investigation. Although this would have added value to the study, the data collected was still rich and applicable to social workers and other service providers in the substance abuse field.

- Only four themes were in the empirical investigation. This however did not affect the quality of data and the four themes were applicable to the implementation of the NDMP (2013-2017).

This proposed research study will comprise of four chapters. The content of each of these chapters is indicated below.

Chapter 1 provided the reader with the introduction, the theoretical background and rationale for this study. The research problem, research question and the research goal and objectives were provided; together with a description of the research methodology that was chosen for the purpose of this research study, the ethical considerations and the key concepts. Furthermore, chapter one also included a description of the limitations of research study.

Chapter 2 will entail a detailed literature review to provide the reader with a comprehensive background in literature on substance abuse and substance use disorders through the ecological systems perspective (EST) and herewith develop a theoretical context for the empirical study.

Chapter 3 will continue with a detailed literature review to provide the reader with a comprehensive background in literature on the NDMP for 2013-2017, relevant legislation and policies and assisted to develop and contributed to a theoretical context for the empirical study.

Chapter 4 focus on the empirical study implemented by the researcher and will describe the sample, data obtained, verified and analysed.

Chapter 5 will focus on the conclusions based on findings as well as recommendations to the professional sector involved in substance abuse services, in particular to policy makers, social service planners, social service managers and social service providers.

CHAPTER 2

AN OVERVIEW OF SUBSTANCE ABUSE BY MEANS OF THE ECOLOGICAL SYSTEMS THEORY

2.1 INTRODUCTION

The previous chapter provided an overview of the research plan and methodology. Equally important to the research plan and methodology is a theoretical framework to create a better understanding of substance use disorders (SUD's) within a South African context. A better theoretical understanding of the SUD problem will assist in understanding the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. The researcher opted for a pre-chosen theoretical position that informed the chosen topic that were researched and against which findings were substantiated and justified (De Vos et al., 2011:299).

The researcher chose the ecological systems theory as the theoretical framework for this study to provide an overview of SUD's. This chapter motivates the suitability of the ecological systems theory to effectively describe SUD's in a South African context and the relevance of its philosophical underpinnings and concepts that structured a theoretical milieu for the study.

2.2 THE ECOLOGICAL SYSTEMS THEORY

Adaptations of the ecological systems theory, originating in biology, make a close conceptual fit with the 'person-in-environment' perspective (Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen, 2013). These authors furthermore state that system models were first created in the natural science discipline and that ecological theory developed from the environmental movement in biology. An understanding of the origin of ecological systems theory will contribute to a richer understanding of this chosen theory in the human and social science. The ecological systems theory was originally formulated to explain how the inherent qualities of a child and his environment interact to influence how he will grow and develop (Bronfenbrenner, 1979a; Psychology notes, 2013). Bronfenbrenner (2005) argues that the relationship between a person and their environment can only be understood in terms of the

reciprocal nature of the person-environment relationship. Hepworth et al. (2013) supported Bronfenbrenner's (2005) argument by acknowledging the importance of environmental factors in the lives of individuals and the way individuals interact with their environment.

The ecological systems theory has been selected as the most suitable theoretical framework to explain and describe SUD's in order to understand the ecology of the spectrum of systems related to SUD's as a social problem. In this study, an explanation of SUD's within the context of the ecological systems theory will contribute to an effective understanding of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. The NDMP (2013) defines a national drug master plan as an integrated strategy to be cooperatively implemented by various role-players and systems in communities to address and manage a SUD problem in a coordinated manner. It stands to reason that the ecological systems theory, with specific reference to its original meaning and view of systems in society, is suitable to explain SUD's in order to ensure an effective understanding of the NDMP for 2013-2017), and the mandate it gives to a wide spectrum of role-players that were responsible to implement this NDMP. In addition, an explanation of SUD's in an ecological systems theory context has the probability to ensure a better understanding, exploration and description of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017.

In this study, the ecological systems theory will be practically utilized to effectively understand SUD's in a South African context, although the ecological systems theory is traditionally viewed as an ecological metaphor in the human and social sciences (Bronfenbrenner, 1979b; Bronfenbrenner, 2005; Bronfenbrenner, 2018). The aforementioned will ensure a contemporary explanation of SUD's in a South African context and formed the milieu for the exploration and description of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017.

2.3 STRUCTURE OF THE ECOLOGICAL SYSTEMS THEORY

From an ecological perspective, the societal systems affected by substance use disorders is as follows: micro system, meso system, exo system and macro system.

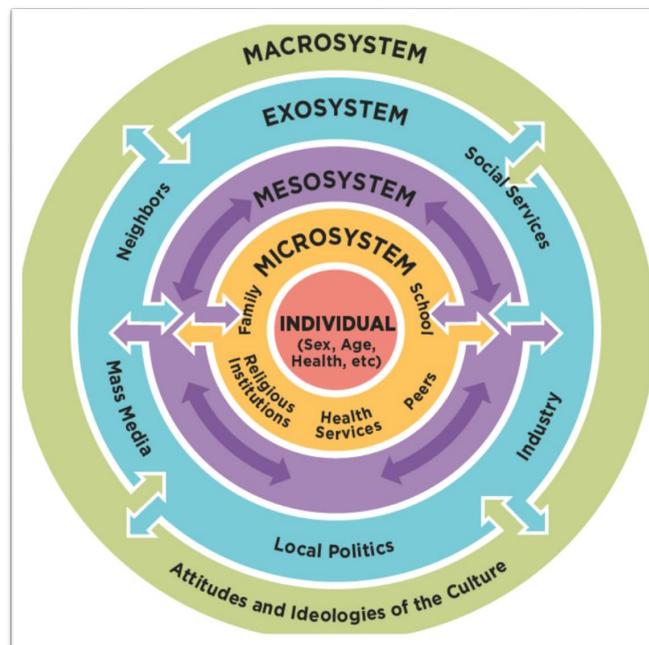


Figure 2.1: Bronfenbrenner's original ecological systems theory

Source: Bronfenbrenner (1979b)

2.3.1 The micro system

When Figure 2.1. is perused it can be observed that Bronfenbrenner (1979a) included the individual, families and societal systems and resources such as religious institutions, schools and health services as part of the micro system. The structures, resources, persons and institutions that forms part of the micro system are ecological elements that have an immediate and direct impact on a child's development and in an individual's life (Bronfenbrenner, 1979a; Johnson & Yanca, 2010). Gitterman and Germain (2008) is of the opinion that interactions in the micro system is two-way and involves bidirectional activities. A micro system in a SUD context could be an individual that is addicted to an illicit substance that resides with his family. The micro system of an individual with a SUD could consist of all individuals, his or her family, subsystems and environmental resources that he or she utilizes on a bidirectional level (Bronfenbrenner, 1979a).

On the other side of the spectrum and based on the contemporary nature of the SUD problem, it stands to reason that it is pivotal to acknowledge negative interactions and dysfunctional transactions within the micro system. Hepworth et al. (2013) reason that any gaps in the environmental resources, limitations of individuals who need or utilizes these resources or dysfunctional transactions between individuals and environmental systems threaten to block the fulfilment of human needs and lead to stress or impaired functioning. For the purpose of this research study, the SUD problem at a local level could be identified as dysfunctional transaction in micro systems with specific reference to progress in the addiction process, by means of recurring and an increased use of substances, and its detrimental effect on social functioning in the micro system. Walsh (2004) acknowledges that both risk and resilience are viewed in the light of multiple recursive influences, and that human functioning and dysfunction are seen as resulting from interaction of individuals, families and stressful life experiences and social contexts.

Families as a unit in society are included in the ambit of a micro system (Bronfenbrenner, 1979a). It is essential to acknowledge that families as a unit in society are adversely affected by SUD's. The Department of Social Development, in its white paper on families (2012:11), argues that it is challenging to define a family and to acknowledge the concept as an international working definition. The Department of Social Development continues to define a family as a societal group, that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and which go beyond a particular physical residence (DSD White Paper on Families, 2012).

The Department of Social Development furthermore identifies a family as the smallest unit in society (DSD White Paper on Families, 2012). This definition of the family concurs with the definition by Bronfenbrenner, which includes the family in the ecological systems theory's micro system (Bronfenbrenner, 1979a). For the purpose of this research study, individuals and their families are included in the micro systems of communities which are adversely affected by SUD's, along with all its negative ecological elements in the society.

2.3.2 The meso system

The meso system illustrated in Figure 2.1., as originally developed by Bronfenbrenner (1979), refer to all the social systems (individuals, families, groups and institutions) that have a continuous and direct influence on the life of the individual. Bronfenbrenner (2005) argues that the meso system is the set of micro systems constituting the individual's developmental niche in each period of development, and the interrelations among major settings containing the developing person at a particular point in his or her life. It is pivotal to acknowledge that in a SUD context, a meso system may consist of a transaction between the individual with a SUD problem, his or her family comprising the micro system, and the illicit networks providing addictive substances in the ecological environment.

A study (Adger, McDonald & Wenger, 1999) found that children of alcoholics (COA's) are considered to be at high risk to develop a SUD, because there is a greater likelihood that they will develop alcoholism when compared to a randomly selected child from the same community. Adger et al. (1999:3) argues that COA's and children of other substance abusing parents are especially vulnerable to the risk of maladaptive behaviour, because they have combinations of many risk factors present in their lives and tend to identify the behaviour related to the substance use disorder of their parents as potent to them. Subsequently, a follow up study (Adger, McDonald, Robinson & Wenger, 2004), found that children and adolescents in families that abuse substances are at an increased risk of abusing substances themselves. Adger et al. (2004) postulates that children and adolescents in families that abuses substances are more prone to be abused, to exhibit depression, anxiety, to be truant and drop out of school. The aforementioned findings and views of the scholars is a classic example of how substance use disorders can cause adverse reciprocal interactions and repercussions between micro systems within a meso system. For the purpose of this research study, the meso system will refer to and entail the family members of a person with a SUD and the circle of friends he or she administrates the substances of his or her choice in. The meso system in the context of this research study will furthermore entail the systems such as the person with the SUD's employer, religious fraternities and personal support structures. Social work services at this level entails group work (Hepworth et al., 2013).

2.3.3 The exo system

The exo system illustrated in Figure 2.1. in Bronfenbrenner's theory (1979a) describes an ecological system that the individual is not actively involved in, although this system influences the individual while interacting with micro and meso systems. Bronfenbrenner (2005:3) postulates that the exo system is composed of contexts that, while not directly involved in the life of the developing person, have had an influence on the person's behaviour and development. The exo system is an extension of the meso system, embracing specific social structures, both formal and informal, that do not in themselves contain the developing person, but serve to rather impinge upon or encompass the immediate settings in which the person is found and thereby delimit, influence, or even determine what goes on in the person's life (Bronfenbrenner, 2005:4). Consequently, the exo system include persons, institutions, organizations and social systems that the individual does not have direct contact with.

Furthermore, Bronfenbrenner (1979a) argues that an exo system refers to an ecological setting that does not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting that contains the developing person. For example, ecological systems that form the exo system could be the employer and working hours of the partner of an individual with a SUD, thus impacting the individual and the other members of the family. An exo system could also be the illegal source producing and providing an illicit synthetic substance, accessed by an adult with a SUD and later adversely impacting the minor children of the adult. For the purpose of this research study an exo system will refer to local social services, local government and political activities, formal organizations, legislation and policymakers, which are viewed in the SUD context.

2.3.4 The macro system

The macro system (see Figure 2.1.) in its original definition, refers to the superordinate level of the ecology of human development, it is the level involving culture; macro-institutions (e.g. the federal government) and public policy (Bronfenbrenner, 2005:8).

The macro system influences the nature of interaction in all other levels of the ecology of human development (Bronfenbrenner, 2005). The macro system is furthermore described as the system that encapsulates wider social policy and socio-cultural

setting and includes the ideological, customary and legal norms. The macro system influences all the other levels of the environment (O'Donoghue & Maidment, 2005 in Nash, Munford & O'Donoghue, 2005:32-49). The importance of the macro system and its significant impact on all the other ecological systems are acknowledged by Bronfenbrenner (2005). For the purpose of this research study, a macro system will refer to national-, provincial-, local government and policymakers in the SUD field, who are significantly influencing the other ecological systems.

2.4 STRUCTURE OF THE REVISED ECOLOGICAL SYSTEMS THEORY

It is imperative to take note of the systems that were not included in Bronfenbrenner's (1973) original ecological systems theory namely the chronosystem and techno-system.

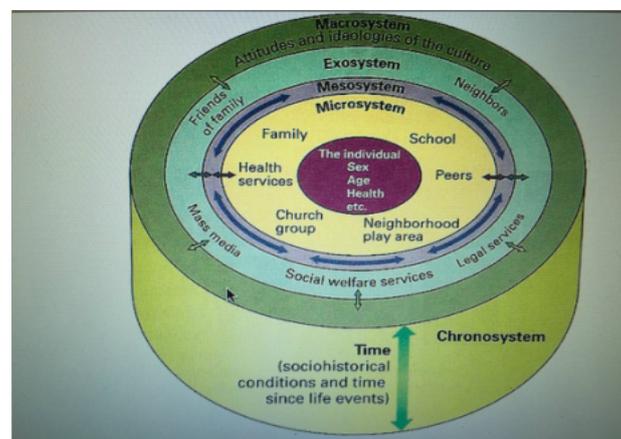


Figure 2.2: Bronfenbrenner's revised ecological systems theory with specific reference to the inclusion of the chronosystem

Source: Santrock (2007)

The chronosystem is a system that is less visible in society compared to the other systems in the ecological systems theory and are an accounting of the variable of time on all the four other systems. The passage of time gives contour to the processes of human development in spectacular ways that are worthy of marvel (Hess & Schultz, 2008 in Kraus, 2008:52-82). Shaffer and Kipp (2010:65) state that a chronosystem entails changes in the individual or the environment that occurs over time and which influences the direction in which development takes place. Equally important, is noting

that a chronosystem involves an interlinkage with a specific process, person, context and time that moderates change across the life course (Bronfenbrenner, 2005:7).

It is imperative to acknowledge the unique interactions or proximal processes that occurs between individuals and their environments, as this directly influences social functioning and may entail a negative fit. Bronfenbrenner (2005) defines proximal processes as specific interactions between persons and their environments related to time. It stands to reason that chronosystems have a pivotal role in our understanding of SUD's, as individuals with SUD's and their families encounter this problem by being in a specific ecological process, in a certain context over a period of time. Furthermore, it is important to take cognisance of the SUD problem that has a specific impact on the proximal processes of the individual that may adversely affect his or her social functioning and human development. For the purpose of this research study, the chronosystem will specifically refer to the occurrence and development of the SUD problem over a specific period of time in the life of the individual, his or her family and in the communities at large (Hess & Schultz, 2008; Shaffer & Kipp, 2010).

On the other side of the spectrum, it's important to view Bronfenbrenner's ecological systems theory in a contemporary context. The aforementioned can be linked with the concept of time and ecological changes which are related to the chronosystem that forms part of the ecological systems theory (Bronfenbrenner, 2005). It is for the aforementioned reason, that the techno-system was added as a 6th ecological system to Bronfenbrenner's theory (Johnson & Puplampu, 2008). The techno-system is defined as a dimension of the micro system that consists of a child's interaction with both living (e.g. peers) and non-living (e.g. hardware) elements of communication, information and recreation technologies in direct environments (Johnson & Puplampu, 2008). A study (Reynolds & Mitchell, 2017 in Kopala & Keitel, 2017:18-25) proved how the techno-system represents the way technology mediates our direct interactions with our world and one another. It is pivotal to understand the presence of the techno-system and its impact in the daily lives of individuals in contemporary contexts. For the purpose of this research study, the techno-system would refer to the presence and promotion of both licit and illicit substances via media platforms, computers, internet, on portable devices, social media, television and on cellular telephones.

Furthermore, the techno-system would also refer to the structured awareness programmes and other professional and lay-activities through technological platforms to reduce the harms associated by both licit and illicit substances (Johnson & Pupilampu, 2008).

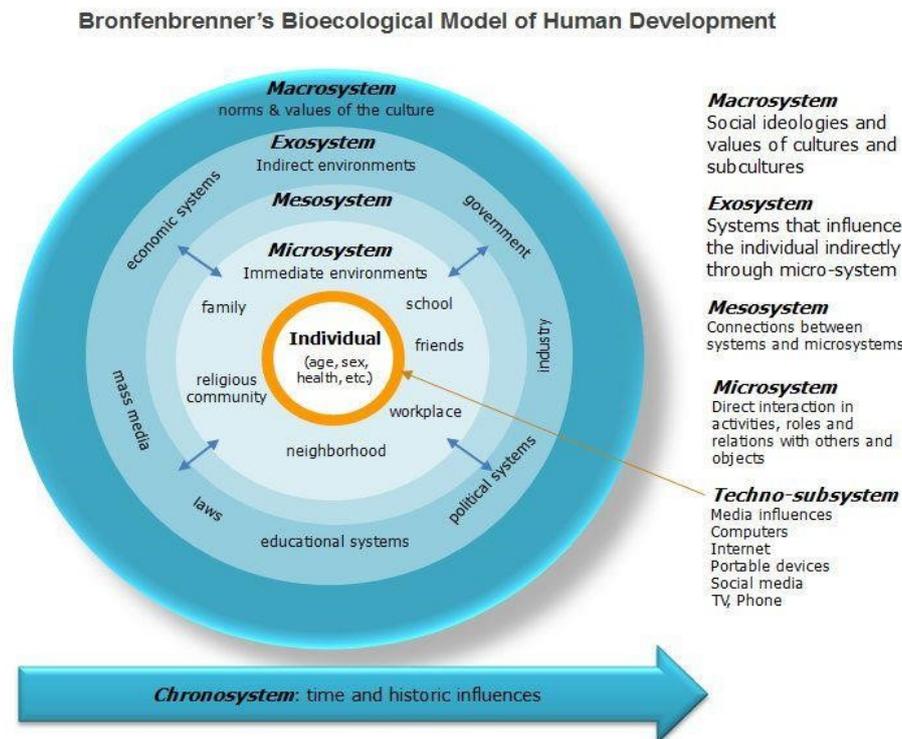


Figure 2.3: Bronfenbrenner's revised ecological systems theory with specific inclusion of the techno-system

Source: Johnson and Pupilampu (2008)

2.5 KEY CONCEPTS IN ECOLOGICAL SYSTEMS THEORY

The ecological systems theory has various key concepts that is pivotal to understand in order to have a holistic and correct understanding of the theory. The SUD field with its wide spectrum of elements that manifests in the different ecological systems, may be challenging to understand. It is for the aforementioned reason that the ecological systems theory's key concepts will be explained next.

2.5.1 The person: environment fit

The central idea of the ecological systems theory in its original form entails an individual that functions in his or her environment and the reciprocal processes that occurs at different ecological systems (Bronfenbrenner, 1979b). Gitterman and Germain (2008) further argues that ecological thinking focuses on the reciprocity of person: environment exchanges in which each shape and influences the other over time. Various levels of fit between people's needs, goals, rights, their environment's qualities and processes; in a historical and cultural context may be achieved by making changes in the self, the environment or both in order to improve or sustain the level of fit (Gitterman & Germain, 2008). A study (Su, Murdock & Rounds, 2015 in Hartung, Savickas & Walsh, 2015:81-98) proved that individuals seek out and create environments that allow them to behaviourally manifest their traits (e.g. dominant individuals seeks leadership positions), the extent to which individuals fit their work environments has significant consequences (e.g. satisfaction, performance, stress, productivity and turnover), with better fit associated with better outcomes. It stands to reason that the developing individual's existence strongly relates to personal behavioural traits and both positive and negative reciprocal interactional consequences.

Walsh (2016:7) therefore argues that the Chinese symbol for the word crisis is a composite of two characters namely, threat and challenge, and highlight that the aforementioned composite does not include opportunity as commonly mistakenly translated. An individual may not wish for misfortune, but the paradox for resilience is that an individual's worse times can also bring out his or her best as he or she rise to meet the challenge (Walsh, 2016).

The person: environment fit is particularly applicable to a SUD problem and context as a person with a SUD, experiences this unique problem in a specific environment that entails negative emotions, behaviours, stressors and often destructive elements and dynamics. An initial negative person: environment fit may be observed especially in an active addiction process in the life of an individual with a SUD and related family life. The aforementioned negative person: environment fit in the context of SUD's strongly relates to a crisis as described by Walsh (2016), as it stands to reason that a decision to rise up to address and manage a SUD may bring out the best in an

individual with the SUD. This may be true of a community in collaboration with organized structures and organizations that align itself strategically to effectively manage SUD's at various levels in the community, e.g. a local drug action committee and organized responses by relevant service providers to manage SUD's in their community.

For the purpose of this research study the 'person: environment' concept refers to individuals with a SUD who seek to sustain their problem by focusing on the continuous access to resources in this regard. This 'particular person: environment' situation is worsened when the individuals become accommodated to their environment in relation to the abuse of, and addiction to substances and who have a wide spectrum of resources aiding them to sustain their SUD. On the other side of the spectrum, this research study acknowledges the continuous bidirectional reciprocal processes, in positive and negative forms, between individuals with SUD's and their environment. Furthermore, this research study acknowledges the formal alignment of communities in collaboration with organized structures and organizations to effectively manage SUD's in the community.

2.5.2 Behaviour context

A specific relationship between an individual and his or her environment are marked as significant in the ecological systems theory and forms one of the central ideas of this theory. Bronfenbrenner (2005) stipulates that human development takes places through processes of progressively more complex reciprocal interaction, active evolving bio-psycho-social human organism and the individuals, objects and symbols in its immediate external environment. Such enduring forms of interaction are referred to as proximal processes (Bronfenbrenner, 2005). For the purpose of this research study it is pivotal to apply the behaviour context concept to the SUD context.

Meyers and Dick (2013) state that alcoholism runs in families and that this is likely a result of the transmission of genetics as well as the familial environment. The aforementioned scholars emphasized the importance of realizing that SUD's should be seen in the context of the individual's environment that he or she habituates and the SUD related influence of the particular environment in the life of the individual. The environment's SUD related influence harmonizes with Bronfenbrenner's (2005)

proximal processes. It therefore stands to reason that in specific environments and ecological contexts, SUD's are prevalent and have an adverse impact in the lives of individuals. On the other side of the spectrum, it's pivotal to acknowledge the adverse impact of an individual's SUD in his or environment with specific reference to the contemporary nature and contexts of SUD's. For the purpose of this research study the behaviour context concept would refer to the reciprocal impact of SUD's related to both the individual and the environment. This research study acknowledges the presence of both licit and illicit substances in South African communities, the increasing prevalence of SUD's and an increased culture of the normalization of both illicit and licit substance use as highlighted by several authors (Doweiko, 2012; Kail & Cavanaugh, 2010; Le Noue & Riggs; Mahlangu, 2016; Slabbert, 2015; Temmingh & Myers, 2010).

2.5.3 People, life situations and behaviour patterns

The third concept that forms part of the ecological systems theory is people, life situations and their behaviour patterns.

This ecological concept relates to Walsh's (2016:4-5) argument of the concept of resilience as a term that originates in the physical science and means the capacity of an object, when stretched, to return to its original form like a spring or an elastic band. It is unrealistic to expect people to bounce right back when faced with serious life challenges. More often, suffering and struggle are experienced in forging resilience (Walsh, 2016).

Furthermore, Walsh (2016:5) argues that the capacity to rebound should not be misconstrued as simply breezing through a crisis unscathed by painful experience. In our understanding of adversity, we must be cautious not to blame those that are unable to overcome adversity by themselves, especially when they are struggling with overwhelming conditions beyond their control (Walsh, 2016). It is pivotal to take cognisance of SUD's that are characterized by stress, hopelessness, powerlessness, social and emotional marginalization and a spectrum of adverse emotions often beyond the control of the individual with the SUD due to emotional dysregulation (Plüddemann, Dada, Parry, Bhana, Bachoo, Perreira, Nel, Mncwabe, Gerber, & Freytag, 2010; Swanepoel, Geyer & Crafford, 2016; SACENDU, 2018). Therefore,

there is value in acknowledging that individuals with SUD's often cannot manage the problem and rehabilitate on their own, and do not breeze through a process of positive change without being scathed and experiencing pain. Walsh (2016:6) acknowledges that individuals are embedded in families and in larger communities. This socio-centric view of human experience recognizes our essential interdependence for mutual support in troubled times and the power in collaborative efforts in overcoming life's adversities (Walsh, 2016).

The context of SUD's always entails an individual with a SUD as a life situation or problem that is accompanied by a certain set of behaviours that is usually destructive and adverse in nature. Furthermore, acknowledgement is given to groups of individuals, e.g. families with life situations (e.g. a family member with a SUD present in the household) that are confronted by the dire effects of the detrimental behaviours related to the SUD in the context of the family life.

When people, life situations and behaviour patterns are viewed in the context of SUD's, it stands to reason that the concept of people, life situations and behavioural patterns are valuable to obtain a better understanding of SUD's in general. The primary reason for the aforementioned is that SUD's always affects individuals from all walks of life who are challenged by the SUD in various forms, degree of difficulty and intensities that is associated with a wide spectrum of destructive behavioural patterns. Moreover, the aforementioned situation always presents itself in the various ecological systems present in the lives of individuals, families and the community at large. This research study acknowledges that SUD's entail people with a certain life situation that disrupted their ecological transaction and proximal processes that led to the presentation of adverse behavioural patterns, and that they are able to utilize human resilience to manage and rehabilitate from the SUD (Bronfenbrenner, 2005; Moyana, 2019; Walsh, 2016).

2.5.4 Structural causality

Saleebey (2001) postulates that social work is a profession that is interested in understanding the elegant and often confusing interactions and transactions between people and their environments, the relationship between human development and environmental supports and barriers. Ecological thinking focuses on the reciprocity of

person-environment exchanges, in which each shape and influences the other over time (German & Gittermain, 1996, cited in Saleeby, 2001). Structural causality is applicable to the social work profession in that it endeavours to understand and formulate effective interventions for the SUD problem. All professional activities aimed at responding to SUD's, start by exploring and understanding the elegant and confused interactions and transactions related to SUD's in the lives of individuals, families and communities at large.

The structural causality in this research study would refer to the various interactions, transactions, human development, environmental support and barriers in the lives of individuals with SUD's, their families and within the community at large (Johnson & Yanca, 2010; Saleeby, 2001; German & Gittermain, 1996). An individual with a SUD might have strained relationships with his or her significant other and would be marginalized from his or her environment due to the adverse effect of the SUD problem. In a situation like the aforementioned, it might occur that the individual with a SUD experiences stressful interaction, transactions and a spectrum of barriers, while functioning in his or her environment due to the adverse effect of the SUD (Jacobs, 2018; Myers, Louw & Fakier, 2007). This research study acknowledges the relevance of structural causality as an ecological concept that forms part of the ecological systems theory to secure a better understanding of SUD's.

2.5.5 Adaptations

Saleeby (2001:206) refer to the principle fascination of the ecological systems theory as the binding together of individuals and their environments. The ecological systems theory seeks to understand how well individuals adapt to the challenges of their natural, built (physical and human-made constructions) and social environments. In considering the person: environment fit, adaptation is a pivotal idea and an active dynamic process (Saleeby, 2001). Adaptations include the concept of defences that is described as an adaptive struggle, wherein perceived peril or real attack are central elements. A sense of danger and anxiety runs high. Defence related behaviours are usually inflexible and are not a matter of conscious choice, e.g. an individual's immediate response to a sudden confronting natural disaster (e.g. a tornado) might be dazed, disorientated, numb, unresponsive, wandering aimlessly perhaps through rubble (Saleeby, 2001).

Interestingly, Saleeby (2001) contextualizes the aforementioned in the social science by stipulating that the aforementioned kind of numbing may well characterize the individual's response to other life challenges, thus giving it a kind of cumulative aftermath. The aforementioned is pivotal for both the social work profession as a discipline in the social science, and the SUD context because of the transactional disruption individual and social problems cause in the lives of individuals, families and the community at large. Furthermore, it is pivotal to realize that the disruptive nature of SUD's has an adverse undulated effect on the transactions and proximal processes between the individual, his or her significant others and the specific environment of habitation (Miller & Rollnick, 2013; Maxwell, 2014). This research study takes cognisance of the unique adaptations that usually occurs in the life of an individual with a SUD, in his or her family life and in the community at large (Rounds & Tracey, 1990; Saleeby, 2001).

2.5.6 Mastery/competence

The concept of mastery in the social science has its origins in the circle of courage, a theory widely utilized in social work to better understand the complexities of social problems and phenomena. Competence in traditional cultures, e.g. early native and Indian Americans, is ensured by guaranteed opportunity for mastery. Children were taught to carefully observe and listen to those with more experience. People with greater ability were viewed a model for learning, not as rivals (Chase, 2015). Each person strives for mastery in order to grow personally, but not to be superior to someone else.

Humans have an innate drive to become competent and solve problems. With success in surmounting challenges, the desire to achieve is strengthened (Chase, 2015). Mastery is one of the ecological concepts that stands central to an individual's desire for successful and effective transaction and proximal processes with and in his or her environment. The aforementioned is also true for individuals with a SUD that may later experience a desire to positively change and become sober by reaching sobriety from the substances of choice.

Below is an illustration of the circle of courage with specific reference to mastery as understood and practiced by early native and Indian Americans.



Figure 2.4: The circle of courage (Chase, 2015)

Figure 2.4 illustrates the circle of courage with specific reference to mastery as applicable to the ecological systems theory and this research study. Saleeby (2001) applies mastery to the social work context, by postulating that mastery refers to the conscious development or elaboration of strategies to deal with problems that have a certain manipulative and cognitive complexity, but which are not freighted with overwhelming or intense anxiety or emotions. The shift from toddling to walking and running, if not made difficult by interfering stressors (e.g. an insistent, demanding parent relatively insensitive to the tempo and pace of the child's adaptive endeavours), can be a transition that provides a satisfying emotional, behavioural, and cognitive base for future attempts at control over developmental and environmental transitions and challenges. In a sense, mastery of increasingly complex and demanding tasks and environments is what development is about (Saleeby, 2001).

Mastery is a key ecological concept to obtain a better understanding of SUD's, with specific reference to the positive shifts and transition that needs to be made through proximal processes in order to obtain ecological balance and an effective fit after active addiction, when recovery and sobriety are reached. Furthermore, mastery is also applicable to the social work profession, with specific reference to the SUD sector, that

continuously endeavours to formulate and streamline professional helping response to address and manage the SUD problem (Bronfenbrenner, 1979; Chase, 2015; Saleeby, 2001).

2.5.7 The concept of coping

The concept of coping is perceived as relatively important in the ecological systems theory as it relates directly to the way in which individuals relate to their unique situations and environments. Saleeby (2001) reason that coping refers to fairly drastic changes, some expected, some not, in the internal and external environment that defy the usual ways of behaving and require the development of a range of new behaviours. Saleeby (2001) furthermore stipulates that environmental factors that requires the development of new behaviours, often prompt a range of difficult feelings such as agitation, uncertainty, anguish, anxiety, dread, guilt and grief depending on the nature of the situation.

The concept of coping strongly relates to the ecology of SUD's, as coping stands central to any context that entails a SUD. The mere presence of a SUD in the life of an individual, his or her family and the community at large, requires coping at any given time, be it active addiction or recovery. It stands to reason that SUD's would always require individuals, families and the community at large to cope. This research study acknowledges the importance of the concept of coping and reasons that the SUD situation in the Republic of South Africa requires increased levels of coping to manage the continuous intensification of the problem. It is for the aforementioned reason that this research study will endeavour to assist with the aforementioned situation and ultimately contribute to the concept of coping by making recommendations for the implementation of national drug master plans (SACENDU, 2016).

2.5.8 Life stressors and stress

Life stressors and stress is pivotal to understand, as their interpretation is crucial to form a structured view of SUD's through the ecological systems theory. According to Saleeby (2001), there are stressors from external sources, some predictable and anticipated, and others which are not. There are notable family transitions that, though

expected may or may not be the occasion for the experience of stress, e.g. the birth of a first child, moving away of older children or ageing of the parents (Saleeby, 2001). The aforementioned are viewed as family transitions but may be experienced by individuals and families as a stressor and have stress as an effect.

Unforeseen and unanticipated stressors can play a major role in an individual's world of experience, behaviour and general ecology, e.g. untimely death of a family member, a natural disaster, unemployment or an accident (Saleeby, 2001). Situations such as these can lead to stress by the individual, his or her family and the community at large. Life stressors and stress can test the resilience of the individual and his or her family (Saleeby, 2001). SUD's are viewed as a major life stressor that can bring about a wide spectrum of stress in the life of the individual with the SUD, his or her family and the community at large (Matzopoulos, Truen, Bowman, & Corrigan, 2014; Nelson & Schwaner, 2004). It is for the aforementioned reason that life stressors and stress in the context of SUD's would be seen as important in this research study, with specific reference to the study's endeavour to obtain a holistic and ecological understanding of SUD's.

2.5.9 Family dynamics and behaviours

It is pivotal to take cognisance of family dynamics and behaviours to structure a better understanding of SUD's through the ecological systems theory.

How families respond to and cope with life stressors that they are confronted with, are influenced by sources of family anxiety and conflict that exists in family relationships and structure, that may have been passed on from generation to generation; e.g. family taboos, secrets, myths, labels and contentious family themes (Saleeby, 2001).

A family that is confronted with a SUD in the life of one of its members, may also be challenged by other present family problems, strained relationships and problems that re-surface in the turmoil of the repercussions of the SUD (Apollis, 2016; Jacobs, 2018). Saleeby (2001) furthermore reasons that family rules, roles, rituals, norms, communication patterns, and hierarchies of authority all temper the family's efforts to adapt.

The aforementioned may either be intensified or ameliorated by social, economic and political factors, extended family relationships, community associations and involvement, peer relationships and friendships, economic conditions, oppressive living conditions and the availability of environmental supports and resources. A family with a SUD present in the household may experience an adverse intensification of the problem due to the social, emotional, psychological and social disruption in the family life and further marginalization of the family due to limited environmental resources to manage the problem they experience (Plüddemann, 2010; Saleeby, 2001). This research study will acknowledge the complex family dynamics and behaviours that co-exists with the SUD in the context of families and communities at large and will be sensitive in this regard.

2.6 ECOLOGICAL SYSTEMIC RESPONSES TO SUD'S

Individuals, families, communities, the religious fraternity, civil society, governmental bodies and formal community and professional structures are all involved with the SUD problem in the RSA and have reached a stage where their formal responses to SUD's need to be reviewed. It stands to reason that the aforementioned review should emphasize an ecological systemic approach, as SUD's are a bio-psycho-social and structural problem embedded in the ecological systems in the lives of individuals, families and the community at large (Bronfenbrenner, 1979; Bronfenbrenner, 2005).

For the purpose of this research study, attention is drawn to the professional response and organized activities to address and manage SUD's at the community level, especially in the context of the social work profession. The aforementioned concurs with Geyer and Lombard (2014) that suggest a social development approach that is eco-systemic in nature to address and manage the SUD problem of the RSA.

The work of empowerment or liberation, the core of social work practice, involves a set of preferences. Preference for social work activities that gives priority to work with oppressed and stigmatized groups, strengthening of individual adaptive potential, making environmental/structural change through individual and collective action (Saleeby, 2001). Empowerment or liberation directed work, furthermore, includes a preference for holistically transactional orientated helping concepts that includes knowledge about oppressed groups.

Lastly, empowerment and liberation related work includes a preference for social policies that create a society where equality of opportunity and access to resources exist (Lee, 1994, cited in Saleeby, 2001). The aforementioned may be applicable to the SUD context with specific reference to the individual, his or her family that may be marginalized, socially excluded and ecologically disorientated, as a result of the turmoil and disintegration of the SUD. It therefore stands to reason that individuals, families and communities that encounter SUD's, are in need of structured interventions, activities and organized professional responses that will harmonize with their specific needs in the context of their ecology, e.g. a local professional SUD sector (i.e. professionals and organized lay service providers in the substance abuse field) that understand their SUD related roles and responsibilities, effective mini-drug master plans and sustainable objective-driven local drug action committees.

Saleeby (2001) postulates that many communities struggle with transience, competition for power, limited resources, diminishing social capital, rapid change, exclusion and discrimination.

Person: environment fit is most obvious at the community or neighbourhood level. It is at the community level where capacities of individuals and groups are summoned and deployed at mutual aid, where people may work collectively to provide each other with support. It is at the community level where people and groups pursue common interests and resolve problems (McKnight, 1995, 1997, cited in Saleeby, 2001). It is furthermore at the community level where assets and resources of people are exchanged in terms of helping others or in securing a common goal. It is at community level where the stories and narratives are present, which connect individuals and families to each other and to the larger sense of their community.

It is here where celebrations take place and tragedies are acknowledged and lamented (McKnight, 1995, cited in Saleeby, 2001). The aforementioned scholars emphasized the importance of 'a whole of society' concept as means of a collective action in response to adverse situations, phenomena and scourges. They structured an ecological systemic view of a community's existence and the challenges they encounter. This ecological systemic view of a community is relevant to the context of SUD's as the efficacy of both professional and lay responses, and a combination of both will be intensified if such response is ecologically systemic. This research study

recognizes the effectiveness of an ecological systemic approach to the scourge of SUD's, and in particular the experiences and responses of the local SUD sector in this regard.

2.7 PERSONAL QUALITIES AND ENVIRONMENTAL RESOURCES

It is evident that the individual is a central figure in the ecological systems theory and its continuous relation to the environment of habitation through the spectrum of ecological systems (Bronfenbrenner, 1979; Bronfenbrenner, 2005; Saleeby, 2001). In the light of the aforementioned, personal qualities and environmental resources remains important elements in the ecology of an individual. Furthermore, it is important to take cognisance of the fact that personal qualities of individuals and environmental resources directly influence an individual's continuous adaptation to its environment. Some personal qualities that promote adaptation include accurate knowledge of, or information about the stressor and how to respond to it.

Motivation to meet the challenges, a sense of competence, self-efficacy, an abiding and convincing personal system of meaning, a sense of autonomy and the possibility of choice, problem-solving skills and previous success in meeting the challenges of stressful situations are viewed as personal qualities that promote adaptation (Saleeby, 2001). Personal qualities in an ecological context are applicable to the SUD context by the personal qualities of individuals with SUD's that plays a pivotal role in their management of this problem with specific reference to continuous environmental adaptation. Moreover, it is pivotal to take cognisance of personal qualities that influences all elements of a SUD problem across all ecological systems in an individual's life (Le Noue & Riggs, 2016).

On the other side of the spectrum is the matter pertaining to the accessibility of or social exclusion from environmental resources in the lives of individuals with SUD's, their families and the community at large viewed as important. Environmental resources form an integral part of an individual's quest for effective fit in his or her environment of habitation. Environmental resources include informal and formal support systems, network of friends and neighbours, schools, health services, child welfare, disaster relief and social service agencies (Jacobs, 2018).

Furthermore, environmental resources also include physical resources such as food, shelter, safety and security agencies, cultural and social institutions that comfort; guide and provide respite or knowledge (German & Gitterman, 1996, cited in Saleeby, 2001). In a SUD context does the presence, accessibility and effectiveness of environmental resources assist an individual with a SUD and his or her family to successfully address and manage the problem. In contrast, can the absence of and inaccessible environmental resources disempower and marginalize an individual with a SUD and his or her family to effectively address and manage the problem. The aforementioned prove the importance of environmental resources in the addressing and management of a SUD. More so, do environmental resources play an important role in formal and professional responses to address and manage SUD problems at community level, e.g. the ability and presence of resources in a community to form structures such as local drug action committees and knowledge to organize stakeholders to implement a mini-drug master plan to address the scourge of SUD's at a local level.

2.8 SUMMARY

This chapter holistically described the ecological systems theory, in both its original and adaptive form. In this chapter, the ecological systems theory is comprehensively described by explaining all views and components of the theory. A motivation is given as to why the ecological systems theory is one of the most effective and appropriate theories to explain and understand SUD's. This chapter entailed an extensive discussion of SUD's through utilizing the ecological systems theory and the complexity of SUD's are given a theoretical explanation by means of the ecological systems theory.

This chapter focused on the various ecological systems and their applicability to the SUD context in its various forms. In this chapter, an impetus was given to the environmental contextualization of SUD's and this forms the basis for conceptualizing this social problem. SUD's in the context of the ecological systems theory contributes to a better understanding of this social problem at a policy development and legislative level. Therefore, this chapter harmonizes with the next chapter that will explain SUD's in the context of relevant policies, legislation and related documents as applicable to the RSA. The extensive explanation of SUD's by means of the ecological systems theory contributed to an enhanced understanding, exploration, description and

interpretation of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. It is for this reason that the ecological systems theory is viewed as crucial and applicable for a thorough understanding of SUD's. This chapter forms a pivotal integral part of this research study and harmonizes with the objectives of the study.

The next chapter will discuss SUD's at a macro systemic level, i.e. policy and legislation related to SUD's globally, regionally (Africa continent), nationally, provincially and at a local community level.

CHAPTER 3

DISCUSSION OF THE NATIONAL DRUG MASTER PLAN (2013-2017) AND OTHER RELATED LEGISLATION AND POLICIES

3.1 INTRODUCTION

The previous chapter provided an overview and discussion of substance use disorders (SUD's) by means of the ecological systems theory. The previous chapter contributed to a better understanding of SUD's in this research study and hereby endeavoured to create a clearer exploration and description of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. It is pivotal to describe and discuss the NDMP for 2013-2017, previous NDMP's, relevant legislation and policies in order to contribute to a richer understanding of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017.

This chapter provides an overview of the NDMP for 2013-2017, former NDMP's, in line with international policy frameworks, signed international treaties, national legislation and policies. Furthermore, this chapter contributes to the structuring of a theoretical milieu for this research study.

3.2 ORGANIZED INTERNATIONAL STRATEGIES TO MANAGE SUBSTANCE USE DISORDERS

It often occurs that the national legislation, policies, formal interventions and strategies of a country is aligned with international strategies, direction for intervention, treaties and policies; if the specific country participates in international uniformities and development. The Republic of South Africa is viewed as a country that aligns itself with international uniformities and forms part of the global development community.

It is for the aforementioned reason that international formal responses to SUD's is pivotal to understand in order to understand the SUD problem of a country that aligns itself with uniformed international responses to SUD's. Formal international responses to SUD's will be discussed in this research study to contribute to a better understanding of the South African SUD problem and subsequently create a better

understanding of the NDMP for 2013-2017. An effective understanding of the NDMP for 2013-2017 and related legislation and policies will contribute to a better understanding of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017.

3.2.1 The United Nations Office on Drugs and Crime (UNODC)

An important international organization in the prevention and management of SUD's at an international level is the United Nations Office on Drugs and Crime (UNODC). The UNODC receives its mandate to address the international drug problem from the Economic and Social Council, the Commission on Narcotic Drugs and three major international drug control treaties namely: The United Nations Convention against illicit traffic of narcotic drugs and psychotropic substances (1988), the Convention on psychotropic substances (1971) and the single Convention on narcotic drugs (1961) (UNODC Annual Report, 2016). The UNODC defines its objective as the prevention of crime, drugs and terrorism from undermining systems based on the principles of good governance and the rule of law (UNODC Annual Report, 2016:8).

In close consultation with its member states, the UNODC globally engages over 500 civil society organizations to advance and implement a balanced approach to drugs. In 2016, the United Nations held a United Nations General Assembly Special Session (UNGASS) on the world drug problem and recognized key factors in relation to SUD's at an international level (UNODC Annual Report, 2016:8-10). The UNODC's 2016 UNGASS recognized that the solution to the world drug problem lies in a more humane, public-health orientated, human rights compliant, evidence-based and balanced approach that address SUD's in all its complexity.

It is pivotal that the formal strategies to address and manage SUD's in countries be aligned with the global strategy of the UNODC as the UNODC's objective remains to promote good health and wellbeing, legitimate opportunities to reduce illicit crop cultivation; and tackling drug trafficking through enhanced partnerships and networks (UNODC Annual Report, 2016:12).

The UNODC forms part of the United Nations (UN) organization that currently has one hundred- and ninety-three-member states collaborating and uniting to address and manage matters such as health, security and scourges such as SUD's (United

Nations, 2018). The RSA is a member state of the UN and align itself with the strategies and global policy frameworks and direction developed and proposed by the UN. It is for this reason that the RSA develop its policies and legislation to address and manage SUD's in the context of the global strategies of the UN and UNODC.

For the purpose of this research study, the global policy frameworks and prescripts in respect of SUD's will be acknowledged to obtain a better understanding of SUD related policies and legislation at a national and provincial level in the RSA.

3.2.2 The Colombo Plan

A key organization with a visible presence in the international SUD fraternity is the Colombo Plan organization. The Colombo Plan is an international organization established in 1950 to enhance cooperative economic and social development in Asia and the pacific regions (Colombo Plan, 2018). The Colombo Plan currently has 26-member countries and the organization's aim is partnerships between countries, self-help and mutual-help in development within the ambit of socio-economy. One of the Colombo Plan's successful programmes, in both member and non-member countries is the drug advisory programme (DAP) that aims to enhance partnerships between countries, self-help and mutual help in managing the international scourge of SUD's (Colombo Plan, 2018). Interestingly, the Colombo Plan's drug advisory programme focuses on supporting non-member countries in managing the scourge of SUD's with specific reference to policy development, bilateral and multi-lateral processes to find solutions in this regard.

In 2017, the Colombo Plan, through its Africa regional initiative, decided to reach out to the RSA in terms of assistance to manage its national scourge with SUD's (DSD, 2017).

The Colombo Plan reached out to the RSA through the national government's Department of Social Development, with the implementation of a spectrum of training courses for social workers in the universal treatment curriculum (UTC) for SUD's (DSD, 2017).

The purpose of the UTC is to align a continuum of services for SUD's at a set international standard and herewith enhance international uniformity and quality in

SUD services (Colombo Plan, 2018; DSD, 2017). Furthermore, the Colombo Plan provides technical support and advice to the Central Drug Authority (CDA) located in the national Department of Social Development pertaining to its task in coordinating the management of SUD's at a national level (DSD, 2017). The Colombo Plan, through its universal treatment curriculum, contributes to the professionalization of SUD services, encourages the management of SUD's at various levels and motivates policy reform and evolution (Colombo Plan, 2018).

For the purpose of this research study, it is pivotal to take cognisance of the presence of the Colombo Plan in the RSA, its purpose and the alignment of national and provincial strategies to manage SUD's with the set standard by Colombo Plan, especially because the national Department of Social Development welcomes the organization's assistance in the RSA. This research study acknowledges that the experiences of social service providers regarding the implementation of the NDMP for 2013-2017 will be better understood if seen in the context of the Colombo Plan's drug advisory programme and the international set standards for SUD services.

3.3 LEGISLATIVE FRAMEWORKS FOR NATIONAL DRUG MASTER PLANS

The management of SUD's within the RSA is legislated and guided by the Act for the Prevention of and Treatment for Substance Abuse, Act 70 of 2008 (Act 70 of 2008, 2009).

The purpose of the Prevention of and Treatment for Substance Abuse Act (Act 70 of 2008) is to provide for a comprehensive national response for the combatting of substance abuse and mechanisms for demand and harm reduction in relation to SUD's (Act 70 of 2008, 2009). The Prevention of and Treatment for Substance Abuse Act (Act 70 of 2008) is aimed at legislating, coordinating and guiding the following functions: The demand and harm reduction in relation to substance abuse through prevention, early intervention, treatment and reintegration programmes, to provide for the registration and establishment of treatment centres and halfway houses, for the committal of persons to and from treatment centres and for their treatment, rehabilitation and skills development and for the establishment of the Central Drug Authority and matters connected therewith (Act 70 of 2008, 2009).

3.3.1 Legislative definition of a National Drug Master Plan

The Act for the Prevention of and Treatment for Substance Abuse, Act 70 of 2008, in Section 3 (2) Chapter 2; states that the Ministers and organs of state contemplated in Section 3 (1) in Chapter 2 of the act must adopt a multifaceted and integrated approach to enhance coordination and cooperation in the management of substance abuse and to ensure the effective implementation of the national drug master plan (Act 70 of 2008, 2009). The Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008) furthermore states that cabinet must adopt a NDMP containing the national drug strategy and setting out measures to control and manage the supply of and the demand for drugs in the RSA (Act 70 of 2008, 2009).

This research study acknowledges that the Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008) does not provide a clear definition of a NDMP. It is for this reason that it is pivotal to peruse the NDMP for 2013-2017 in order to define a NDMP. According to the NDMP for 2013-2017, a drug master plan is a single document adopted by the government in outlining all national concerns regarding drug control. Furthermore, the NDMP (2013) states that it is designed to bring together government departments and other stakeholders in the field of substance abuse to combat the use and abuse of and dependence on dependence-forming substances and related problems.

The Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008) legislatively harmonizes with the NDMP for 2013-2017. It is for this reason that this research study acknowledges the NDMP's (2013) definition of a drug master plan in relation to the experiences of social service providers regarding the implementation of the NDMP for 2013-2017.

3.3.2 The central drug authority and its function to develop national drug master plans

Section 53 (1) in Chapter 10 of the Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008) provides for the establishment of a body known as the Central Drug Authority (CDA), which may exercise the powers and must perform the duties conferred or imposed on it by or in terms of Act 70 of 2008 (Act 70 of 2008, 2009). The mission of the CDA is to direct, guide, coordinate, monitor and evaluate

the initiatives and efforts of all relevant national and provincial departments; the provincial substance abuse forums and other stakeholders in their implementation of the NDMP for 2013-2017 (NDMP, 2013).

It is crucial to identify and understand the roles, responsibilities and duties of the CDA to obtain a holistic understanding of the management of SUD's in the RSA and the experiences of social service providers regarding the implementation of the NDMP for 2013-2017.

The overarching roles and responsibilities of the CDA according to Section 56 in Chapter 10 of Act 70 of 2008 is as follows:

- Oversee and monitor the implementation of the NDMP.
- Encourage government departments and private institutions to compile plans to address substance abuse in line with the goals of the NDMP. Ensure the establishment and maintenance of information systems which will support the implementation, evaluation and ongoing development of the NDMP.
- Recommend to Cabinet the review of the NDMP every five years.

Concurring with the roles and responsibilities of the CDA as described in Section 56 in Chapter 10 of Act 70 of 2008, the NDMP (2013) stipulates that the responsibilities of the CDA are to lead the development of holistic and cost-effective strategies to predict the effects of substance abuse problems in the RSA. The NDMP (2013) furthermore states that the CDA must direct and co-ordinate the implementation of holistic and cost-effective strategies to combat the substance abuse problems in the RSA.

In addition, the CDA are tasked to monitor and evaluate the implementation of holistic and cost-effective strategies to combat the substance abuse problem implemented by the CDA's supporting structure and other stakeholders. Processes of amendment to and adjustment of holistic and cost-effective strategies must accompany monitoring and evaluation, and herewith contribute to the effective combat of the substance abuse problem. Furthermore, the CDA must report progress related to the substance abuse problem to the appropriate authorities and stakeholders (NDMP, 2013).

The Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008) does not clearly prescribe that the CDA must develop NDMP's. This act only mandates the CDA to oversee and monitor the implementation of NDMP's in Section 56 (a) in Chapter 10 (Act 70 of 2008, 2009). In contrast, the NDMP (2013) still refers to Act 20 of 1992 and Act 70 of 2008 mandating the CDA to develop NDMP's although this mandate is omitted in Act 70 of 2008, with specific reference to the mandate and responsibilities of the CDA in Section 56 in Chapter 10. Observing the current practice of government, the CDA currently develops NDMP's, although this is not prescribed by any act and is only referred to in the NDMP (2013-2017), (DSD, 2017; NDMP, 2013). The aforementioned is important to understand as this can contribute to a better understanding of and provide insight into the experiences of social service providers regarding the implementation of the NDMP for 2013-2017.

3.3.3 The establishment and mandate of Provincial Substance Abuse Forums

Provincial substance abuse forums (PSAF's) plays an important role in both the provincial, regional and local management of SUD's. It is for this reason that PSAF's needs to be acknowledged in obtaining a better understanding of the roles and responsibilities of social service providers regarding the implementation of the NDMP for 2013-2017, and subsequently understanding their challenges.

This research study acknowledges that a critical analysis of the mandate, roles and responsibilities of PSAF's is important to obtain a better understanding of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017.

3.3.3.1 *The Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008): Provincial Substance Abuse Forums*

The establishment of PSAF's is mandated by the Act for the Prevention of and Treatment for Substance Abuse (Act in 70 of 2008). Section 57 (1) in Chapter 10 of Act 70 of 2008 states that the Member of the Executive Committee (MEC) must establish a PSAF for his or her province. Section 57 (2) in Chapter 10 of Act 70 of 2008 furthermore states that a PSAF must consist of representatives of the following organs of state and organizations: Relevant provincial departments, community action

groups, law enforcement agencies, research institutions, treatment institutions, non-governmental organisations, the business community and any other structure considered relevant by the MEC (Act 70 of 2008, 2009).

Section 57 (3) in Chapter 10 of Act 70 of 2008 states that the MEC appoints representatives for the PSAF's. Furthermore, Section 57 (4) in Chapter 10 of Act 70 of 2008 prescribes that adequate and sustained funding be provided by the provincial Department of Social Development to the PSAF. Section 57 (5) in Chapter 10 of Act 70 of 2008 states that any member of the PSAF that is not employed in the public service, must be paid by the Head of department (HOD) for travelling and subsistence allowances, while attending meetings of the PSAF (Act 70 of 2008, 2009).

The PSAF's in provinces has an important role in analysing and understanding SUD's at both a provincial and local level. Furthermore, PSAF's plays a key role in the provincial management of organized activities and responses to the SUD problem, and is the mechanism that links the CDA and LDAC's with each other. It is for this reason that the roles and responsibilities of PSAF's will be discussed, as this form the framework wherein LDAC's and the experiences of social service providers regarding the implementation of the NDMP for 2013-2017 will be explained.

The functions of PSAF's according to Section 58 in Chapter 10 of the Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008) is to strengthen member organisations to carry out functions related directly or indirectly to addressing the problem of substance abuse and to encourage networking and the effective flow of information between members of the forum in question. Furthermore, PSAF's must assist LDAC's established in terms of section 60 of Act 70 of 2008 in the performance of their functions. PSAF's have the responsibility to compile and submit an integrated mini drug master plan for the province for which it has been established. All PSAF's must submit a report and inputs, not later than the last day of June annually, to the CDA for the purposes of the annual report of the CDA and to assist the CDA in carrying out its functions at a provincial level.

To support, strengthen and coordinate the roles and responsibilities of the PSAF's, Section 59 (1) in Chapter 10 of the Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008) prescribes that each PSAF must establish an executive committee. Section 59 (2) of Act 70 of 2008 furthermore prescribes that the

PSAF's executive committee must have representation from the following sectors in the province: professionals responsible for treatment and aftercare services, citizens from the public, individuals responsible for prevention of and education about substance abuse, professionals and individuals responsible for community development, professionals from the research community related to substance abuse and taking ownership of information dissemination and individuals that uses substances and those affected by substances.

3.3.3.2 *The National Drug Master Plan (2013-2017): Provincial Substance Abuse Forums (PSAF's)*

Concurring with Act 70 of 2008, the NDMP (2013) recommends PSAF's to set up an executive committee and in addition to assign the following portfolios to particular members: demand reduction, supply reduction, harm reduction, research and development, communication and monitoring and evaluation.

If the responsibilities of the executive committees of PSAF's in both Act 70 of 2008 and the NDMP (2013) are compared, a disjuncture is noted as the aforementioned act and plan provide different task divisions to the executive committee of PSAF's.

The aforementioned is crucial to ensure a thorough understanding of the functioning of PSAF's as an institutional mechanism of the NDMP for 2013-2017, the experiences of social service providers in this regard and a thorough description of their experiences in this research study. Furthermore, it is important to be aware of the contrast in description of the role division of the executive committees of PSAF's when Act 70 of 2008 is compared to the NDMP for 2013-2017; as this will assist in a better understanding of the experiences of social service regarding the implementation of the NDMP for 2013-2017. Section 58 (c) in Chapter 10 of Act 70 of 2008 states that PSAF's must assist established LDAC's in the performance of their functions. LDAC's therefore have a key responsibility in managing the scourge of SUD's. This research study acknowledges the important role that LDAC's play in the management of SUD's, and this will therefore be discussed next.

3.3.4 The establishment and mandate of local drug action committees

LDAC's often forms the strategic frontline in the management of SUD's at a community level. The location of LDAC's at grass-root level is often the closest form of contact with the community in strategies aimed at the reduction and management of SUD's. Therefore, it is pivotal that LDAC's understand their mandate, roles and responsibilities in the management of the scourge of SUD's at a community level.

To structure a thorough understanding of LDAC's, it is important to understand its legislative mandate and its location in government's endeavour to address and manage the scourge of SUD's. The legislative mandate of LDAC's are described as follows:

3.3.4.1 *The Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008): Local Drug Action Committees (LDAC's)*

Section 61 (1) in Chapter 10 of the Act for the Prevention of and Treatment for Substance Abuse states that a municipality must establish a LDAC to represent such municipality and to give effect to the mini drug master plan (Act 70 of 2008, 2009). The Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008) omits to identify the type of municipality that must establish a LDAC.

The aforementioned is pivotal as there are various types of municipalities in the RSA as legislated in and defined by the Municipal Systems Act (Act 32 of 2000, 2001). This research study emphasizes the omission to identify the type of municipality that must establish LDAC's in both Act 70 of 2008 and the NDMP for 2013-2017, although Act 70 of 2008, in Section 60, later refers to a local municipality when identifying members that should constitute the LDAC. This is pivotal in understanding the experiences of social service providers regarding the implementation of the NDMP for 2013-2017, as it sometimes occurs that social service providers have close professional contact with LDAC's and the implementation of NDMP's through LDAC's. It stands to reason that the aforementioned is important regarding exploring the experiences of social service providers with the implementation of the NDMP for 2013-2017.

It is furthermore important to take cognisance of Section 60 (2) in Chapter 10 of Act 70 of 2008 that states that a LDAC must consist of interested persons and stakeholders who are involved with the combating of substance abuse in the

municipality in question. The LDAC established by the municipality in question must consist of the following members appointed by the Mayor of the specific municipality: local government, the local South African Police Service, Department of Correctional Services and a representative of the local educational sector.

Furthermore, a LDAC must consist of members representing substance abuse prevention, treatment and aftercare services at local level; and representation from the Department of Health at local level. The Act for the Prevention of and Treatment for Substance Abuse make provision for the representation of the local business sector and the Department of Justice and Constitutional Development.

It is important that social service providers understand the establishment and constitution of LDAC's in line with Act 70 of 2008, as they are in an effective position to assist with this crucial task. This research study acknowledges that, a failure to establish and constitute LDAC's in line with the prescripts of Act 70 of 2008 can cause disorganization and dysregulated structures in terms of addressing the substance abuse problem in the RSA by implementing NDMP's. Moreover, it is crucial that political governors, role-players and social service providers have a thorough understanding of the establishment and constitution of LDAC's as this is a legislative mandate.

It therefore stands to reason that understanding the aforementioned legislative mandate plays a pivotal role in addressing and managing the ravaging scourge of substance abuse by implementing NDMP's at various levels. The aforementioned is key in exploring and describing the experiences of social service providers regarding the implementation of the NDMP for 2013-2017.

3.3.5 Additional key roles in establishing, constituting and functioning of local drug action committees

To support and strengthen the establishment and constitution of LDAC's and the tasks to be executed, the Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008) identified additional key roles to be fulfilled. The additional key roles of LDAC's is prescribed in Section 60 of Act 70 of 2008, and it is important to understand as it forms a crucial part of the LDAC to ensure its effective functioning. The municipality in which a LDAC is situated must, from the moneys appropriated by the

municipality for that purpose, provide financial support to the LDAC (Act 70 of 2008, 2009).

The aforementioned Act makes provision for the linkage of LDAC's to PSAF's and creates a platform for LDAC's to co-opt additional members with special skills or expertise as and when required.

The additional key roles described above is important for the effective establishment, constitution and functioning of a LDAC. It is pivotal that all role-players involved in the establishment and management of LDAC's understand the additional roles in relation to the LDAC, as each of the roles is key to the development and sustainability of this important structure. A matter that is key in the constitution and functioning of LDAC's is that it can co-opt experts with the necessary knowledge, experience and skills to assist with executing its tasks, e.g. experts in the SUD field (Act 70 of 2008, 2009). Furthermore, it is pivotal to note that there are various perceptions of financial support to LDAC's and that this matter remains important as this may directly impact the effective functioning of the LDAC.

The aforementioned can be a contentious matter as it may have financial and budgetary implications for various institutions as identified by the Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008) and the NDMP for 2013-2017, while bearing in mind the volatile and controversial social problem, i.e. SUD's which the LDAC have to manage.

Furthermore, the degree of the organizational management skills stands key in the functioning of LDAC's, as they must ensure that they function effectively in order to achieve its objective in the area of service delivery. The degree in which service providers involved with the implementation of the NDMP for 2013-2017 understood the additional roles in establishing, constituting and ensuring the effective functioning of LDAC's, can be found in exploring and describing the experiences of social service providers regarding the implementation of the NDMP for 2013-2017.

The description and understanding of the functions of LDAC's as prescribed by the Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008) is important to obtain a thorough understanding as to what it is LDAC's must do in their

area of service delivery. It is for this reason that the functions of LDAC's according to Act 70 of 2008 are acknowledged and discussed in this research study.

3.3.6 The functions of Local Drug Action Committees

Section 61 in Chapter 10 of the Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008) describes the functions of LDAC's. It is pivotal to understand the functions of LDAC's in order to create a better understanding of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017, and the role of LDAC's in this regard. LDAC's must ensure that effect is given to the NDMP in their area of service delivery. The aforementioned Act stipulates that an action plan should be compiled by the LDAC to combat substance abuse in the relevant area of service delivery in cooperation with provincial and local government.

Furthermore, LDAC's must implement its action plans and ensure that it is aligned to the mini drug master plan of the relevant province. The aforementioned Act put the onus on LDAC's to furnish PSAF's with an annual report pertaining to their action, progress, challenges and other events in their area of operation.

The aforementioned functions, as prescribed by Act 70 of 2008 are the only functions imposed on LDAC's to execute. The matter in question is if service providers identified by Act 70 of 2008 and the NDMP for 2013-2017 to be involved with the establishment, management and functioning of LDAC's, understand the legislative functions of LDAC's aimed at SUD's in their area of operation. The understanding of the experiences of social service providers regarding the legislative functions of LDAC's can be determined by exploring and describing their experiences in relation to the implementation of the NDMP for 2013-2017.

It stands to reason that the functions of LDAC's is important in both understanding it and its execution in addressing and managing the scourge of SUD's. Social service providers may have valuable experiences in observing and through their involvement with the implementation of LDAC's and its functioning during the implementation of the NDMP for 2013-2017. This research study reasons that social service providers have an important role in the establishment and rendering of social services at grassroots level and are a pivotal contributor to the rendering and coordination of these services.

This research study furthermore acknowledges the role of social service providers in SUD services and therefore view their experiences regarding the implementation of the NDMP for 2013-2017 as crucial in understanding a LDAC's implementation of its functions in line with prescripts of the NDMP for 2013-2017.

3.3.7 Legislative compliance to implement National Drug Master Plans

The Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008) has various disconnections with the NDMP for 2013-2017. This creates a challenge in both the legislative and policy environment and at grassroots level where the aforementioned act and policy must be implemented.

On the other side of the spectrum, the Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008) in various sections harmonizes with the NDMP for 2013-2017. This can cause confusion in both professional and lay environments with specific reference to the growing SUD problem and its related controversies. In the light of the harmonization of Act 70 of 2008 with the NDMP for 2013-2017, reference is made to Section 62 in Chapter 10 of the aforementioned act that states the following: The CDA must request responsible government departments and PSAF's to submit annual reports by no later than the last day of June, and such other reports as may be required. Furthermore, the CDA may request Cabinet, through the Minister, to intervene in cases where government departments or entities do not comply with the requirements set out in the NDMP. In addition, the CDA must develop systems and monitoring mechanisms to ensure implementation of the NDMP and reporting by all government departments, entities and stakeholders.

To be aware of the legislative mandate to implement NDMP's, is important as this forms the basis for the establishment of LDAC's and its roles and functions in its area of operation. It is for this reason that the Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008) is key in the understanding of and implementing the NDMP for 2013-2017. Act 70 of 2008 provides a legislative mandate and power to various institutions, its service providers and LDAC's to manage and intervene in relation to SUD's at various levels inclusive of grassroots level.

It stands to reason that various identified institutions and service providers must be aware of the mandate and prescriptions of Act 70 of 2008 in relation to the

establishment of LDAC's and the implementation of the NDMP for 2013-2017 through this platform. The aforementioned can be explored in the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. In the light of the aforementioned thorough description and discussion of the legislative framework of the NDMP for 2013-2017, it is important to discuss NDMP's in the RSA and specifically the NDMP for 2013-2017, and herewith contribute to the theoretical milieu of this research study.

3.4 THE NATIONAL DRUG MASTER PLANS OF THE REPUBLIC OF SOUTH AFRICA

This research study endeavours to explore the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. To assist in creating a better understanding of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017, it is pivotal to discuss the background of NDMP's and the objectives of the NDMP for 2013-2017. It stands to reason that it is key to define a NDMP to create an understanding of the identity of the document that gives impetus to organized responses to the SUD problem in the RSA. The NDMP (2013) defines a drug master plan as a single document, adopted by government outlining all national concerns regarding drug control.

Since the late 1980's, the United Nations Drug Control Programme (UNDCP) has prioritised the promotion of NDMP's. According to the Commission on Narcotic Drugs (CND), the rationale for the promotion of such plans is each country's need to develop and implement a comprehensive set of responses, coordinated to achieve the maximum impact and relying on the active involvement of all government agencies and numerous bodies and institutions that play a role in drug control (NDMP 2013-2017 evaluation report, 2016). Cognisance needs to be taken of the fact that international organizations, e.g. the United Nations and all its organs influence the development of legislation and policies in the RSA.

Furthermore, it is observed that international organizations also influence legislation and policies of the RSA pertaining to the management of SUD's, e.g. the United Nation's office on Drugs and Crimes (UNODC) and the United Nations Drug Control Programme (UNDCP).

This research study notes that the UNDCP views the development and implementation of NDMP's as a priority, therefore the RSA aligned itself accordingly and commenced the development and implementation of NDMP's. The international objectives for the development and implementation of NDMP's are to address the extent and nature of the substance abuse problem, setting out a coordinated approach to its solution and identifying consistent and comprehensive national drug control objectives (NDMP 2013-2017 Evaluation Report, 2016).

The RSA adopted NDMP's as a coordinating strategy to address and manage the SUD problem of the country. It stands to reason that, although various challenges are experienced in the implementation of NDMP's, it remains the South African government's formal response to the management of SUD's. Therefore, it is crucial to discuss this document in order to obtain a better understanding of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. To assist with the aforementioned, it remains key to provide an overview of former NDMP's in the RSA.

3.4.1 Former National Drug Master Plans

To obtain a better understanding of the NDMP for 2013-2017, former NDMP's can assist in providing deeper insight in the NDMP for 2013-2017 and the experiences of social service providers in this specific NDMP's implementation. The change in focus of each NDMP is based on the scope of the SUD problem of the time and a projection related to this problem. It therefore stands to reason that the NDMP for 2013-2017 can be better understood by an overview of former NDMP's.

3.4.1.1 1999-2004: National Drug Master Plan

The NDMP for 1999-2004 was developed by the Drug Advisory Board (DAB) as a request from the former Minister for the Department of Welfare and Population Development, Ms. Geraldine Fraser-Moleketi (NDMP, 1999-2004). In his forward of the 1999-2004 NDMP, the late and former President Nelson Mandela, stated that the challenge in relation to SUD's should not be underestimated (NDMP, 1999-2004). Furthermore, the late and former President Nelson Mandela acknowledged that the RSA faces a growing problem with SUD's, and openly emphasized the complexity in the multi-facets of the problem.

The NDMP for 1999-2004 included the establishment and functioning of LDAC's in communities. The NDMP for 1999-2004 furthermore proposed that LDAC's should be made up of senior representatives of the local magistrate's court, police, probation and correctional services, schools, local authorities, health authorities and community structures, which will ensure appropriate coverage of both rural and urban communities.

The NDMP for 1999-2004 stated that initially, LDAC's should be set up by the local magistrate (or a senior representative) of each district (although geographical boundaries may be kept flexible for practical purposes), after which the committees may elect a chairperson (NDMP, 1999-2004). Interestingly, the NDMP for 1999-2004 states that minimum resources will be required for the infrastructure of LDAC's as existing resources of the representative departments can be accessed. Furthermore, meetings of LDAC's can be conducted after hours, if necessary, in unutilised court buildings (NDMP, 1999-2004).

It stands to reason that the NDMP for 1999-2004 had a simplistic, goal-directed, individualized, community-driven and strategic approach to collaboratively address SUD's in the context of each community. The NDMP for 1999-2004 included individual NGO's and their strategies to address SUD's, e.g. Cape Town Drug Counselling Centre (CTDCC), South African National Council on Alcoholism and Drug Dependence (SANCA) and the Association for Responsible Alcohol Use (ARA). The NDMP for 1999-2004 furthermore included the organized responses of private philanthropic organizations, e.g. the Lion's Club International, to address SUD's.

For the purpose of this research study, it is pivotal to provide an overview of the functions of the NDMP for 1999-2004. The aforementioned NDMP was aimed at ensuring local action in each community and will inform and be kept informed. Furthermore, the NDMP (1999-2004) states that each local municipality must develop an action plan to tackle the drug problem in that particular municipality and cooperate with stakeholders to implement the plan. The action plan developed by local municipalities must be aligned with the NDMP and the strategies of government departments.

A united, collaborative and multi-sectoral approach in response to SUD's features in the NDMP for 1999-2004. This NDMP has a high level of multi-sectoral involvement

inclusive of the private and corporate sectors to address and manage SUD's. The mere fact that the NDMP for 1999-2004 is simplistic, nonetheless still acknowledges the seriousness of the SUD problem of the time and provides direction to the RSA to accelerate a uniformed response to SUD's, is a clear sign of excellent policy development that were in line with the realities of the time. This research study acknowledges that the NDMP for 1999-2004 can be utilized to learn from and the implementation experiences is of value for current and future policy development in the SUD field.

3.4.1.2 2006-2011: National Drug Master Plan

The NDMP for 2006-2011 is important, as it is the precursor of the NDMP for 2013-2017. The vision of the NDMP for 2006-2011 is a drug-free society. The mission of the NDMP for 2006-2011 is the following: to implement holistic and cost-effective strategies to reduce the supply and consumption of drugs and to limit the harms associated with substance use, abuse and dependency in the RSA (NDMP, 2006). To execute this mission, the South African national government identified the following aspects to be achieved through the NDMP for 2006-2011: To reduce the demand for alcohol, tobacco and other drugs. A reduction in the social, health and economic costs associated with substance abuse in the South African society.

Furthermore, the NDMP 2006-2011 envisaged a reduction in mortality and morbidity caused by substance abuse. Harmonizing with the aforementioned, the NDMP for 2006-2011 envisioned an improvement in the access to information pertaining to substance abuse and an increase in the effectiveness of interventions. On the other side of the spectrum, the NDMP for 2006-2011 envisioned a reduction in the supply of illicit substances, inclusive of licit, but unregulated alcohol and tobacco products.

In addition to the changes the NDMP for 2006-2011 envisioned, it acknowledged the following interventions as crucial in addressing the SUD problem: prevention of substance abuse (including education and raising awareness), community-based substance abuse interventions, early intervention, treatment and research.

The crucial element in the NDMP for 2006-2011 is the mandate, roles and responsibilities of identified institutions and LDAC's to address and manage the SUD problem at a grassroots level. The NDMP for 2006-2011 postulates that LDAC's are

the closest to the people as they are part of services to address SUD's at grassroots level. The aforementioned NDMP furthermore states that a LDAC is made up of bodies/people from all sectors involved in substance abuse and related problems in its area of service delivery such as justice, the police service, probation and correctional services, schools, health, social development and community structure officials. Local government drives the LDAC's in terms of establishment and functioning, although it is an inclusive approach with all other role-players as identified by the NDMP for 2006-2011 (NDMP, 2006). There should be a collaboration in work to address SUD's between the institutions identified by the NDMP for 2006-2011, and LDAC's may co-opt additional members with special skills, commitment or expertise when required. Representation of local and rural traditional authorities is encouraged. LDAC's include members in the geographical boundaries of local municipalities and should be flexible for practical purposes. Furthermore, LDAC's may elect chairpersons and other office bearers (NDMP, 2006-2011).

The NDMP for 2006-2011 describes that LDAC's ensure that local action is taken in terms of the NDMP in each community. To structure a comprehensive understanding of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017, its important take cognisance that the NDMP for 2006-2011 tasked LDAC's with the same functions as the NDMP for 1999-2004.

In addition to the functions in the NDMP for 2006-2011, LDAC's are tasked to ensure that their drug control action plan fits into the local integrated development plan of the respective municipal areas it serves. Some key responsibilities of the LDAC in the NDMP for 2006-2011 is similar to that in the NDMP for 2013-2017, with specific reference to the coordination of all strategies to manage SUD's at grassroots level by utilizing an action plan or mini drug master plan. It stands to reason that government in collaboration with its partners and consultants, has endeavoured to improve on each NDMP they developed to address and manage the scourge of SUD's in the RSA.

When the NDMP for 2006-2011 is perused, it stands to reason that clear strategic evidence-based methods and interventions to address and manage the South African SUD problem is seriously lacking. The NDMP for 2006-2011 does not effectively align with a social development approach as there were various disconnections in this regard. According to Geyer and Lombard (2014) the NDMP for 2006-2011 could have

had a stronger connection with a social development approach and that this would have assisted with the implementation of integrated service delivery and a multi-sectoral approach to address the SUD problem of the RSA. Furthermore, one can reason that the NDMP for 2006-2011 provides a basis that can be utilized to commence a process of addressing and managing SUD's. SUD's in the context of the RSA is however multifaceted, deep-rooted and complex in nature. It therefore stands to reason that a more detailed, strategic and evidence-based policy framework and plan is needed to strategically and systematically manage SUD's and herewith bring about the changed envisaged by NDMP's.

3.4.2 The 2013-2017: National Drug Master Plan

The NDMP for 2013-2017 is central and key in this research study as it was the plan to be implemented to address and manage SUD's from 2013 to 2017 in the RSA. It is for the aforementioned reason that an overview of the NDMP for 2013-2017 will be provided, and herewith create a context wherein the experiences of social service providers regarding the implementation of this plan will be explored and described.

The NDMP for 2013-2017 is pivotal as it stands to reason that this plan was developed and implemented in a timeframe of a rapidly growing SUD problem, anecdotal reports of the presence of life-threatening synthetic substances and an increased need for effective policy development and implementation.

To effectively understand the NDMP for 2013-2017, it is important to peruse the background of the plan in order to obtain a thorough understanding of it.

3.4.2.1 Background of the 2013-2017 NDMP

The NDMP for 2013-2017, in its foreword, acknowledged that SUD's continue to ravage families, communities and the society at large (NDMP, 2013). Furthermore, the NDMP (2013) states that it is designed to bring together government departments and other stakeholders in the field of substance abuse to combat the use and abuse of and dependence on dependence-forming substances and related problems. It sets out the contribution and role of various government departments at national and provincial level in fighting the scourge of substance abuse. It also recognises the need for a significant contribution to be made by other stakeholders in the country. The

success of the NDMP for 2013-2017 depended on the efforts of each stakeholder in crafting national and provincial departmental drug master plans in response to the problems defined in the NDMP (NDMP, 2013).

The NDMP for 2013-2017 recognized the need for an integrated and multi-sectoral approach to address SUD's. Furthermore, the NDMP for 2013-2017 mandates a multi-governmental approach as national, provincial and local government are included in the management of SUD's and identify the problem as a scourge that affects all (NDMP, 2013). To clearly understand the purpose of the NDMP for 2013-2017, it is pivotal to understand its objectives. To obtain a thorough understanding of the objectives of the NDMP for 2013-2017 will assist in exploring, describing and understanding the experiences of social service providers regarding the implementation of the NDMP for 2013-2017.

3.4.2.2 Objectives of the NDMP for 2013 -2017

The following objectives are outlined in the NDMP for 2013-2017 and form part of the centre of this plan:

- Ensure coordination of efforts to reduce the demand, supply and harm caused by substances of abuse.
- Ensure effective and efficient services for the combating of substances of abuse through the elimination of drug trafficking and related crimes.
- Strengthen mechanisms for implementing cost-effective interventions to empower vulnerable groups.
- Ensure the sharing of current good practices in reducing harm, including social ills related to substance abuse.
- Provide a framework for the commissioning of relevant research.
- Provide a framework for monitoring and evaluation.
- Promote national, regional and international cooperation to reduce the supply of drugs and other substances of abuse (NDMP, 2013).

According to the NDMP (2013), the concerted efforts of all stakeholders make the implementation of this plan a success and contribute towards the achievement of an

RSA free of substance abuse. The NDMP (2013) describes a coordinating multi-sectoral attempt to address and manage the SUD problem. This plan acknowledges that the RSA has a steadily growing SUD problem, and that there is a need for an organized strategy to manage the problem. Furthermore, the NDMP for 2013-2017 identify several key challenges in its review of the NDMP for 2006-2011. To contribute to a better understanding of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017, a synopsis is given of the aforementioned key challenges.

3.4.2.3 The NDMP for 2013-2017's key challenges as identified in the review of the NDMP for 2006-2011

The NDMP for 2013-2017 identified a range of challenges that was experienced with the implementation of the NDMP for 2006-2011. In perusal of the aforementioned challenges, it is noted that they mostly centre around the CDA, its location and responsibilities.

According to the NDMP for 2006-2011, the future NDMP's strategies should be re-aligned to meet the legal and other implications of the changing patterns of the use and abuse of alcohol and other dependence-forming substances in South African communities, and this was expressed in the 34 resolutions at the 2nd Biennial Anti-Substance Abuse Summit of the RSA. Furthermore, the NDMP for 2006-2011 recommended that future NDMP's should provide and implement solutions for the problems of funding to the CDA support structure, especially relating to PSAF's, LDAC's and NGO's, the related protocols and the Public Finance Management Act (Act 1 of 1999). In addition, the NDMP for 2006-2011 highlighted that a national database pertaining to substance abuse should be developed and herewith ease monitoring and evaluation in relation to combating substance abuse in the RSA.

The NDMP for 2013-2017's focus on the CDA in identifying the key challenges experienced during the implementation of the NDMP for 2006-2011, created limited space for the challenges experienced by social service providers regarding the implementation of the NDMP for 2006-2011. Moreover, the NDMP for 2013-2017 stated that it adopts a bottom-up approach, rather than a top-down approach as it acknowledge the importance of community uniqueness in the process of addressing SUD's at a local municipal level (NDMP, 2013). In contrast with the aforementioned,

the only challenges related to the experiences of social service providers at grassroots level is an indirect referral to the challenges LDAC's may experience with funding to function and the development of a national substance abuse data based to effectively track and monitor interventions aimed at combatting substance abuse in the RSA (NDMP, 2013).

In identifying key challenges as experienced during the implementation of the NDMP for 2006-2011, the NDMP for 2013-2017 does not extensively include the experiences of social service providers regarding the implementation of the NDMP for 2006-2011 or the challenges these service providers encountered. It stands to reason that the exclusion of the experiences of social service providers regarding the implementation of any NDMP is of concern, as these service providers are at the forefront in a legislative mandated process to address and manage SUD's at grassroots level.

It is for the aforementioned reason that it remained important to explore the experiences of social service providers regarding the implementation of the NDMP for 2013-2017 in a time of a dire SUD scourge in the RSA. To contribute to a thorough understanding of the NDMP for 2013-2017, an overview of its integrated and balanced approach to manage SUD's is important.

3.4.2.4 *The integrated strategy of the NDMP 2013-2017*

The NDMP for 2013-2017 endeavoured to create an integrated strategy to manage the SUD problem of the RSA. It is for the aforementioned reason that the aforementioned NDMP is based on multi-sectoral collaboration informed by an international methodology to address SUD's and acknowledgement of the SUD problem especially at a community level (NDMP, 2013). The following integrated strategy is described by the NDMP for 2013-2017, as the approach to be utilized in managing SUD's in the RSA: demand reduction, or reducing the need for substances through prevention that includes educating potential users, making the use of substances culturally undesirable (such as was done with tobacco) and imposing restrictions on the use of substances (for example by increasing the age at which alcohol may be used legally).

Supply reduction or reducing the quantity of the substance available on the market by, for example, destroying cannabis (marijuana) crops in the field. Harm reduction or

limiting or ameliorating the damage caused to individuals or communities who have already succumbed to the temptation of substance abuse. This can be achieved, for example, by treatment, aftercare and reintegration of substance abusers/dependents with society.

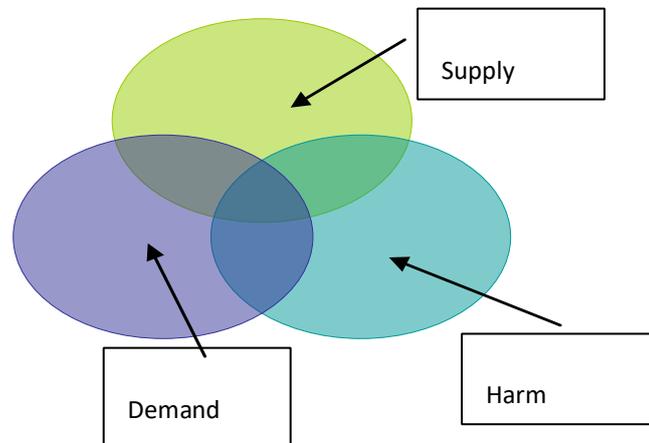


Figure 3.1: The integrated and balanced approach described by the NDMP for 2013-2017

Source: National Drug Master Plan (2013-2017).

The integrated strategy of demand, supply and harm reduction in relation to SUD's are supposed to be implemented at especially a community level, supported by organized strategies at provincial level through provincial departmental drug master plans. It stands to reason that the aforementioned is key in understanding the experiences of social service providers regarding the implementation of the NDMP for 2013-2017, with specific reference to the lack of guidance, technical support and a clear strategy. The NDMP for 2013-2017 provides an overview of the manner in which the aforementioned integrated and balanced approach should be implemented. For the purpose of this research study, it is pivotal to understand the manner in which the integrated strategy as per the NDMP for 2013-2017 to manage SUD's, should be implemented. An overview of the integrated strategy's application according to the NDMP for 2013-2017 follows.

3.4.2.5 Application of an integrated strategy to the National Drug Master Plan for 2013-2017

The NDMP for 2013-2017 describe a range of ways in which the integrated strategy of demand, supply and harm reduction should be applied. The application and implementation of the NDMP for 2013-2017 at a community level is vaguely described in the section on the application of the integrated strategy to address and manage SUD's at community level in this NDMP.

The NDMP for 2013-2017 refer to PSAF's and LDAC's and other stakeholders that are required to apply the drug master plans of the national and provincial departments to achieve the desired impact, the specified outcomes and outputs, and the CDA mandate (NDMP, 2013).

Furthermore, were the hierarchy of reporting during the implementation of the NDMP for 2013-2017 emphasized but guidance and appropriate technical support to service providers and other implementers of the NDMP for 2013-2017 are omitted in this NDMP. It is for the aforementioned reason that the experiences of social service providers regarding the implementation of the NDMP for 2013-2017 is pivotal to explore and describe, and herewith ascertain the implementation of this NDMP at the various levels.

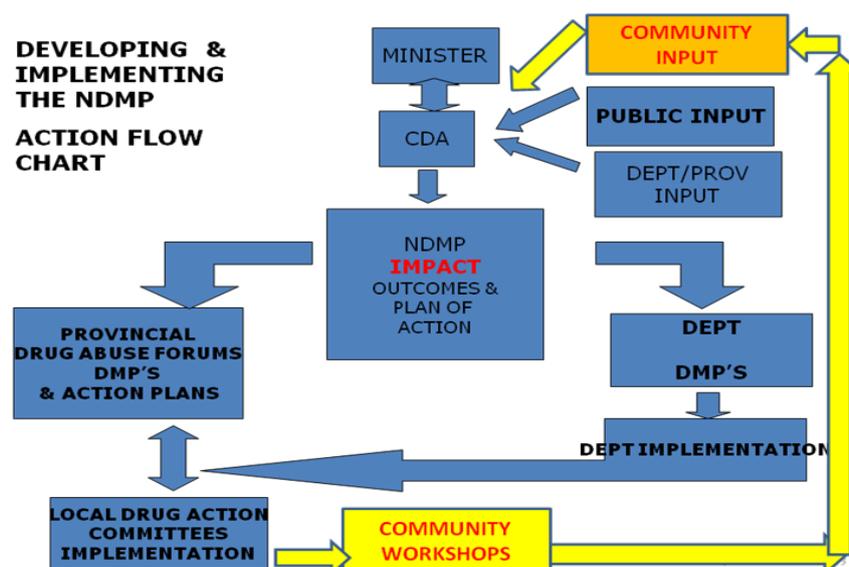


Figure 3.2: An illustration of the application of the NDMP for 2013-2017

Source: National Drug Master Plan (2013-2017)

According to Figure 3.2, it can be concluded that social service providers are omitted in the NDMP for 2013-2017, regarding the implementation of this plan to manage the scourge of SUD's.

The NDMP for 2013-2017 refers to the CDA, PSAF's, provincial government departments and LDAC's, but omit to include social service providers in the section on the application of the NDMP for 2013-2017 as an integrated strategy (NDMP, 2013). It stands to reason that social service providers have a pivotal role in the rendering of social development services to address the scourge of SUD's and assist in the planning of effective services in order to best serve communities in relation to SUD's. It is therefore important to explore the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. An exploration of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017 can contribute to a deeper understanding of best practice models, achievements, challenges and areas that need improvement in terms of addressing and managing the scourge of SUD's by implementing NDMP's.

A deeper understanding of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017 can contribute to policy evolution, social development reform and enhance service delivery in respect of SUD's.

Furthermore, it is of importance to take cognisance of the omission of social service providers in the application of the NDMP for 2013-2017 as an integrated strategy to address and manage SUD's at community level. Figure 3.2. concurs with the aforementioned as social service providers are omitted in the illustration that is a direct extract from the NDMP for 2013-2017 of the application of this plan to address SUD's. On the other side of the spectrum, it is observed in practice that social service providers play a pivotal role in SUD service delivery and must often ensure strategic alignment of SUD services with relevant policies and legislative frameworks. Therefore, this research study reasons that it is crucial to explore the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. A description of the roles and responsibilities of LDAC's is important in order to obtain an optimal description of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017.

3.4.2.6 *The roles and responsibilities of Local Drug Action Committees regarding the implementation of the National Drug Master Plan for 2013-2017*

LDAC's is often the closest structure to the community to address and manage SUD's through services. The NDMP for 2013-2017 states that a LDAC must ensure that effect is given to the NDMP in the relevant municipality (i.e. community the LDAC serves).

It is important to take cognisance of the roles and responsibilities of LDAC's that remained the same in the NDMP for 2013-2017, in comparison to former NDMP's as discussed in chapters one and two. It stands to reason that social service providers can play an important role in the development and functioning of LDAC's in communities and are often one of the few resources LDAC's must rely on in terms of its sustainable functioning. In addition, it is observed in practice that several LDAC's in the RSA experienced challenges related to the implementation of the NDMP for 2013-2017.

This research study acknowledges an important link between social service providers and LDAC's. The experiences of social service providers regarding the implementation of the NDMP for 2013-2017 therefore remains pivotal in order to obtain a better understanding of the roles and responsibilities of LDAC's according to the NDMP for 2013-2017.

A formal evaluation was done on the implementation of the NDMP for 2013-2017 by both national government and an independent evaluator in 2017. The final evaluation report is of importance to contribute to a better understanding of social service providers regarding the implementation of the NDMP for 2013-2017. An overview of the formal evaluation on the NDMP for 2013-2017 is follows.

3.4.2.7 *The prescribed monitoring and evaluation component in the National Drug Master Plan for 2013-2017*

The NDMP for 2013-2017's monitoring and evaluation strategy is aligned with that of the Public Service Commission's (PSC) monitoring and evaluation guideline (NDMP, 2013).

At a national government level, departments are expected to produce a strategic plan for five years and afterwards conduct monitoring and evaluation in line with the

strategic plan implemented. This five-year strategic plan's implementation was applicable to the NDMP for 2013-2017 period and for this purpose, the NDMP (2013-2017) were evaluated in 2017 by both the national government and an independent company that specializes in monitoring and evaluation (NDMP, 2013).

According to the monitoring and evaluation component of the NDMP for 2013-2017 the following areas should be evaluated: programme performance, organizational performance, financial performance and community needs. An extensive monitoring and evaluation process were implemented in 2017, and a report approved and released regarding the implementation of the NDMP for 2013-2017. The aforementioned monitoring and evaluation report are pivotal in understanding the experiences of social service providers regarding the implementation of the NDMP for 2013-2017.

It is for the aforementioned reason that an overview of the monitoring and evaluation process implemented regarding the NDMP for 2013-2017 are provided in this chapter.

3.4.2.8 Implementation evaluation of the National Drug Master Plan for 2013-2017

The monitoring and evaluation process in relation to the NDMP for 2013-2017 were coordinated by both the Department of Planning, Monitoring and Evaluation and the Department of Social Development. An independent company that specializes in monitoring and evaluation, Southern Hemisphere, were contracted by both the aforementioned departments to assist in evaluating the implementation of the NDMP for 2013-2017. The final evaluation report regarding the NDMP for 2013-2017 is comprehensive and covers the implementation of the NDMP (2013-2017) in its entirety. For the purpose of this research study, discussions in the evaluation report that pertains to social service providers and LDAC's are viewed as important and will therefore be discussed next.

Southern Hemisphere (2016) states that certain LDAC's could also be involved in influencing local government policy, e.g. a district LDAC structure in the province of Kwazulu-Natal is doing research on how to respond to challenges related to homelessness and crimes linked to substance abuse, with a view to preparing a policy. During the implementation evaluation of the NDMP for 2013-2017, four respondents stated that the NDMP (2013-2017) did not guide role-players on how to coordinate

and integrate provincial and municipal drug plans. It was found that the NDMP for 2013-2017 does not define the roles of LDAC's and various service providers and that it does not clarify the voluntary nature of LDAC's. On the other side of the spectrum, the majority of LDAC members (11 out of 14) that were interviewed for implementation evaluation purposes, indicated that the role of LDAC's are defined clearly and sufficiently in the NDMP for 2013-2017 (Southern Hemisphere, 2016).

The extent to which LDAC's have developed local action plans seems to be dependent on which province they are in, and how far the CDA and the PSAF's have reached in terms of training and supporting LDAC's.

Southern Hemisphere (2016) founded a wide spectrum of results in terms of LDAC's and its functioning in the RSA, e.g. 8 of the 30 LDAC's in the Western Cape are functional and the Western Cape PSAF is busy resuscitating them. During the aforementioned implementation evaluation, it was ascertained that only the City of Cape Town metropolitan municipality developed a local strategy to address substance abuse in the city.

Three out of the four LDAC's visited in the evaluation are functional, and it was reported that countrywide only a few of the LDAC's are operational and functional (Southern Hemisphere, 2016). The aforementioned was found to be the reason why only a few local action plans were produced by LDAC's. Furthermore, the inter-sectoral nature of the NDMP for 2013-2017 made its implementation a complex process. On the other side of the spectrum, Southern Hemisphere (2016) states that there is to some extent alignment between the NDMP for 2013-2017 and other sector plans, but further alignment with Integrated Developmental Plans (IDP's) are needed.

Municipalities are meant to provide funds for the LDAC's, but the majority of respondents indicated that except for two LDAC's (Welkom and Kroonstad), this did not happen.

This research study reasons that the lack of funding support to LDAC's contributes to the challenges these structures experience, and as observed in practice, often put the onus on social service providers to increase their involvement with, support and guidance to LDAC's. One of the reasons given was that the Mayors did not see it as a priority (Southern Hemisphere, 2016). Across provinces, the lack of funding from

municipalities was borne out by most LDAC's. According to Southern Hemisphere (2016), most LDAC interviewees were not aware of a budget for substance abuse at community level. In most municipalities and the communities, it serves, LDAC's are viewed as an unfunded mandate. It appears that Gauteng province might be the only province that funds their LDAC's (Southern Hemisphere, 2016).

The aforementioned information is pivotal in understanding the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. It provides a holistic view of the experiences of various role-players in the RSA regarding the implementation of the NDMP for 2013-2017.

Some role-players in provinces of the RSA and a few LDAC members were interviewed for the purpose of evaluating the implementation of the NDMP for 2013-2017. A crucial aspect that is excluded from the evaluation of the NDMP for 2013-2017 is a focused and in-depth exploration and reporting on the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. The aforementioned is true of the RSA, that is severely affected by the scourge of SUD's and viewed as in need of urgent interventions for its SUD problem. It is for the aforementioned reason that this research study is relevant and of value to explore the experiences of social service providers regarding the implementation of the NDMP for 2013-2017.

3.5 SUMMARY

This chapter provided an extensive discussion on the NDMP for 2013-2017 and related legislation and policies that guides the management of SUD's in the RSA. This discussion was done in the ambit of international policy frameworks, policies and treaties influencing South African legislative frameworks and policy development in the SUD field.

Furthermore, this chapter contained a discussion on the Act for the Prevention of and Treatment for Substance Abuse (Act 70 of 2008), previous NDMP's and the key NDMP in this research study; the NDMP for 2013-2017. All the legislative frameworks, relevant policies and the monitoring and evaluation conducted are important to understand the experiences of social service providers regarding the implementation of the NDMP for 2013-2017.

It stands to reason that the complexity related to the implementation and application of South African legislation and policies regarding SUD's, significantly influence the management of SUD's especially in a time of a growing concern in relation to this problem. The legislative frameworks, policies and related evaluations harmonizes with the ecological systems theory discussed in chapter 2, and jointly structure the theoretical milieu to explore and describe the experiences of social service providers regarding the implementation of the NDMP for 2013-2017.

CHAPTER 4

EMPIRICAL STUDY ON THE EXPERIENCES OF SOCIAL SERVICE PROVIDERS REGARDING THE IMPLEMENTATION OF THE NATIONAL DRUG MASTER PLAN (2013-2017)

4.1 INTRODUCTION

This chapter entails the third objective of this research study which is to empirically explore and describe the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. Chapter one related to the research proposal and extensively described the motivation to conduct this research study. It furthermore described the value of this research study for the social work profession, related professions and the field of substance abuse services. Chapter two gave an in-depth analysis of the ecological systems theory as a pre-chosen theoretical position to explore, describe and analyse substance abuse and substance use disorders. Chapter two provided an in-depth understanding of the NDMP for 2013-2017, through the experiences of social service providers by utilizing the ecological systems theory as the chosen theoretical position.

Chapter three gave a thorough overview of the NDMP (2013-2017), related legislation and policies. Chapter three contributed to a clear understanding of the NDMP for 2013-2017 and created a theoretical and policy-based foundation to interpret, explore and describe the experiences of social service providers regarding the implementation of the NDMP (2013-2017). Chapters two and three formed the theoretical framework of this research study and ensured for a quality exploration and description of the experiences of social service providers regarding the implementation of the NDMP (2013-2017). This chapter will present the findings of the experiences of social service providers regarding the implementation of the NDMP (2013-2017). The findings will be presented in the form of graphs, tables, themes and sub-themes where applicable. The Chapter is divided into three sections, namely an overview of the research method (Section A); biographical details of participants (section B); and analysis of the qualitative data (Section C).

SECTION A: THE RESEARCH METHOD UTILIZED IN THIS STUDY

4.2 RESEARCH METHOD

The research approach, research design, sampling, data collection and analysis, as well as the ethical aspects utilized in this study will be presented.

4.2.1 Research approach

To meet the aim of the study, namely to develop an in-depth understanding of the experiences of social service providers regarding the implementation of the NDMP (2013-2017), a qualitative research approach (with some quantitative elements regarding the biographical details of the participants) was followed as explained in Chapter one. According to Babbie and Mouton (2007), a qualitative approach enables researchers to gain a better understanding of a certain aspect. In this study the researcher gained more insight into the experiences of social service providers regarding the implementation of the NDMP (2013-2017). Participants shared their experiences regarding this topic with the researcher during semi-structured interviews.

4.2.2 Research design

The researcher made use of a descriptive as well as an explorative research design as was discussed in Chapter one. According to Fouché and Delport (2011), a descriptive research design enables the researcher to depict a clear picture of the topic that will be studied. In this study, the researcher had a clearer picture of how social service providers experienced the implementation of the NDMP (2013-2017) after data collection (interviews). The researcher also explored this topic by studying relevant literature, policies, legislation and research (De Vos et al., 2011).

4.2.3 Sampling

As was discussed in Chapter one, the researcher made use of purposive sampling. Certain criteria for inclusion as was presented in Chapter one was applied. Initially, the researcher planned to only include social service providers who are employed in the substance abuse field and in local municipalities.

He however struggled to gain entry to potential participants employed by local municipalities and had to adjust the emphasis of the study to any social service provider in the substance abuse field who met the criteria for inclusion. The focus was however still on their experiences of the implementation of the NDMP (2013-2017). The researcher also initially planned to interview 20 participants, but data saturation was reached after 16 interviews (Fouché & Delport, 2011; Maree & Pieterse, 2007; Strydom & Delport, 2011).

4.2.4 Data collection

Data was collected by means of a semi-structured interview guide (Annexure 3), consisting mainly of open-ended questions (Galletta, 2013; Holtzblatt, Wendell & Wood, 2005). The participants of this study were contacted in their own personal capacity and the researcher thus did not require permission from organisations to interview participants. Participants were contacted via email or telephonically. Interviews were conducted after hours, so that the interviews did not interfere with any work obligations. All the participants took part in the study voluntarily and read through the consent letter, and they signed the consent form (Annexures 3 and 4). Interviews lasted between 45 minutes to an hour. Interviews were conducted from May 2019 to August 2019. All the interviews were audiotaped with the permission of the participants. The interviews were transcribed by the researcher shortly after the interview took place (Babbie, 2007; Creswell & Poth, 2018). The researcher made use of a denaturalised method of transcribing, thus focusing on the content rather than how information was given (Oliver, Serovich, Mason, 2005).

4.2.5 Data analysis

After 16 interviews were transcribed, the researcher categorised the data into four themes and relevant sub-themes (Shurinck, Fouché & De Vos, 2011). Data was categorised according to biographical details of participants (Section B) as well as an empirical investigation according to the themes based on the semi-structured interview guide as indicated in Annexure 2 (Section C). Data verification was done as was explained in Chapter one.

4.2.6 Ethical aspects

As indicated in Chapter one, ethical clearance was obtained for the study (Annexure 1). This was a low risk study. The researcher contacted the participants in their personal capacity, and they did not represent any organisation. The researcher has a good professional network of social service providers who render services in the substance abuse field and therefore did not struggle to find participants. Although participants were interviewed in their personal capacity, the ethical guidelines regarding informed consent (Annexures 3 and 4), voluntary participation and confidentiality were still followed as discussed in Chapter 1.

SECTION B: BIOGRAPHICAL DETAILS OF PARTICIPANTS

4.3 DEMOGRAPHICAL CHARACTERISTICS OF PARTICIPANTS

This section serves to present the demographical information and characteristics of the participants that formed part of the sample during the empirical study. The demographics and characteristics of participants contributes to a better and in-depth understanding of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. The demographical information will be done in terms of their language of preference, years of experience in the social service professions, employment positions in the work environment and their qualifications.

4.3.1 Language preference of participants

The home language of participants will be presented in the pie chart below. However, all interviews were conducted in English, as participants were fluent in English and this language were their professional medium of communication.

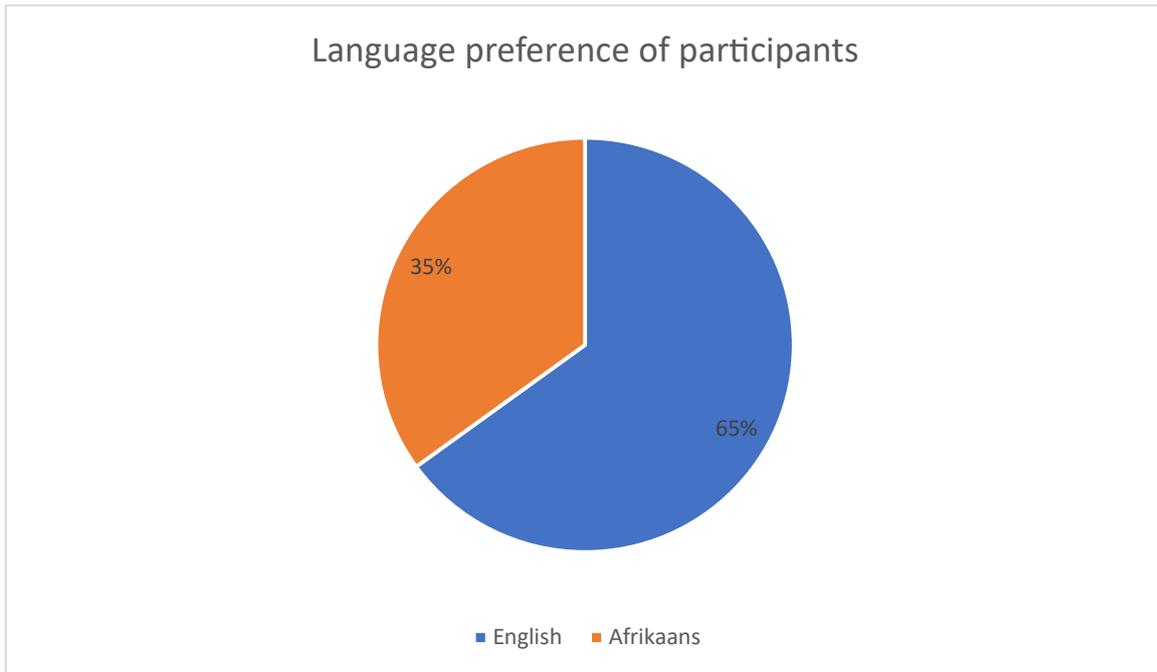


Figure 4.1: Language preference of participants (N=16)

The figure above indicates that most participants in the empirical study were English speaking. The participants whose home language was Afrikaans had a good command of English. The study was conducted in the Western Cape which is a predominant English and Afrikaans province in the RSA.

4.3.2 Years of experience in the social service professions

The researcher opted to determine the years of experience participants have in the social service professions. In the social service professions, substance abuse service delivery is usually incorporated in generic social service practice based on service delivery needs or structured as a field of specialization.

It was therefore important to determine the years of experience in order to confirm the participant's degree of exposure to and knowledge of the implementation of the NDMP for 2013-2017.

The years of experience of participants will be categorised in the following table below.

Table 4.1: Years of experience of participants

Years of experience	Number of participants
1-3 years	3
4-6 years	2
7-10 years	5
11-15 years	2
16-20 years	1
21-25 years	2
26 years and more	1

All the participants that formed part of the sample for the empirical study were social service practitioners that are experienced in both the social service professions and the substance abuse field. The researcher found it challenging to define a social service provider in the context of the RSA as literature, most legislation and relevant policies lack such a definition. To contextualize a social service provider, the researcher opted to make use of the White Paper for Social Welfare (1997). The White paper for Social Welfare (1997:100) defines social development workers and other categories of personnel as social workers, social auxiliary workers, community development workers, child and youth care workers and other categories that may still be defined. Social development workers may be deployed to perform both specialist, generalist and developmental roles, may receive either formal or informal training; and may in some cases be accredited by an approved authority (White Paper on Social Welfare, 1997). For the purpose of this research study social service providers will refer to social development workers in the context of the RSA.

4.3.3 Employment positions in the work environment

The employment positions of participants were determined during the empirical study. This enabled the researcher to determine the various levels the NDMP for 2013-2017 featured at in the participants' organizations of employment. Furthermore, determining the employment positions of the participants assisted with measuring the degree of knowledge about the implementation experiences of the NDMP for 2013-2017 in the various employment categories in participants' organizations of employment.

Moreover, determining the employment positions of participants was important to explore and describe the level of participation and practical experiences in the implementation of the NDMP for 2013-2017 at various post levels in employment organizations of participants.

The employment positions of participants will be presented in the Table 4.2 below.

Table 4.2: Employment positions of participants in the work environment

POST LEVEL IN ORGANIZATION	POSITION	NUMBER OF PARTICIPANTS
Top management	Chief Executive Officer Managing Director Director	3
Middle management/Supervisory roles	Social Work supervisor	1
Direct and frontline service delivery	School Social Worker School Counsellor Generic Social Worker Specialist Social Worker Social Auxiliary Worker	11
Policy and legislation development	Social Work Policy Developer	1

An analysis of the table above indicates that most of the participants are employed in direct and frontline service delivery in the social service professions. On the other side of the spectrum, the table shows that only one participant is employed in a policy development environment and one in a middle management position. Furthermore, three participants work in the top management environment. The table suggest that rich data originated from the direct and frontline service delivery levels in a substance abuse context. On the other side of the spectrum, the three participants that work in the top management environment ensured input regarding their implementation experiences of the NDMP for 2013-2017, at a more senior level. Furthermore, the participant that works in a middle management environment provided data regarding

experiences with the implementation of the NDMP for 2013-2017, from a perspective of supervision of direct and frontline services in the substance abuse field. It stands to reason that rich data was obtained with predominant input from the direct and frontline service delivery context, yet still diverse regarding data from other employment levels and environments.

4.3.4 Qualifications of participants

The qualifications of participants were determined during the empirical study. Determining the qualifications of participants assisted to structure a profile about the educational levels of participants.

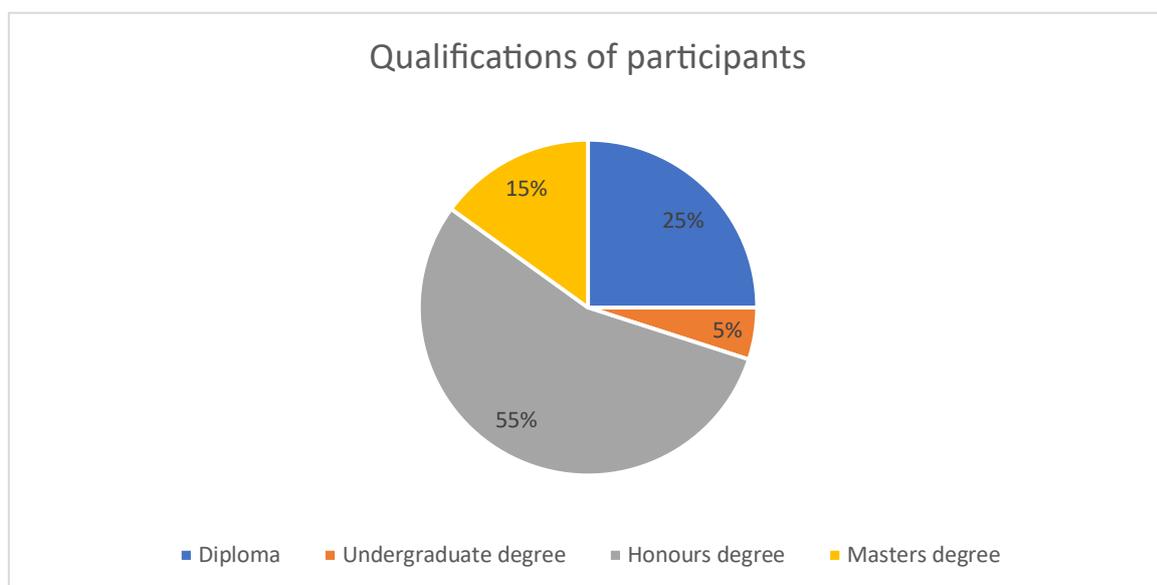


Figure 4.2: The qualifications of participants

Nine of the participants (approximately 55%) in the empirical study holds a four-year degree in social work and is employed in direct social service delivery. Four participants (on quarter) have a diploma. Two participants (approximately 15%) of the participants have a master's degree in social work and one participant (approximately 5%) holds a graduate degree in the social service professions, other than social work. The wide spectrum of qualification demographics that featured in the empirical study contributed to a better exploration, description, analysing and interpretation of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. Moreover, the qualification demographics culminate with the rich

experiences of social service providers regarding the implementation of the NDMP for 2013-2017 and this ensured for extensive and in-depth description of these experiences. The participants are employed in a wide spectrum of organizations that renders one or more of a spectrum services in the substance abuse field. It therefore stands to reason that the participants in the empirical study has extensive experiences regarding the implementation of the NDMP for 2013-2017.

4.3.5 Gender of participants

The gender of participants was determined during the empirical study and it was established that the empirical study had diversity regarding gender of participants. The gender of participants is presented in the pie chart (Fig. 4.3.) below.

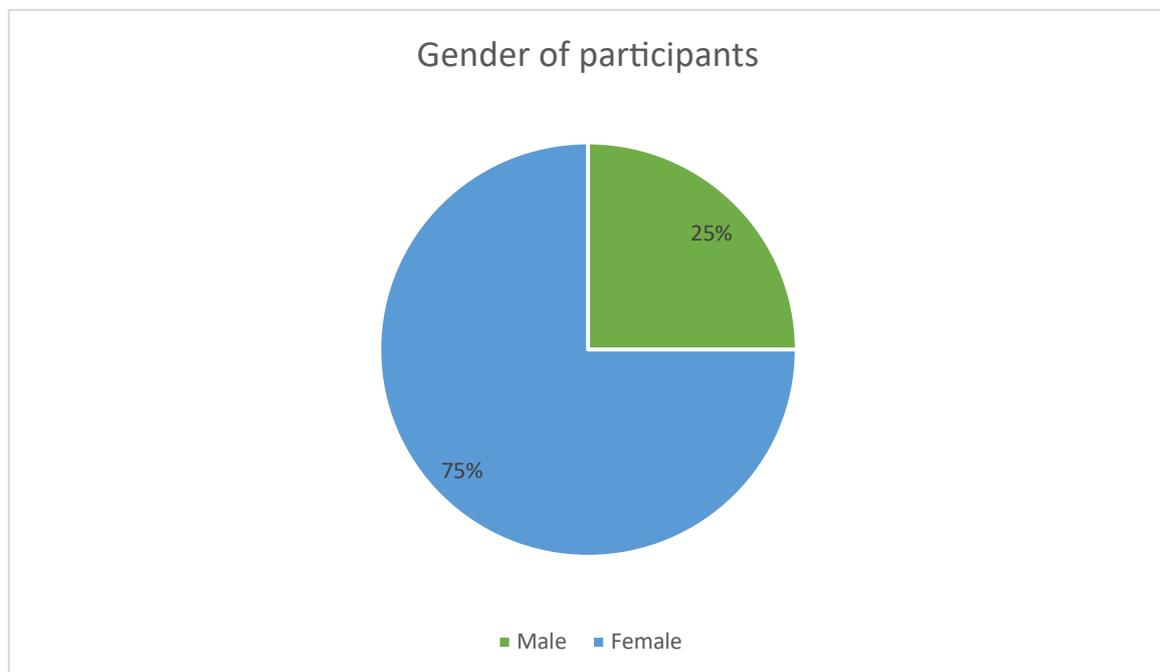


Figure 4.3: The gender of participants

Twelve female and four male social service providers participated in the empirical study. There was no reason for the discrepancy in the gender of participants, as the researcher opted to make use of the *purposive sampling technique*. The researcher made use of his own judgement regarding who would be best equipped to answer the research question. The criteria for the inclusion in the sample directed this choice (Rubin & Babbie, 2005:247).

4.3.6 Ages of participants

The ages of participants that participated in the empirical study were categorized in various age categories. The empirical study ascertained that there was diversity in the ages of participants. The table 4.3 below indicate the ages of participants divided in various categories.

Table 4.3: The ages of participants

AGE CATEGORY	NUMBER OF PARTICIPANTS
50 to 60	2
40 to 49	3
30 to 39	8
20 to 29	3

Most of the participants were aged between 30 and 39. Two participants were over 50 years of age. Three participants were between 20 and 29 years of age and three were between 40 and 49 years of age.

4.3.7 The involvement of participants in external substance abuse services

The empirical study envisaged the number of participants that are involved in any external substance abuse services (i.e. outside the context of their primary service environment, e.g. serving on a Local Drug Action Committee in their private capacity, rendering private paid substance abuse services afterhours in a social work private practice or pro bono therapeutic services in personal time in a NGO context). The pie chart (Fig. 4.4) below furnishes a presentation of the number of participants that are involved in external substance abuse services.

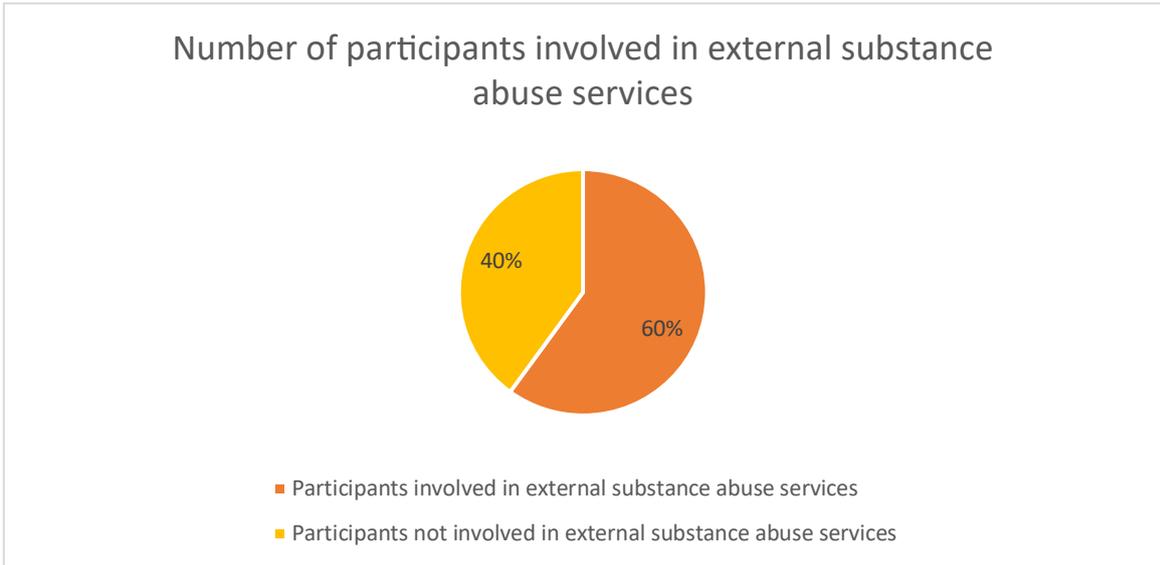


Figure 4.4: Number of participants involved in external substance abuse services

Seven participants (approximately 40%) were involved in external substance abuse services, whereas nine participants were not involved in external substance abuse services.

SECTION C: ANALYSIS OF QUALITATIVE DATA

4.4 THEMES AND SUBTHEMES

This Section presents the themes and subthemes identified and proposed in chapter one and utilized during data collection in the empirical study. The data collected in the semi-structured interviews with participants will be presented in this section under the chosen themes and subthemes. A total of four themes were purposefully chosen in chapter one and these themes cover the whole spectrum of implementation of the NDMP for 2013-2017. Table 4.4 describes the themes and subthemes chosen in chapter one and utilized in chapter four to collect data from participants.

Table 4.4: Themes and sub-themes

THEMES	SUBTHEMES
4.4.1 The perceptions and understanding of social service providers regarding the National Drug Master Plan (2013-2017)	Understanding of the operations that were related to the NDMP for 2013-2017
	The extent to which employer organizations fully understood the NDMP for 2013-2017
4.4.2 Feasibility and practicality of the National Drug Master Plan (2013-2017)	The feasibility, suitability and practicality of the NDMP for 2013-2017
	The inclusion of the NDMP for 2013-2017 in integrated development plans of municipalities
	The joint and cooperative implementation of the NDMP for 2013-2017 at community-level
4.4.3 Overview of implementation of the National Drug Master Plan (2013-2017) with specific reference to challenges experienced	Experiences of challenges at a micro system (i.e. Individuals and their families)
	Experiences of challenges at a meso system (i.e. groups such as sports clubs and other services and activities in support of substance abuse services)
	Experiences of challenges at an exo system (i.e. social services and the comprehensiveness of the substance abuse problem)
	Experiences of challenges at a macro systemic level (i.e. the culture of substance use/misuse)
4.4.4 Anticipation of implementations of future National Drug Master Plans	The relevance of NDMP's to the substance abuse problem of the Republic of South Africa.
	Key factors to be considered for future NDMP's in the Republic of South Africa

The researcher followed the qualitative data analysis process of Shurink, Fouché and De Vos (in De Vos et al., 2011:399), as extensively described in chapter one with a focus on implementing a range of strategies to organize the data. In this chapter, the stepwise framework proposed by Tesch (in Creswell, 2009:186) are utilized to ensure that the organisation and analysis of this qualitative data obtained during the data collection process is conducted in a scientifically sound manner. As described in chapter one, the researcher will verify the data against the literature in chapters two and three. During the data verification process in this chapter, the researcher will embed the data in large theoretical perspectives (De Vos et al., 2011:402). Below follows the data collected from participants during the data collection process in the form of direct narratives of participants categorised in the identified themes and subthemes above.

4.4.1 Theme one: The perceptions and understanding of social service providers regarding the national drug master plan (2013-2017)

In this section, participants were asked about their perceptions and understanding of the National Drug Master Plan for 2013-2017. The section focuses on the professional views, ideas and interpretation of participants regarding the national drug master plan for 2013-2017. Most of the participants understood the NDMP as a policy to follow and plan to implement to address the scourge of substance abuse in the Republic of South Africa.

4.4.1.1 Subtheme 1: Understanding of the operations related to the NDMP for 2013-2017

Participants were asked to explain their understanding of the operations related to the NDMP for 2013-2017. The empirical data presented below provides a diverse response from participants and includes both positive and negative understandings of NDMP-related operations. It is important to take cognisance of the diversity in the understanding of participants of the operations related to the NDMP for 2013-2017, as this significantly contributes to their perceptions and in-depth understanding of the plan. The participants gave the following responses when asked about their understanding of the operations related to the NDMP for 2013-2017.

Participant 1 *"It is getting cascaded down into Mini NDMP's within the different municipalities. The aforementioned is all coordinated by a Central Drug Authority (CDA) and each municipality is responsible for developing their own mini drug master plan. This is all happening on a scale of demand-, harm- and supply reduction."*

Participant 5 *"The NDMP for 2013-2017 was a policy document that consolidated services from government departments and various NGO's. It pertains the establishment of LDAC's that clusters and coordinates various services and a platform for peer support. It entails the exchanging of ideas and sharing of resources amongst government departments and organizations. The NDMP's implementation via the LDAC's was to make substance abuse everyone's business."*

Participant 3 *"The NDMP for 2013-2017 had several legs it stood on. It has awareness and prevention, treatment and aftercare and this is what the NDMP tries to achieve in its broader context related to substance abuse services. The community activism in Eldorado Park in Gauteng about substance abuse had a significant contribution to the development of NDMP's in the country. The president at the time of the community activism in Eldorado Park said that there must be interventions in terms of substance abuse at various levels, i.e. national, provincial and at a local level of government. The aforementioned gave rise to a holistic intervention for substance abuse in the form of a bottom up approach. This means that communities must state what they want, when they want and how they want it. This never materialized as there were no political will, this means that local municipalities never took up the responsibility to implement the NDMP. There was no communication from a national level down to local municipal level in terms of the responsibility of the local municipalities to implement the NDMP. The key role players at a local municipal level is the mayor and his or her executive structures. The NDMP did not include any enforcing mechanism to force local municipalities to implement the NDMP. Due to the aforementioned that did not occur, the relevant people were challenged to implement the structures of the NDMP.*

Participant 4 *“The operations of the NDMP is a guideline that all of us need to adhere to when rendering substance abuse services. The operations give us direction in terms of our services, i.e. what is allowed and what are not allowed, what we should do. The operations of the NDMP are related to the relevant acts and the operations forms the backbone of the services we render.”*

An analysis of the narratives above indicate that most of the participants have a correct understanding of the NDMP (2013-2017), and it harmonizes with the description of the NDMP by the Act for the Prevention of and Treatment for Substance Abuse as a multi-faceted and integrated approach to enhance coordination and cooperation in the management of substance abuse (Act 70 of 2008, 2009). A further analysis of the above narratives indicate that participants has the understanding that the NDMP (2013-2017) is a plan outlining various interventions directed at substance abuse that took place at a national, provincial and a local level of government. The participants understanding is line with the NDMP’s (2013-2017) definition of a NDMP as a single document adopted by government outlining all national concerns regarding drug control (NDMP, 2013). The above narratives of participants clearly indicate their understanding of the concepts and strategies of demand-, harm- and supply reduction as described in the NDMP for 2013-2017 (2013). One of the objectives of the NDMP for 2013-2017 is to ensure coordination of efforts to reduce the demand for, supply of and harms caused by substance abuse. This correlates with literature (Lewis, Dana & Blevins, 2011; Madisha, 2019; Parry & Myers, 2011; Smook, Ubbink, Ryke & Strydom, 2014) that indicates that every effort should be made to combat the harmful consequences of substance abuse.

It stands to reason that most participants had a thorough and correct understanding of the operations related to the NDMP for 2013-2017 and this contributes to their overall perception of this NDMP (Southern Hemisphere, 2016). The aforementioned indicates that participants had a thorough macro systemic understanding of the operations related to the NDMP for 2013-2017 and present insight regarding the multi-faceted nature of this NDMP (Bronfenbrenner, 2005:8; O’Donoghue & Maidment, 2005 in Nash, Munford & O’Donoghue, 2005:32-49).

A uniformed understanding of the coordinative, collaborative, cooperative, hierarchical and uniformed response to the substance abuse problem in the RSA featured in the

above narratives of the participants. This understanding of participants harmonizes with the multi-faceted and integrated approach to enhance coordination and cooperation in the management of the substance abuse and to ensure the effective implementation of the NDMP for 2013-2017 (Act 70 of 2008, 2009). On the other side of the spectrum, participants also conveyed that they have a lack of understanding of the NDMP for 2013-2017, are not familiar with the plan or have a negative view of it.

Participant 2 *"To be honest, in the time I have practised Social Work, I have not utilized the NDMP. I do have a theoretical understanding of the NDMP as I needed to have an understanding of some of the theoretical underpinnings of it when I did my master's degree studies in Social Work. This was the first time I sat with the NDMP. This was merely for research purposes. The NDMP is not useful and easily accessible. There are things that's listed in the NDMP that is theory, but it doesn't come into practice. It is all good and well on paper but how do you implement it if you do not have resources, if you don't have certain things in place you cannot always implement the content of the NDMP. I don't have any practical understanding of the NDMP."*

Participant 6 *"The NDMP for 2013-2017 did not exist. To a service provider at grassroots level, the NDMP is a legislative piece of paper that is put out to the country and we must prescribe to certain requirements. The NDMP tries to measure your substance abuse services and decides as to repute or disrepute of your services. Other than this, the document does not have any value for the service provider at grassroots level. I am of opinion that it is a good document and I appreciate the guidance for substance abuse services, but it is too broad, and it lacks specific information as to who can provide services and how it should be provided at especially a local level. There are major flaws in the policy and the broad scope of the policy makes it very difficult to monitor its implementation. A lot of the terminology in the NDMP were contradicting and it led to confusion amongst service providers. It's perhaps a simple thing but it still confused people and said something about the whole policy."*

Participant 11 *"I do not understand the operations related to the NDMP".*

The above narratives of participants are clear indications of negative views they hold about the implementation of the NDMP for 2013-2017. The participants provided reasons for their negative views about their understanding of the NDMP for 2013-2017 and this are extensively described in the narratives above. The lack of and negative understanding of the operations that were related to the NDMP for 2013-2017 relates to an evaluation research conducted about the NDMP (2013-2017) that found that this NDMP did not guide stakeholders on how to coordinate and integrate provincial and municipal drug plans (Southern Hemisphere, 2016). Furthermore, Southern Hemisphere (2016) postulates that the NDMP for 2013-2017 does not define the roles of LDAC's and various service providers and that it does not clarify the voluntary nature of LDAC's.

The ecological systems theory assists in interpreting the negative connotations related to the understanding of the NDMP for 2013-2017. The central idea of the ecological systems theory in its original form entails that an individual that functions within his or her environment and the reciprocal processes that occurs at different ecological systems (Bronfenbrenner, 1979b).

Gitterman and Germain (2008) argue further by stating that ecological thinking focuses on the reciprocity of person: environment exchanges in which each shape and influences the other over time. The participants acknowledged the reciprocal processes on the various levels the NDMP for 2013-2017 were implemented and spheres it did not reach in its implementation.

The participants narratives above includes reasons such as the difficulty in using, challenges to access the plan and a lack of practical understanding as reasons for their negative understanding of the NDMP for 2013-2017. Furthermore, other participants identified a lack of value of the NDMP for 2013-2017 to service providers at grassroots level, the vastness of the plan and its contribution to confusion amongst role-players as reasons for their poor understanding of the operations of the plan. The narratives of participants above indicate challenges that existed in the reciprocal processes during the implementation of the NDMP for 2013-2017, and the difficulty in its ecological systemic construction (Bronfenbrenner, 1979b).

Based on the data provided by the participants and its direct postulation in the narratives above, it's concluded that there are both positive and negative

understandings of the operations related to the NDMP for 2013-2017. The negative understandings contribute to a better development and implementation of NDMP's as the positive and negative understandings of participants regarding the operations related to the NDMP for 2013-2017 indicates that there are policy development and molar processes in the development of the country's substance abuse policies, i.e. NDMP's, as the above-mentioned NDMP are the RSA's third one (Shaffer & Kipp, 2010:65).

More so, does ecological thinking focuses on the reciprocity of person: environment exchanges in which each shape influences the other over time (German & Gittermain, 1996, cited in Saleeby, 2001).

4.4.1.2 Sub-theme 2: The extent to which employer organizations fully understood the NDMP for 2013-2017

The participants were asked to what extent their employer organizations fully understood the NDMP for 2013-2017.

Some participants recently changed employment organizations, and they were able to provide a comprehensive response regarding the extent to which these organizations understood the NDMP for 2013-2017. For an organization to effectively implement the NDMP (2013-2017), it must have a thorough understanding and a correct interpretation of this plan. Furthermore, the organization must commit to the implementation of the plan to enable social service providers to execute the plan at the various levels it is required to be implemented. Below are the responses of the participants when they were asked about the extent to which their employer organizations fully understood the NDMP for 2013-2017.

Participant 16 "The Department of Social Development has employed specialists within the field of substance abuse who render needed services to clients whether voluntary or involuntarily in different areas of service delivery. This to some degree indicate that the Department had a good understanding of the NDMP. The relationship between the Department and the various stakeholders has a positive impact on the volume of clients reached and being able to access substance abuse services. With that the Department has various facilities in place where outpatient or in-patient services are rendered to users. Regular

monitoring and evaluation of these facilities occur to determine whether proposed targets are reached and the impact it has on the proposed outcome of the NDMP.”

Participant 14 “The organisation had a good understanding regarding the 2013-2017 NDMP and therefore the ethos of the organisation is to render a service with a client-centred approach. Harm reduction is also being implemented within the programs of the organization.”

Participant 13 “My organization fully understood the 2013-2017 NDMP but did not use it as an effective guideline.”

Participant 15 “The organization that I am working for, had a clear understanding of the NDMP and it aligned its conduct in the substance abuse field and services accordingly.”

The narratives above indicate that some organizations appointed specialist service providers to render services in the substance abuse field, while other organizations centred its entire service on substance abuse in a pure harm reductions approach. The narratives above suggest that these organizations understand the ecology of the spectrum of systems related to SUD’s as a social problem, and that the societal systems are affected by substance use disorders, i.e. the micro system, meso system, exo system and macro system, Bronfenbrenner (1979). Maintaining a positive professional relationship with other organizations and services providers, suggests that organizations understand the complexity of the substance abuse problem and substance use disorders, and that they realize the need to collaborate in service delivery processes to address the scourge.

Bronfenbrenner (1979a) included the individual, families and societal systems and resources such as religious institutions, schools and health services as part of the micro system. Hepworth et al. (2013) harmonized with Bronfenbrenner (1979a), when they reason that any gaps in the environmental resources, limitations of individuals who need or utilizes these resources or dysfunctional transactions between individuals and environmental systems threaten to block the fulfilment of human needs and lead to stress or impaired functioning. When a person has a substance use disorder, it is an indication of possible personal limitations, dysfunctional transaction, threats in the

fulfilment of human needs, the presence of stress and impaired functioning (Leonard, 2011; Pardeck, 2015). The narratives above indicate that there are existing positive relationships between organizations of participants and other organizations, a good understanding of the NDMP, monitoring and evaluation of treatment facilities for SUD's and the impact of services on the set outcomes of the NDMP for 2013-2017. The narratives above suggest that employment organizations of participants had a relatively good understanding of the NDMP for 2013-2017, and a thorough understanding of and commitment to the plan was desired by both the NDMP (2013) and the Act for the Prevention of and Treatment for Substance Abuse (2009).

On the other side of the spectrum, participants also indicated that their employment organizations did not fully understand the NDMP for 2013-2017. Each participant had an explanation as to the unique reasons for their organization's non- or partial understanding of the NDMP for 2013-2017. These responses from participants is important to assist in structuring a comprehensive understanding of the level of the perceptions and understanding of social service providers regarding the operations related to the NDMP for 2013-2017.

Participant 12 *"In my view the organization did not take the NDMP into account when it planned and implemented its services. We relied on the knowledge of our partners that assisted us with substance abuse cases. Our department is very small since our field of work is so broad, we often do not focus on one topic and therefore do not take the time to understand government implemented documents or strategies."*

Participant 4 *"I don't think that my staff were very familiar with the NDMP for 2013-2017. Myself on the other hand, attended various workshop where they dealt with the NDMP and I can particularly think of two I remember very clearly. The two workshops were facilitated by the DSD. The information provided by the NDMP in the workshops I attended assisted me to guide my staff especially new staff. It enabled me to explain the difference between harm reduction, early intervention and community-based treatment. Sometimes people get confused with certain substance abuse services and the NDMP gave more clarity in terms of specific substance abuse services. I were however not clear about everything*

in the NDMP and I think that there's room for amends to be made to the document to improve it."

Participant 11 "As an organisation we are aware of the purpose of the NDMP, however we do not understand the implementation process and procedure."

Participant 2 "In my view, the school does not have an understanding of the NDMP, if I look at the staff I work with. I do all the social development within the school (the staff, the principle and the learners). I am sure that people don't even know what the NMDP is. We are more known with and affiliated with NGO's, and not even DSD, that offer free services to us, the learners and to the youth rather than actual sitting with the NDMP."

The narratives above indicate the participants view that the organizations they work for did not have a full understanding of the NDMP for 2013-2017. One participant stated that her employment organization did not take the NDMP for 2013-2017 into account when it planned and implemented its services, and that they relied on the knowledge of an organization they referred clients to for substance abuse services. According to the NDMP (2013), it is designed to bring together government departments and other stakeholders in the field of substance abuse to combat the use and abuse of and dependence on dependence-forming substances and related problems. Furthermore, the NDMP (2013) argues that SUD's continue to ravage families, communities and the society at large. This also correlates with literature (Doweiko, 2012; Ellis, Stein, Thomas & Meintjies, 2012; Fisher & Harrison, 2013; Moyana, 2019) that stresses how detrimental SUD's are for individuals, families and neighbourhoods. The narratives above describes how social service providers cooperate, network and organize services in order to address and manage the substance abuse problem that features in their client systems. The data captured in the narrative above relates to the purpose of the NDMP (2013) in that there's closer cooperation, networking and partnership between social service organizations regarding the rendering of substance abuse services, although the narratives suggests that employer organizations did not fully understood the NDMP for 2013-2017.

An important response from participants pertains to time constraints, is to read and understand the NDMP 2013-2017 due to service delivery demands. One participant

reasoned that even after attending more than one workshop on the NDMP for 2013-2017, he didn't understand the whole plan. This harmonized with another participant's response that indicated that she did not understand the implementation processes and procedures. Participant 2 indicated that the school she works for did not have an understanding of the NDMP and that she's sure that they don't even know what the NDMP is. The ecological systems theory seeks to understand how and how well individuals adapt to the challenges of their natural, built (physical and human-made constructions) and social environments. In considering the person: environment fit, adaptation is a pivotal idea and an active dynamic process (Johnson & Yanca, 2010; Saleeby, 2001). The challenges related to the extent to which employer organizations understood the NDMP for 2013-2017, relates to how they internalized, adapted, interacted and eventually implemented the plan.

Therefore, the challenges related to a full understanding of the NDMP for 2013-2017 by employer organization suggest that challenges were experienced in interacting with, interpretation of and adapting to the implementation of the NDMP.

The narratives above suggest that a lesser number of employer organizations fully understood the NDMP for 2013-2017, and that most of them experienced a wide spectrum of challenges in fully understanding the plan. This can be fully understood within the context of the Act for the Prevention of and Treatment for Substance Abuse (2009) and the NDMP (2013) as there are various disconnections between this NDMP and Act of 2008. This disconnection creates a challenge in both the legislative and policy environment and at grassroots level, where the aforementioned act and plan must be implemented, and this was extensively described in chapter three.

4.4.2 Theme two: Feasibility and practicality of the National Drug Master Plan (2013-2017)

In this section, participants were asked and engaged on their experiences with the feasibility and practicality of the NDMP for 2013-2017. It is important that policies and guidelines in the South African social service context are feasible and practical to implement, as this remains a challenging professional setting especially in the current time of planning and development of new fields of specialization such as the substance abuse field. In order to obtain a comprehensive understanding of the experiences of

social service providers regarding the implementation of the NDMP for 2013-2017, it was pivotal to ascertain the view of participants on the feasibility and practicality of this plan. Below are the responses of participants on the feasibility and practicality of the NDMP for 2013-2017.

4.4.2.1 Sub-theme 1: The feasibility, suitability and practicality of the NDMP for 2013-2017

In order to understand the experiences of social service providers regarding the implementation of the NDMP for 2013-2017, it was important to obtain a thorough understanding of their experiences with and opinion on the feasibility, suitability and practicality of the NDMP (2013-2017).

Participants were asked about their professional opinion of the suitability of the NDMP for 2013-2017, as both an appropriate and relevant policy guideline and practical plan to implement to address and manage the substance abuse problem of the RSA. Engagement on the feasibility, suitability and practicality assisted both the researcher and the participants to explore and describe the experiences of participants with the implementation of the NDMP for 2013-2017 in a thorough and robust manner. Below are the narratives of participants regarding the feasibility, suitability and practicality of the NDMP for 2013-2017.

Participant 1 *“The practicality of implementation of the NDMP at a local municipal level is a really good idea. I do think that the aforementioned is practical, feasible and manageable. You are really getting in touch with the communities and their problems. You really understand the problems of the community and the only way to mobilize all of this is the get the buy in and support of the local municipality with all the relevant departments. It expands further than this as well, to NGO’s, the Public Sector and a lot of more other sectors relevant to the substance abuse problem. I am 100% in agreement with this type of approach. It however does not always transpire as the aforementioned and this is unfortunate situation in many municipalities.”*

Participant 2 *“I don’t think that the NDMP was feasible and practical to implement because as a Social Service Provider for almost 10 years in the field, I haven’t used the NDMP. I work with a lot of organizations specifically pertaining to*

substance abuse. We never referred to the NDMP, we never visited the document. We would rather sit and see what resources we can use and what we can implement that is practical. We didn't make use of the NDMP and this was the reality."

Participant 3 "Yes, the strategy of the NDMP were feasible but for a strategy to be feasible you need commitment and thinking of the broader structure of the NDMP, we did not have commitment. When you view the NDMP on paper, it seems feasible and practical to implement but especially the various government departments were not committed in terms of their unique mandates. You'll find that community structures are in place and are willing and able to address the substance abuse problem and this are seen in community engagements. The NDMP was not lobbied good enough with national ministers to buy into it for implementation in their various departments. This points to political will and herewith making the NDMP more feasible to implement. The NDMP were feasible but not in terms of getting political buy-in and this made the NDMP a diluted document that were only a paper exercise."

Participant 4 "The NDMP was manageable but not practical. You need to bear in mind that communities and areas differ. The NDMP was a standard document and it wasn't tailor-made. The document did not take into account the various provinces and their respective substance abuse problems. The NDMP was not suitable for the substance abuse problem of the country. My view is that it wasn't the right time for such a plan to be implemented as we still needed to unpack a lot of things when it comes to the substance abuse problem and the plan itself. We need to determine what the goals and set outcomes are we want to achieve by implementing the NDMP.

The narratives above suggest that the practicality of the NDMP for 2013-2017 were a good idea at especially a local municipal level, where it should have been tailor-made for the specific substance abuse problem of particular communities. The narratives above furthermore indicates that the NDMP for 2013-2017 should have been implemented at the right time after a thorough unpacking and effectively plan its implementation. Furthermore, the narratives also suggest that the NDMP was not utilized and that it was never consulted and that participants would rather explore

alternatives opposed to engaging the NDMP for 2013-2017. The aforementioned relates to challenges that were experienced with the institutional mechanism to plan, develop and implement the NDMP for 2013-2017 (Whiting, 2014).

The information conveyed in the narratives above relates to the concept of mastery and competence as key factors in the ecological systems theory in its interpretation of substance use disorders.

The concept of mastery within the social science has its origins in the circle of courage, a theory widely utilized in social work to better understand the complexities of social problems and phenomena (Chase, 2015).

Humans have an innate drive to become competent and solve problems. With success in surmounting challenges, the desire to achieve is strengthened (Chase, 2015). The narratives suggest that participants realized the importance of the implementation of the NDMP for 2013-2017, wanted to master the plan and effectively implement it to address and manage the complex problem of substance use disorders but experienced feasibility and practical challenges to master the implementation of the plan.

The narratives of participants are clear on a lack of buy-in and commitment from key figures and important institutions such as national ministers of departments, local municipalities, NGO's, PBO's and the public themselves. It stands to reason that the narratives above suggests that a lack of political buy in, commitment and a uniform understanding of the NDMP for 2013-2017 impeded its objectives for implementation and compromised its overall purpose. The views in the narratives of the participants is a direct contrast of the objectives the NDMP for 2013-2017 had. The NDMP (2013) states that it is designed to bring together government departments and other stakeholders in the field of substance abuse to combat the use and abuse of and dependence on dependence-forming substances and related problems. It sets out the contribution and role of various government departments at national and provincial level in fighting the scourge of substance abuse. It also recognises the need for a significant contribution to be made by other stakeholders in the country. The success of the NDMP (2013-2017) depends on the efforts of each stakeholder in crafting national and provincial departmental drug master plans in response to the problems defined in the NDMP (NDMP, 2013).

In the interpretation of the narratives above it is understood that the NDMP for 2013-2017 was feasible, suitable, manageable, but that its practicality was a challenge. Participants had concerns about the buy-in of especially the South African political principles, commitment of the various institutions to execute their roles and responsibilities related to the NDMP (2013-2017) and identified complexities related to the institutional mechanisms to manage the implementation of the plan in its entirety.

The above-mentioned interpretation of the narratives of participants relates to the research of Whiting (2014), when he proved that the institutional mechanism to manage substance abuse in South Africa must be reviewed. The scholar evaluated the management of the substance abuse problem from a national perspective. Based on the above narratives of participants, it indicates that there are still complex challenges with the institutional mechanism to manage the substance abuse problem in South Africa. One participant indicated that the NDMP for 2013-2017 were not suitable for the substance abuse problem of the country, whereas the others deemed the plan as suitable to address and manage the problem.

A reasonable conclusion from the narratives are that there are diverse experiences in relation to the feasibility, suitability and practicality of the NDMP for 2013-2017, and concerns around the coordination of the implementation of the plan. This relates to the complex nature of the South African substance abuse problem and challenges to create effective interventions to successfully address this social problem (Sacendu, 2016).

4.4.2.2 Sub-theme 2: The inclusion of the NDMP for 2013-2017 in integrated development plans (IDP's) of municipalities

The participants that formed part of the empirical study were asked and engaged about inclusion of the NDMP for 2013-2017 in integrated development plans of municipalities. The local sphere of government and municipal service structures were identified by both the Act for the Prevention of and Treatment for Substance Abuse (2008) and the NDMP (2013) as an effective platform to address and manage the substance abuse problem at grassroots level in communities, through especially local drug action committees.

To ascertain if the NDMP for 2013-2017 was included in the integrated development plans of municipalities remained important in this research study for the abovementioned and related reasons. Participants were engaged in relation to the inclusion of the NDMP for 2013-2017 in the integrated development plans of municipalities and their responses are furnished below.

Participant 5 *"The IDP's of municipalities are more statistical in nature and entails a projection of what the municipality wants to achieve over a certain time frame. It's a document that is developmental in nature and a projection of what is to be achieved. To include the NDMP in IDP's is an excellent idea as it will assist municipalities to focus on substance abuse and to budget for services in this regard and prioritize it. This will assist them to allocate resources and provide facilities to LDAC's to function. It will furthermore assist them to specifically budget for programs that is outlined in the NDMP."*

Participant 6 *"This is an excellent idea and I don't think that the policy developers of the NDMP had a look into this. They setup the CDA and as per the NDMP, there were supposed to be communication between the various national ministers under the coordination of the CDA. This never occurred and hence there were no communication into the grassroots level and especially the municipalities in terms of their IDP's. There is a disjuncture between government departments in terms of substance abuse services especially the Department of Justice and its NPA. They prioritized policing and focussed on supply reduction and this didn't help at all. In public, the national ministers appeared to work together and as if there are synergy between the various departments but, and at grassroots level, none of this translated."*

Participant 8 *"I think that this is a very important aspect of addressing the substance abuse problem because we cannot say that it is a national problem only. It is also a provincial and a local problem. This is the crux of it all."*

Participant 9 *"IDP's, the NDMP for 2013-2017 and substance abuse in general are fragmented. You'd mostly find that each institution follows its own approach and there are various understandings of the direction we should take. There is confusion in terms of what municipalities are doing and what they are supposed to do. There's no synergy between municipalities and government departments"*

in terms of understanding of IDP's and the NDMP. There is also the dynamic of role-players that's not guided effectively regarding what it is they are supposed to understand and implement and the effect of this on the entire substance abuse service implementation approach must be acknowledged. There is severe understanding and implementation fragmentation."

Participants welcomed the engagement on the inclusion of the NDMP for 2013-2017 in the integrated development plans (IDP's) of municipalities. The narratives above indicate that if the NDMP for 2013-2017 were included in IDP's of municipalities, then this would have assisted the municipalities to plan and budget for and prioritize substance abuse service delivery. Furthermore, the above narratives suggest that an inclusion of the NDMP for 2013-2017 would have assisted with the possible allocation of resources and provision of facilities to the functioning of LDAC's. Moreover, the narratives above suggest that the incorporation of the NDMP (2013-2017) would have contributed to the implementation of NDMP programs at a municipal level, i.e. community level (Local Government Municipal Systems Act, 2000; Southern Hemisphere, 2016; NDMP, 2013).

According to the NDMP (2013), efforts to reduce the demand, harm and supply of substances must be coordinated concurrently with the strengthening of mechanisms for implementing cost-effective interventions to empower vulnerable groups. Apollis (2016) indicated the importance of cost-effective services, to people who are at risk of developing a SUD or those who already have a SUD. The NDMP (2013) describes a coordinating multi-sectoral attempt to address and manage the SUD problem. This plan acknowledges that the RSA has a steadily growing SUD problem and that there is a need for an organized strategy to manage the problem (Acker, 2018). The narratives above clearly describe the views of participants regarding the repercussions that occurred for exclusion of the NDMP for 2013-2017 in the IDP's of municipalities.

Some participants had strong arguments regarding the inclusion of the NDMP for 2013-2017 in IDP's, and substantiated why they view this as important. The narratives below are the direct responses of participants.

Participant 10 *"If the NDMP were included in the IDP's of municipalities, it would have served as a uniformed response to the substance abuse problem."*

Participant 13 *“If the NDMP were incorporated in IDP’s, this would have assisted service providers to partner well with each other in steering the local drug action committee.”*

Participant 14 *“The inclusion of the 2013-2017 NDMP into the integrated development plans should have been highly recommended. Communities deal with the reality and the destructive nature of substance abuse daily. Thus, is it important that strategic planning should be included into the various municipality’s IDP’s and this did not happen from 2013 to 2017.”*

Participant 15 *“It would have been a good thing if the NDMP were included into the IDP’s, this would have helped the IDP to be a working document.”*

Participant 16 *“The implementation of the NDMP through the IDP could have had a positive impact on how municipalities planned to render substance services to each community keeping in mind that it would have allowed people of all spheres of live to have access to rehabilitative services.”*

The narratives of participants above suggests that services to address and manage the substance abuse problem would have been more accessible, its implementation achievable and a broader positive impact could have been possible if the NDMP for 2013-2017 were incorporated with the IDP’s of municipalities. Section 61 (1) in Chapter 10 of the Act for the Prevention of and Treatment for Substance Abuse, Act 70 of 2008, states that a municipality must establish a Local Drug Action Committee to represent such municipality and to give effect to the mini drug master plan (Act 70 of 2008, 2009). This legislative responsibility of municipalities makes them directly involved in managing the substance abuse problem. Municipalities are furthermore responsible to facilitate the planning, development and implementation of IDP’s. There is a legislative harmonization between the responsibility of municipalities to be involved in the cooperative and coordinated management of the substance abuse problem and giving impetus to IDP processes (Local Government Municipal Systems Act, 2000).

The narratives above of participants are therefore a direct reflection of the effective municipal coordination of the management of the substance abuse problem if they incorporated the NDMP for 2013-2017 with their IDP’s. Moreover, the narratives above

suggest that the inclusion of the NDMP for 2013-2017 with IDP's would have ensured a uniformed response to the substance abuse problem and effective cooperation between service providers.

On the other side of the spectrum, the narratives above clearly indicate that strategic planning should have occurred with the incorporation of the NDMP for 2013-2017 in IDP's and that this would have assisted municipalities to effectively plan substance abuse services that is accessible to communities. The participants highly recommended the inclusion of the NDMP for 2013-2017 in IDP's and stated that this would have made the IDP a working document (Local Government Municipal Systems Act, 2000; NDMP, 2013; Act for the Prevention of and Treatment for Substance Abuse, 2009).

The central idea of the ecological systems theory in its original form entails an individual that functions within his or her environment and the reciprocal processes that occurs at different ecological systems (Bronfenbrenner, 1979b).

Research conducted by Carelse (2017) emphasised the relevance of the different ecological systems and how interventions in the substance abuse field should acknowledge the reciprocal processes between these systems. The NDMP for 2013-2017, in its entirety is both a policy and plan that's aimed at implementation at various levels of the South African society. One of the most important levels is at a local government level that is often viewed as the level closest to communities. The NDMP for 2013-2017 are viewed as an ecological systemic construction to address and manage the substance abuse problem of the RSA. The experiences described in the above narratives of the participants related to the inclusion of the NDMP for 2013-2017 in IDP's are strong ecological systemic views and a significant description of their experiences of the implementation of the NDMP (2013-2017).

The narratives of the participants above suggest that the inclusion of the NDMP for 2013-2017 in the IDP's of municipalities would have been an ecological systemic approach that would have had a significant impact on the complex substance abuse problem in the RSA. The synergy in substance abuse service delivery and harmonization of the NDMP for 2013-2017 at all spheres of government and the role-players is in line with the objectives of the NDMP (2013) and the Act for the Prevention of and Treatment for Substance Abuse (2009).

4.4.2.3 Sub-theme 3: The joint and cooperative implementation of the NDMP for 2013-2017 at a community level

In order to gain a deeper understanding of participants view and experiences of the feasibility and practicality of the NDMP for 2013-2017, it was necessary to explore and describe their experiences with the joint and cooperative implementation of the NDMP. One of the fundamental elements of the NDMP for 2013-2017 are collaboration, inter-sectoral support and streamlining of strategies to work towards common objectives in managing the substance abuse problem. An exploration of the experiences of participants in relation to the joint and cooperative implementation of the NDMP for 2013-2017 was key in obtaining a comprehensive understanding of their overall experiences with the implementation of the NDMP. Below are the narratives of participants when they were asked about their experiences with the joint and cooperative implementation of the NDMP for 2013-2017 at a community level.

Participant one *"This has been a challenge and I think that a lot of education process has to go in it. It has to be a continual education process and I also think that at a community level the role players are not taking responsibility for their own areas entirely to implement this and to actually bring it together, to put it together but still take responsibility for their area. For instance, supply reduction, working with the police, they need to be at every single meeting; represented and talking and so on. The aforementioned hasn't happened in a lot of instances. I am not only bringing SAPS into this; it rolls into other areas as well. I am just using SAPS as an example."*

Participant 4 *"There were too little workshops regarding the NDMP for 2013-2017 for relevant role-players to get an understanding of what the NDMP was about and specifically the desired outcomes of the document. It should have been more unpacked, and this would have assisted us with clarity in terms of how we could have implemented it at especially community-level."*

Participant 9 *"There were fragmentation regarding cooperation amongst role-players. People's roles were not clearly identified, the function and purpose of the implementation of the NDMP were lost. The NDMP were very much initiated from a political or strategic sphere and never reached implementation at an operational level. There was a big lack between the strategic and operational"*

levels during the implementation of the NDMP. There was a strong power element and if you took out the power element, then one would've perhaps seen some real implementation and a more guided approach. The political sphere involved in the NDMP's implementation had a significant role. If there wasn't such a strong political power element, perhaps the strategic and operational levels were able to harmonize."

Participant two "I think that people struggle to work together to render substance abuse service. They struggle to collaborate as the NDMP isn't practical, it is a document on paper. When I have a learner that abuse substances, I refer them to the Cape Town Drug Counselling Centre where they do a 6-week intensive outpatient program. From there if they need inpatient treatment it is so difficult to assist them. I must sit and phone around to assist them and see how I can access resources. This is how I help my clients and not by utilizing the NDMP or any other policy or procedure for that matter. There's poor cooperation between role-players especially those in the government sector, e.g. DSD. I prefer to use service providers in the NGO sector as you wait too long for role-players in especially the government sector to respond to requests for services in respect of substance abuse. Social service providers are working in silos and not collaboratively. DSD is supposed to be the forerunner and champion and they are failing in their task. Role-players and service providers are usually not easily accessible. You end up working in a silo and following your own routes to assist clients."

The narratives above indicate that there was a lack of a thorough, continuous and substance abuse service sector-focused education process regarding the collaborative implementation of the NDMP for 2013-2017. Furthermore, the narratives above suggest that the lack of an effective education process about the cooperative implementation of the NDMP for 2013-2017, led to the rendering of substance abuse services at especially a micro system, in a fragmented way. A study conducted by Freedman (2018) revealed the importance of coordinated intervention strategies when dealing with SUD's. The lack of cooperation, collaboration and streamlining of services at especially a micro system is in contrast with one of the core objectives of the NDMP (2013), that were defined as ensuring the coordination of services aimed at reducing the harms associated with substance abuse.

Furthermore, the above narratives suggest that there were challenges with the bidirectional activities in micro system service delivery, during the implementation of the NDMP for 2013-2017, and when there are challenges in the micro system services, this leads to transactional difficulties to individuals and families (NDMP, 2013; Gitterman & Germain, 2008).

On the other side of the spectrum, the narratives above indicate that the NDMP for 2013-2017 should have been more unpacked and that this would have assisted with its implementation at community level. The NDMP for 2013-2017 endeavoured to create an integrated strategy to manage the SUD problem of the RSA. It is for the aforementioned reason that the aforementioned NDMP is based on multi-sectoral collaboration informed by an international methodology to address SUD's and acknowledgement of the SUD problem at especially a community level (NDMP, 2013; DSD, 2018; Colombo Plan, 2018).

The narratives above point that challenges were experienced in the joint and cooperative implementation of the NDMP for 2013-2017, and that participants were exposed to a spectrum of dynamics in their experiences.

They reported that some role-players are not taking responsibility, challenges related to the identifying of roles of service providers and difficulty to collaborate as the NDMP for 2013-2017 were not practical to implement.

In an ecological systemic context, challenges related to substance abuse service accessibility, coordination and collaboration between role-players can have adverse effects at especially a micro system. Gitterman and Germain (2008) is of the opinion that interactions in the micro system is two-way and involves bidirectional activities. A micro system within a SUD context could be an individual that is addicted to an illicit substance that resides with his family. The micro system of an individual with a SUD could consist of all individuals, his or her family, subsystems and environmental resources that he or she utilizes on a bidirectional level (Bronfenbrenner, 1979a; Germain, 1991). In a context as described in the narratives above, where there were a lack of service coordination, collaboration and accessibility challenges, it could've had an adverse impact on the bidirectional activities between a person with a SUD that seeks services.

On the other side of the spectrum, a lesser number of participants stated that there were effective joint and cooperative implementation of the NDMP for 2013-2017 at a community level. They furthermore argued that although there were a joint and cooperative implementation of the NDMP for 2013-2017 at community level, they experienced a disjuncture between the strategic and operational levels during implementation processes. Below are the narratives of participants regarding effective joint and cooperative implementation of the NDMP for 2013-2017 at community level and their experiences in this respect.

Participant 5 *"I hold the belief that all role-players at a community level knows what their mandate are and what it is they need to achieve in terms of the substance abuse problem. So, we should have looked at inclusive services that complement one another. We were on track with the implementation of cooperative and joint services and perhaps we are unaware that we're working together within the ambit of the NDMP addressing substance abuse in a holistic manner. On the other side, at a national level there is much to be done when it comes to our national departments. There should be more cooperation between the various departments and including the departments that you would normally think of when it comes to substance abuse. A Department such as the Department of Public Works and units for infrastructure can play a major role in aftercare and reintegration, e.g. providing venues and including persons in recovery in trainings programs such as road works, building construction etc. Persons that abuse substances miss out so much and they reach a point where they actually forget about the skills they have or can still obtain. More so, can other partners at a national level play an important role."*

Participant 6 *"The establishment of LDAC's by municipalities and the inter-ministerial cooperation to address substance abuse depended on funding and there was no real commitment, understanding and seriousness. This was often just the tick of a box without any real understanding and seriousness."*

Participant 10 *"My view is that district municipalities should have educated local municipalities about the NDMP and through this process ensure that the NDMP were implemented at a local municipal level. This did not happen."*

Participant two “*When I have a learner that abuse substances, I refer them to the Cape Town Drug Counselling Centre where they do a 6-week intensive outpatient program.*”

In analysing the narratives above, it suggests that there were effective joint and cooperative implementation of the NDMP for 2013-2017 in certain areas and some local contexts of substance abuse service delivery. It furthermore indicates that sometimes role-players were not aware that they are working together and that they implemented the NDMP for 2013-2017 at a community level to some extent. Furthermore, the narrative above indicate that collaborative partnerships at a community level were formed and that cooperation and networking occurred through these partnerships. The narratives above suggest that participants were sometimes desperate to access, arrange and refer clients with substance use disorders to appropriate service providers. In these partnerships, networking and service linking, some objectives of the NDMP for 2013-2017 were met.

According to the NDMP for 2013-2017, mechanisms to implement cost-effective interventions to empower vulnerable groups due to substance abuse must be strengthened (NDMP, 2013). Furthermore, the NDMP for 2013-2017 argues that the concerted efforts of all stakeholders make the implementation of this plan a success and contribute towards the achievement of an RSA free of substance abuse (NDMP, 2013). The narratives of participants suggest that the joint and cooperative implementation of the NDMP for 2013-2017, assisted them to empower their clients in managing their substance use disorder problems through collaborative interventions, and that they observed the effective implementation of the NDMP at community level when they cooperated and networked with each other. These actions described in the narratives above are in line with the objectives of the NDMP for 2013-2017 described above.

The narratives of participants also indicate a disjuncture between the strategic and operational levels of the NDMP for 2013-2017 and a lack of cooperation between the various levels of implementation, i.e. the national, provincial and local levels.

The narratives clearly suggest that the disjuncture of especially a national and local level of implementation of the NDMP for 2013-2017, adversely impacted substance abuse services that were rendered at community level. Bronfenbrenner (1979a)

argues that an exo system refers to an ecological setting that does not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting that contains the developing person.

The exo system is an extension of the meso system embracing specific social structures, both formal and informal, that do not themselves contain the developing person, but impinge upon or encompass the immediate settings in which the person is found and thereby delimit, influence, or even determine what goes on there (Bronfenbrenner, 2005:4).

The exo system in an ecological systemic view of the substance abuse problem includes local social services, local government and political activity, formal organizations, legislation and policymakers viewed within the substance abuse context. An ecological systemic interpretation of the narratives of the participants above according to Bronfenbrenner (2005), indicate that the disjuncture and challenges between the various levels of implementation of the NDMP for 2013-2017 impacted the persons, families and communities through the exo system with specific reference to the rendering of social services (Germain, 1991; Johnson & Yanca, 2010). Therefore, the narratives of participants suggest that the joint and cooperative implementation of the NDMP for 2013-2017 at a community level had various challenges, and that this had a significant adverse effect to the overall experiences with the implementation of the plan.

4.4.3 Theme three: Overview of implementation of the National Drug Master Plan (2013-2017) with specific reference to challenges experienced

To obtain an in-depth understanding of the experiences of social services providers regarding the implementation of the NDMP for 2013-2017, the empirical study included an exploration of the specific challenges participants experienced.

An understanding of the challenges the participants encountered during the implementation of the NDMP for 2013-2017 assist in analysing the implementation of the various policy elements, the service delivery dynamics that featured and the relationship between the NDMP and the substance abuse problem in its entirety.

It is pivotal to conduct an eco-systemic analysis of the challenges experienced by social service providers regarding the implementation of the NDMP for 2013-2017, and for this reason the various ecological system perspective levels were included in investigating the challenges of participants.

Below is a description of the challenges of participants when they were asked about it in the various eco-systemic levels.

4.4.3.1 Sub-theme 1: Experiences of challenges at a micro system (i.e. individuals and their families)

The challenges experienced by participants in substance abuse service rendering in the micro system is an important element in determining the impact of the NDMP for 2013-2017 in the lives of persons with substance use disorders and their families. The NDMP for 2013-2017 were aimed at a comprehensive impact to the South African substance abuse problem through its guidelines for strategic activities and services at various levels in society. Furthermore, the micro system in the NDMP for 2013-2017 was pivotal, as this entailed the client systems in need of substance abuse services. It is for the aforementioned reason that the challenges experienced by participants in the micro system were explored and are described in the narratives of participants below.

Participant 14 *“During the implementation of the NDMP, our organization rendered rehabilitation services with regards to substance abuse but what we experienced is that the need for rehabilitation is great, but rehabilitation resources are limited. Aftercare and support services is also a challenge within our organisation’s service area and this negatively impacted clients.”*

Participant 4 *“The NDMP did not really focus on substance abuse services at a micro system. The NDMP were written at a level that some NGO’s and CBO’s don’t even understand.”*

There should have been more workshops to educate relevant role-players about the NDMP and how to implement it. The purpose and objective of the NDMP should have been thoroughly explained.”

The above narratives indicate that services were rendered at a micro system to individuals and families that encountered substance use disorder problems and its adverse impact, but that the number of service resources were limited and that there were challenges with aftercare and reintegration services. Furthermore, the narratives suggest that an educational process regarding the purpose and objectives of the NDMP for 2013-2017 was lacking, and this adversely impacted services at a micro system. Hepworth et al. (2013) reason that any gaps in the environmental resources, limitations of individuals who need or utilizes these resources, or dysfunctional transactions between individuals and environmental systems threaten to block the fulfilment of human needs and lead to stress or impaired functioning. Several authors (Greenfield, 2016; Hammond, 2016; Isobell, 2013; Madisha, 2019; Swanepoel et al., 2016) highlight that without effective professional intervention, service users in the substance abuse field will not be able to deal with the complexity of the SUD.

The narratives below suggest that the challenges experienced in the rendering of substance abuse services, and the implementation of the NDMP for 2013-2017 at a micro system had an adverse impact on individuals and their families regarding their need for professional substance abuse services.

Participant 3 *"The NDMP for 2013-2017 entailed one strategy and I always tried to view it in line with other policies and strategies such as services to families and the whitepaper. We made a mistake by viewing the NDMP in isolation but should have rather deemed it part of other policies and strategies in building a self-reliant society. Although the NDMP were isolated in terms of the written document, it should have formed part of the integrated service delivery model (services to families, child protection and victim empowerment etc.). The politicians allude to a whole-of-society approach and this is actually a family approach."*

Participant 11 *"As an out-patient treatment centre, I have found that on micro system, the NDMP 2013-2017 has failed to achieve what it intended to. Looking at rehabilitation facilities which the NDMP 2013-2017 highlights, it is difficult for me as a social worker to provide assurance to parents who have children that are extreme substance abusers."*

These users are between the ages of 11-14 and yet I cannot complete the necessary documentation with the guarantee that a child will be a candidate for the rehabilitation, as the demand for in-patient treatment grows rapidly daily.”

In analysing the narratives above of participants, it informs that the NDMP for 2013-2017 was an isolated policy, which contributed to its disjointed implementation in relation to other policies and strategies, i.e. the integrated service delivery model of the Department of Social Development, the White paper on social welfare and the Western Cape government’s policy on a whole-of-society approach in its services. The NDMP for 2013-2017 endeavoured to create an integrated strategy to manage the SUD problem of the RSA. It is for the aforementioned reason that the NDMP for 2013-2017 is based on multi-sectoral collaboration informed by an international methodology to address SUD’s and acknowledgement of the SUD problem at especially community level (NDMP, 2013). The NDMP (2013) describes a range of ways in which the integrated strategy of demand, supply and harm reduction should be applied. Although the NDMP for 2013-2017, suggest and describe that an integrated strategy should be implemented to manage the South African substance abuse problem, the application and implementation of the NDMP (2013-2017) at a community level is vaguely described in the section on the application of the integrated strategy to address and manage substance abuse at a community level (Groenewald & Bhana, 2016).

In light of the policy-related challenge of the NDMP for 2013-2017, in relation to its integrated strategy to manage the substance abuse problem described above, the narratives of participants suggest a disjuncture between the NDMP (2013-2017) and other policies and that this impedes substance abuse services at the micro system. The narratives of participants above inform that the NDMP for 2013-2017 failed in terms of the effective services it planned for the micro system, and the simultaneous rapid growth of service needs at this level. This directly impacts individuals and their families that needs substance abuse services at a micro system. Walsh (2004) acknowledges that both risk and resilience are viewed in light of multiple recursive influences and that human functioning and dysfunction are seen as resulting from interaction of individuals, families and stressful life experiences and social contexts.

Research (Maxwell, 2014; Whiting, 2014) suggests that the wide spectrum of challenges related to the planning and rendering of services to individuals and families in a substance abuse context can be a contributor to an already stressful life experience they have with the presentation of the substance use disorder problem in their lives and the household.

The narratives of participants above inform that they encountered serious challenges with the implementation of the NDMP for 2013-2017 at a micro system, and that this had a significant impact on the substance abuse services they had to render to individuals and their families.

4.4.3.2 *Sub-theme 2: Experiences of challenges at a meso system (i.e. groups such as sports clubs and other services and activities in support of substance abuse services)*

The substance abuse problem of the RSA should be comprehensively viewed in especially planning and implementing services to manage the problem. Alternative options are often needed in aftercare and reintegration services to assist individuals that are in a process of recovery from their substance use disorder. It furthermore remains pivotal to link and include individuals that use substances with positive activities and structures in the community, as they had often suffered from social exclusion from the positive elements in society. Individuals in a recovery process of their SUD often utilize his or her eco-strength to effectively reintegrate in the community and utilize the available resources to meet human needs. It stands to reason that it is difficult for an individual in a SUD recovery process to effectively reintegrate in his or her community, if there isn't access to meso systemic opportunities (Walsh, 2016).

Exploring and describing the challenges of participants with services at a meso system in the process of implementing the NDMP for 2013-2017 assisted to obtain a comprehensive description of the implementation of this NDMP and their experiences of social service providers in this regard. In the narratives below, the challenges participants experienced regarding the implementation of the NDMP for 2013-2017 at a meso system is described.

Participant 13 “The involvement of especially youth in sports activities and any other activities like cultural activities would have been likely to decrease the number of intakes we had for substance abuse. On the other hand, we need to admit that there wasn’t many sports activities and other positive alternatives that the community had accessed to.

So, this continued to have an impact and increased the number of substance abuse intakes as they used substances as alternative to the lack of positive activities in the community.”

Participant 5 “There were sometimes exclusion for individuals in recovery from resources and opportunities. You as the practitioner assisting the person in recovery must facilitate social inclusion and processes. You are working with a person that does not know how to access resources and that were excluded from society for many years. You as a practitioner must facilitate social inclusion and play an advocacy role in this regard. Both the NDMP and Act 70 of 2008 speak about aftercare and reintegration and the onus of practitioners to facilitate these processes. Aftercare services begin when you begin to link persons in recovery with various systems in society, i.e. opportunities, resources, the family life and with themselves as well.”

The narratives of participants above inform that the availability and access of positive resources and activities in the community might have assisted to decrease substance use and abuse. In contrast, the above narratives indicate that there was an increase in the number of substance abuse service intakes due to a lack of positive resources and activities. This is also confirmed by several authors (Carelse, 2017; Ellis et al., 2012; Fisher & Harris; Lewis et al., 2011). The narratives above furthermore indicate that there was a social exclusion of individuals recovering from substance use disorders in their process of aftercare and reintegration. The narratives above inform that there was a challenge to link individuals in recovery from their substance use disorders to opportunities, resources, their family, the healthy community life and even a reconnection with themselves (i.e. regaining positive balance in their social functioning).

Bronfenbrenner (2005) argues that the meso system is the set of micro systems constituting the individual’s developmental niche, within a given period of development

and the interrelations amongst major settings containing the developing person at a particular point in his or her life. An interpretation of the narratives above of participants suggest that the NDMP for 2013-2017 did not effectively assist individuals to utilize opportunities, resources and connect them to a positive community life on a meso system. Moreover, the narratives suggest that this adversely affected the development niches of individuals with substance use disorders and their interrelation with other systems in their environments.

Participant 6 “There has been a 10% to 20% drive in this direction and a good example is the development of MOD centres and this was a good initiative to access the school space. This happened due to a demand for this service initiatives and as a result of community distress. Therefore, the MOD centres as a meso system intervention was not a holistic approach but rather a strategy to address an urgent need and community desperation. Therefore, initiatives such as the MOD centres did not follow a whole of society approach but were a strategy implemented as a result of political will.”

Participant one “Services at a meso system were very important in addressing substance abuse at a local level. It was important that people were reconnected to life again after dealing with substance abuse. The alleviation of boredom certainly within the context of the area I have been working in. Boredom contributed to a lot of substance abuse issues aside from the family instability. People need to be able to connect and have healthy alternatives and options. Yes, very much so.”

The importance of services at a meso system features in the above narratives of participants. The Mass Participation Opportunity and Access Development and Growth (MOD) programmes in school are used as an example of meso system services in the narratives above. The narratives above describe the MOD programme as a political initiative facilitated out of desperation due to community distress. The narratives indicate that the MOD programmes were not an integrated and comprehensive approach and that boredom was still a challenge. Furthermore, the narratives indicate the need of individuals with SUD's to connect with, and access to healthy alternatives as also confirmed by literature (Fisher & Harris, 2013; Walsh, 2016).

The meso system, as originally developed by Bronfenbrenner (1979a), refer to all the social systems (individuals, families, groups and institutions) that have a continuous and direct influence on the life of the individual. A substance use disorder in the life of an individual, his or family and the substance abuse problem in general cannot be approach in a fragmented way during any professional intervention process. A pivotal linkage of an individual with a substance use disorder to positive groups, institutions and non-clinical service providers remains important in the individual's aftercare and reintegration process. The narratives of participants suggest that there were a number of challenges experienced with the implementation of the NDMP for 2013-2017 at a meso system.

These challenges described in the narratives of this section, suggest that the implementation of the NDMP for 2013-2017 at a meso system contributed to the experiences and challenges in the comprehensive implementation of the plan, as described by social service practitioners.

4.4.3.3 Sub-theme 3: Experiences of challenges at an exo system (social services and the comprehensiveness of the substance abuse problem)

A sector of service delivery that stands central to the substance abuse problem in the RSA is social services. Social service practitioners are often at the frontline of service delivery to individuals, families and communities in the substance abuse service field. To explore and describe the experiences and challenges regarding substance abuse services as per the NDMP for 2013-2017 at an exo system, it was important to obtain an in-depth understanding of the implementation of the NDMP (2013-2017) in its entirety.

In the narratives below are the experiences and description of participants regarding their challenges with the implementation of the NDMP for 2013-2017 at an exo system.

Participant one "Social services were important in addressing substance abuse at a community level. If they are working with a family at any level and substance abuse comes out within the family context, help is needed, the whole family is affected. It is not negotiable; children are affected by it and social services are critical. There isn't enough Social Workers that specializes in substance abuse and allocated specifically for this purpose. Thinking of the high caseloads across

the board the aforementioned may be a bit too much to ask but it would be far more effective if they only focus on their specific areas. You can still have your other sectors for service delivery, but they can all work together.”

Participant nine “At a strategic level, I think that there’s denial regarding what is happening in terms of substance abuse at a grassroots level. The gap between strategic and implementation level in substance abuse services are to blame for the denial I refer to. The NDMP did not acknowledge the diversity in communities regarding the substance abuse problem. Therefore, the NDMP and related policies did not acknowledge diversity related to substance abuse enough, e.g. in many cultures or sub-cultures, the use of marijuana is acceptable and even in religious ceremonies as well. The NDMP wasn’t culturally sensitive enough and therefore does not acknowledge the real impact of substance abuse in communities.”

The narratives above acknowledge the importance of comprehensive social services as a form of intervention to substance use disorders, and the substance abuse problem in general (Temmingh & Myers, 2012). It furthermore refers to the shortage of social workers that specialises in the substance abuse field. The narratives inform that there’s a disjuncture between the interpretation of the substance abuse problem of the RSA at a strategic level, and the nature of the problem at grassroots level. A further argument in the above narratives is that the NDMP for 2013-2017, did not acknowledge the diversity related to the substance abuse problem at specifically an exo systemic level (Su et al., 2015).

The exo system is an extension of the meso system embracing specific social structures, both formal and informal, that do not in themselves contain the developing person, but rather impinge upon or encompass the immediate settings in which the person is found and thereby delimit, influence, or even determine what goes on there (Bronfenbrenner, 2005:4). An analysis of the narratives in this section suggests that the real extent of the substance abuse problem, e.g. the cultural use of cannabis sativa, did not feature in the NDMP for 2013-2017 at an exo systemic level.

The narratives inform that the guidelines the NDMP for 2013-2017 gave to services at an exo systemic level, impinged upon and influenced the service setting of individuals, families and communities these exo systemic services were aimed at.

In 2016, the United Nations held a United Nations General Assembly Special Session (UNGASS) on the world drug problem and recognized key factors in relation to SUD's at an international level (UNODC annual report, 2016:8-10). The UNODC's 2016 UNGASS recognized that the solution to the world drug problem lies in a more humane, public-health orientated, human rights compliant, evidence-based and balanced approach that address SUD's in all its complexity. The narratives above suggests that the NDMP for 2013-2017, in its guidelines for services at an exo systemic level, did not align itself with the recommendations of the UNODC's UNGASS of 2016; in that services were not comprehensive in consideration of the diverse and complex nature of the substance abuse problem at a community level.

The narratives in this section clearly indicate that the implementation of the NDMP for 2013-2017, had exo systemic challenges and that this had an adverse impact on the comprehensive implementation of the NDMP (2013-2017), as explored and described by the experiences of social service providers.

4.4.3.4 *Sub-theme 4: Experiences of the challenges at a macro systemic level (i.e. the culture of substance use/misuse)*

The RSA has a growing substance abuse problem, and the nature of this problem rapidly intensified and diversified during the past five years as extensively described in chapters one and three. The NDMP for 2013-2017 were implemented over a five-year period and the policy describe the intensification and diversification of the substance abuse problem. This is significant in this research study, as it pertains to the implementation of the NDMP for 2013-2017, i.e. the period wherein the South African substance abuse problem intensified and diversified (Groenewald & Bhana, 2016).

This exploration and description of the experiences of participants in relation to the intensification and diversification of the South Africa substance abuse problem were done in the ambit of the macro systemic level of the NDMP for 2013-2017.

During the implementation of the NDMP for 2013-2017, a developing culture of substance use and misuse was assessed in the substance abuse service field. The culture of substance use/misuse relates to the macro systemic level of the NDMP for 2013-2017, and participants were engaged on this during the empirical study. The

responses of participants in relation to the culture of substance use/misuse in the macro systemic level of the NDMP for 2013-2017 are described in the narratives below.

Participant 4 *"I am reminded of involuntary committals to inpatient treatment centres by an order of the Court in the past. This provision is still enacted in our legislation, but it seems as if voluntary admissions and a willingness to be assisted with intervention has become the focus and committals forgotten. The Department of Justice seems to have defocussed the substance abuse problem and started to accept the problem in our communities. The courts sent people with pure addiction problems to prison and I believe that they can rehabilitate there but it is not really treatment. What about professional rehabilitation and recovery? No real provision is made for aftercare and reintegration services for ex-prisoners that had a substance abuse problem. There is no reintegration plan. Therefore, there is often a repetitive cycle where persons enter prison, serve their term and go to prison again. It has become acceptable to communities and even parents to not professionally and thoroughly address a substance abuse problem through an intervention process for their children.*

The schools have also become accommodative towards the problem and they respect children's rights to do what they want to."

Participant six *"I don't think that the NDMP for 2013-2017 had a thorough understanding of and harmonized with the substance abuse problem of the time. There was a strong focus on supply reduction and even weekly reporting of supply reduction interventions. Thinking of the Eldorado Park intervention by the former President Jacob Zuma, this was an intervention that were protected by the NDMP as policy but did not take the real needs of that community into account.*

Participant eight *"This aspect was included in the NDMP but there were lacks as well. It's not the responsibility of one government department to implement the NDMP as this is the responsibility of basically all government departments. The implementation of the NDMP is an inter-governmental responsibility and this lacked in acknowledging the culture of substance abuse in our communities."*

The narratives above indicate that the substance abuse problem in the RSA is comprehensive and that this should have featured in the NDMP for 2013-2017. It makes reference to the function and roles of the Department of Justice and Constitutional Development in terms of the featuring of the substance abuse problem in the criminal justice system and service initiatives driven by political principles that does not harmonize with the nature of the substance abuse at a community level. The narratives furthermore highlight the intergovernmental and intersectoral responsibility that were related to the implementation of the NDMP for 2013-2017, with specific reference to the lack of this that led to the failure to acknowledge the culture of substance use/misuse in the ambit of a macro systemic level (Groenewald & Bhana, 2016).

The lack of intergovernmental and inter-sectoral cooperation and taking up of responsibilities in relation to the substance abuse problem are in contrast with the overarching role and responsibility of the CDA, according to Section 56 in Chapter 10 of Act 70 of 2008 that states that the CDA should encourage government departments and private institutions to compile plans to address substance abuse in line with the goals of the NDMP for 2013-2017, and furthermore ensure the establishment and maintenance of information systems which will support the implementation, evaluation and ongoing development of the NDMP (Act for the Prevention of and Treatment for Substance Abuse, 2009). Concurring with the roles and responsibilities of the CDA as described in Section 56 in Chapter 10 of Act 70 of 2008, the NDMP (2013) stipulates that the responsibilities of the CDA are to lead the development of holistic and cost-effective strategies to predict the effects of substance abuse problems in the RSA. In analysing the narratives in this section, it suggests that there were a possible lack of prediction of the effects of the substance abuse problem in the RSA, as it did not acknowledge and effectively include guidelines and services aimed at the culture of substance use/misuse in the ambit of its macro systemic level.

The macro system of the ecological systems perspective is the level involving culture; macro institutions (e.g. the federal government) and public policy (Bronfenbrenner, 2005:8).

The macro system influences the nature of interaction within all other levels of the ecology of human development (Bronfenbrenner, 2005). The macro system is

furthermore described as the system that encapsulates wider social policy and socio-cultural setting and includes the ideological, customary and legal norms. The macro system influences all the other levels of the environment (O'Donoghue & Maidment, 2005 in Nash, Munford & O'Donoghue, 2005:32-49). The narratives in this section informs that the culture of substance use/misuse were not extensively included in the NDMP for 2013-2017 as a social policy, and that its socio-cultural impact will continue to have an influence on all the levels of the environment based on a macro systemic analysis.

4.4.4 Theme four: The anticipation of the implementation of future National Drug Master Plans

The planning and implementation of national drug master plans and the policy development process in this regard seems be a developing process in the South African substance abuse service field. The RSA is a signatory to various international treaties in relation to substance abuse policies, and aligns itself with objectives and strategies of and cooperates with key International Organizations such as the United Nations (i.e. the United Nations Office on Drugs and Crime), and the Colombo Plan (i.e. the Drug Advisory Program) through its national Department of Social Development for this social problem.

One of the key objectives of the CDA is to recommend the review of the NDMP to the National Assembly of the RSA. The exploration and description of the experiences of social service providers regarding the implementation of the NDMP for 2013-2017 indicated that social service providers anticipate the development and implementation of future NDMP's. Social service providers are in a favourable position to render a professional opinion on the implementation of future NDMP's, as they are key service providers regarding substance abuse and have experienced the implementation of the third NDMP of the RSA, the NDMP for 2013-2017.

It was therefore crucial that the empirical study explored the anticipation of participants regarding the development and implementation of future NDMP's. Below are the responses that participants conveyed when they were engaged regarding the development and implementation of future NDMP's in the RSA.

4.4.4.1 Sub-theme 1: The relevance of National Drug Master Plans to the substance abuse problem of the Republic of South Africa

In analysing the responses of the participants in the preceding themes and subthemes of this chapter, it was important to obtain the view of the participants on the relevance of NDMP's to the substance abuse problem of the RSA. Below are the narratives of participants, when they were engaged about the relevance of NDMP's to the substance abuse problem of the country.

Participant three *"For 10 years nothing happened in the country and we didn't even make a dent into the substance abuse problem. A strategy without teeth, enforcement, an implementation plan with timeframes isn't worth anything at all. There must be political commitment at all political spheres. Communities will always buy into any action, but the biggest role-player must be SAPS, in terms of combatting illegal activities. People must feel safe in their communities."*

Participant six *"There is a lot of value in having an NDMP. If we don't have a guiding policy, people will catch on their own things and nobody will be able to regulate that. If everyone is serious about the intention, purpose and desired outcome of the NDMP, it would be great otherwise it's useless. For example. How do we keep the mayors of municipalities accountable to implement the NDMP on the LDAC platform through mini drug master plans/action plans? If you think of it in this way, one realizes the importance of having a NDMP if correctly implemented.*

Participant eight *"We still need a NDMP as this is the regulator of addressing the substance abuse problem at various spheres of government and inclusive of our clients receiving the services. NDMP's also regulate and guide clinicians/service providers rendering services in the substance abuse field and the manner in which they render these services."*

The narratives above informs that having a NDMP in the RSA holds value to address and manage the substance abuse problem. Furthermore, the narratives explain that if there isn't an NDMP as a guiding policy and plan, service providers will be at liberty to implement whatever services they choose to render, and their conduct will be unregulated. The narratives above state that a NDMP ensures the management of the

substance abuse problem at the various levels of government and the regulation of clinical services to client systems. Literature (Miller & Rollnick, 2013; Myers et al., 2007) suggests that different role players work together in order to render effective services in the substance abuse field. Furthermore, the narratives in this section informs that over a ten-year period, the substance abuse problem of the RSA remained stagnant in that interventions did not bring about the desired change as envisaged by the NDMP for 2013-2017.

It will be pivotal for the CDA located in the Department of Social Development to take note of the views of social service providers regarding the relevance of NDMP's to the substance abuse problem of the RSA.

The CDA is the structure mandated in terms of their roles and responsibilities in Section 56 in Chapter 10 of Act 70 of 2008 to oversee and monitor the implementation of the NDMP and to recommend a review of the NDMP to the National Assembly of the RSA (Act for the Prevention of and Treatment for Substance Abuse, 2009). It will therefore be pivotal for the CDA to advocate and motivate the relevance of NDMP's and its continuation in order to effectively address and manage the substance abuse problem of the RSA. Social service providers are key professional figures in rendering services to individuals, families and communities that encounter substance abuse problems (Jacobs, 2018). Social service providers are therefore in a favourable position to render a professional opinion on the relevance of NDMP's, in the context of the South African substance abuse problem (Southern Hemisphere, 2016; DSD, 2018).

4.4.4.2 Sub-theme 2: Key factors to be considered for future National Drug Master Plans in the Republic of South Africa

Social service providers have a wealth of experiences regarding the implementation of NDMP's to manage the substance abuse problem of the RSA.

They are in a key position to extensively describe the implementation of the third NDMP of the RSA, i.e. the NDMP for 2013-2017. The third NDMP of the RSA were implemented in a time where the substance abuse scourge raged in communities, and social service providers reasoned that there was an intensification and diversification of the substance abuse problem in the RSA. A contributing factor is a focus on the

development of substance abuse legislation and policies, with specific reference to the decriminalization of the private use of cannabis sativa and the pending Bill in this regard (Bill for the Regulation of Cannabis, 2019). This significant paradigm shift in South African substance abuse policy, and the raging problem at grassroots level made it important to explore and describe the views of participants regarding key factors to be considered for future NDMP's.

In the narratives below are the views of participants regarding key factors to be considered for future NDMP's in the RSA.

Participant 4 *"The NDMP's should include parental roles and responsibilities when it comes to assisting their children with substance abuse problems. Children's rights should be reviewed and its featuring in a substance abuse problem context."*

The implementation of NDMP's should be enforced and dealt with stricter as the substance abuse problem are complex and to intertwined with other social problems. More people must be made aware of the NDMP and capacitated in the plan. The communities and relevant role-players should be included in active processes in terms of the NDMP to get a grip on the substance abuse problem in the country."

Participant one *"I think that the plan has been developed as well as the concept, it has not been embraced to the degree it should be. NDMP's should be enforced to a much larger degree. There should be some sort of non-negotiables where there is more damage being done to communities, because of the lack of education. Where there is programs that are implemented with the best intent but sometimes do more harm."*

There needs to be a far more tighter monitoring and evaluation of programs and service and some form of body that regulates services in this regard. Perhaps within a LDAC capacity, there could be a way to implement all of this and there definitely has to be a consequence if the NDMP are not implemented."

Participant six *"We should have a lot more dialogue regarding the structural makeup of the NDMP and implementation of it. We should have a mapping*

exercise for lay people at community level to understand the NDMP in a simplification process to them. We will see a lot more shifts in various sectors of society. There should be a logical guiding and education process to be facilitated at community level.”

Participant five “NDMP’s should include the private sector as this is a big lack. Corporate social investment can have an important role in terms of addressing substance abuse, e.g. CSI from a company such as SAB Miller and sponsoring treatment facilities. France are implementing this model and its working in that country. We have a huge private sector industry in terms of the wine industry of the RSA and if they can contribute more in terms of hard reduction, the positive impact will be massive. Aftercare should feature more prominently in future NDMP’s, a trust can be open for persons in aftercare, especially those that abused substances for 20 years and more. The purpose of the trust would be to assist persons in recovery, and they can even work for the trust itself. The trust can be owned by the community and this can be in various work environments such as road works and construction.”

The narratives in this section indicate firm arguments of participants regarding the development planning and implementation of future NDMP’s in the RSA. The views that participants expressed during the empirical study on future NDMP’s in the RSA firmly suggest its linkage to their experiences regarding the implementation of the NDMP for 2013-2017. The narratives suggest that children’s rights and responsibilities should be reviewed with a focus on substance abuse and this must be included in NDMP’s.

A study (Adger, McDonald, Robinson & Wenger, 2004) found that children and adolescents in families that abuse substances, are at increased risk of abusing substances themselves. Adger et al. (2004) postulates that children and adolescents in families that abuses substances are more prone to be abused, to exhibit depression, anxiety, to be truant and drop out of school. The aforementioned findings and views of the scholars is a classic example of how substance use disorders can cause adverse reciprocal interactions and repercussions between micro systems within a meso system.

It stands to reason that the above scholars proved that we need to consider children as a vulnerable group in society, when planning and developing substance abuse strategies and services, as children are strongly impacted by this problem. The narratives in this section on the inclusion of children in the development planning and implementation of the NDMP are of value for future NDMP's in the RSA.

Furthermore, the narratives suggest that the implementation of NDMP's must be enforced, taken up seriously, and there must be consequences with regards to failure to implement the NDMP. In support of the enforcement and seriousness in the implementation of the NDMP, the narratives in this section informs that effective monitoring and evaluation systems, procedures and processes must be put in place for the implementation of NDMP's in the RSA. The institutional mechanisms to plan, develop and implement NDMP's are part of the macro system of the ecological systems perspectives.

The macro system influences the nature of interaction within all other levels of the ecology of human development (Bronfenbrenner, 2005). The macro system is furthermore described as the system that encapsulates wider social policy and socio-cultural setting, and which includes the ideological, customary and legal norms. The macro system influences all the other levels of the environment (O'Donoghue & Maidment, 2005 in Nash, Munford & O'Donoghue, 2005:32-49).

The narratives explain that NDMP's should have a more detailed and effective macro systemic component, in that its implementation is well planned and coordinated. Any defaults in this regard will have an adverse impact on all the other levels of the eco-systemic contexts of NDMP's in its entirety.

On the other side of the spectrum, it is important to note a firm argument in the narratives of the participants above, regarding the importance of awareness, extensive and effective consultation, dialogues and input regarding NDMP's in the RSA.

The narratives in this section informs that extensive involvement and participation should take place at community level in the processes of development planning and implementation of NDMP's.

Furthermore, the narratives explain that the development process and implementation of NDMP's should be simplified, and that capacity building take place with service providers and role-players. Subsequently, effective support and guidance should take place so that there is a firm support system in the process of implementing NDMP's.

The narratives in this theme suggest that future NDMP's should be based on a firm social development approach and have a workable multi-sectoral perspective wherein an integrated strategy to address and manage SUD's materialize. The narratives concur with the views of Geyer and Lombard (2014) as they recommended that future NDMP's follow a social development approach concurrent with a comprehensive perspective taken into account all the ecological systemic spheres that involved in the management of the SUD problem in the RSA and NDMP educational needs at a grassroots level.

It is evident from participants' narratives and research (Moyano, 2019; SACENDU, 2018) that the substance abuse problem and substance use disorders are severely complexed problems. An analysis of the narratives of participants suggest that service providers and role-players are challenged with rendering services to address and manage the substance abuse problem and that they need professional support, guidance and policy harmonization in this regard. It is for this reason, that the narratives in this section suggest an inclusion of a stronger support system, open-consultation and a stronger linkage between the strategic and operational levels of development planning and implementation of NDMP's. Furthermore, the narratives in this section suggest that NDMP's should be more comprehensive, in that it includes access to resources in the private sector, at especially the level of aftercare and reintegration services to individuals and their families.

4.5 CONCLUSION

This chapter sought to address the third objective of this research study which is to explore and describe the experiences of social service providers, regarding the implementation of the national drug master plan (2013-2017) by means of semi-structured personal interviews in an empirical study.

This chapter began by giving an overview of the demographics and characteristics of the participants that formed part of the empirical study, and a description of the themes and subthemes that were utilized to categorize the data that were collected.

The themes utilized were the perceptions and understanding of social service providers regarding the NDMP for 2013-2017, feasibility and practicality of the NDMP, an overview of implementation of the NDMP, with specific reference to challenges experienced and the anticipation of implementation of future NDMP's. The participants that formed part of the empirical study presented in this chapter extensively shared their experiences regarding the implementation of the NDMP for 2013-2017, and this forms an effective foundation to the next chapter, which will present the various conclusions drawn from the empirical study. Subsequent to the conclusions that will be presented in the next chapter, various recommendations will be made regarding the planning, development and implementation of national drug master plans in the Republic of South Africa.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The purpose of this research has been to explore the experiences of social service providers regarding the implementation of the national drug master plan for 2013-2017. There have been few studies regarding the implementation of national drug master plans in the RSA. Most research were done on the evaluation of the implementation of national drug master plans, and mostly this was not comprehensively done with the NDMP's in their entirety. Furthermore, there have been no research studies which have explored and described the experiences of social service providers regarding the implementation of NDMP's.

The NDMP for 2013-2017 was an important NDMP to address and manage the ravaging South African substance abuse problem. The aforementioned NDMP was a key NDMP, as it was implemented during a time of a spectrum of policy paradigm shifts regarding substance abuse in the RSA. Substance abuse has escalated into a serious social problem in the RSA, and this needs to be viewed in the context of the world drug problem that has a significant impact how the local problem needs to be managed. Research (Whiting, 2014) has proved that the institutional mechanism to manage substance abuse in the RSA must be reviewed. The aforementioned scholar evaluated the management of the substance abuse problem from a national perspective. The researcher is thus of opinion that the research of the aforementioned scholar was of value for this research study.

Against the above background, this research study attempted to draw from the experiences of social service providers as key professional figures that were involved in the implementation of the NDMP for 2013-2017. This research study highlighted the importance of the experiences of social service providers in the implementation of NDMP's by focusing on the implementation of the NDMP for 2013-2017 that was a key process in the RSA, with specific reference to the rapidly growing scourge of substance abuse.

Social service providers are often at the centre of social service delivery for the substance abuse problem to individuals, families and communities. Moreover, social service providers are directly involved in the development planning, establishment and functioning of institutional structures such as local drug committees to manage the substance abuse problem. It stands to reason that the experiences of social service providers regarding the implementation of the NDMP for 2013-2017 were of great value to contribute to strategic direction of the development planning and implementation of future NDMP's in the RSA.

Data was collected in an empirical study with sixteen participants regarding their experiences with the implementation of the NDMP 2013-2017 and furnished in chapter four. The findings of the empirical study were presented and analysed in chapter four.

This chapter entails the fourth objective of this research study which is to conclude and make recommendations to policy-makers, social welfare service planners, social service providers, establishers and coordinators of local drug action committees and all implementers of national drug masters plans regarding effective solutions to enhance the implementation of NDMP's.

5.2 CONCLUSIONS AND RECOMMENDATIONS

The conclusions made will be based on the findings of the empirical study presented in chapter four. Furthermore, recommendations made in this chapter will be based on the conclusions to be furnished in this section. Key findings of the literature and empirical study will be presented in an integrated manner. This chapter will present the conclusions in the way the themes and subthemes were presented in the previous chapter. The recommendations made in this chapter will be furnished in line with the conclusions of each identified theme presented in the previous chapter.

5.2.1 Profiling and characterizing participants

All the participants are qualified and registered practitioners in the social service professions. It was ascertained that the participants are active social service practitioners involved in the substance abuse field, at either a direct service delivery or at a management level. Furthermore, all the participants had a detailed exposure

to the implementation of the NDMP for 2013-2017, in order to render an opinion about the implementation process based on their experiences.

The participants are employed in a variety of professional social service settings such as child protection services inclusive of substance abuse service elements, school social work services, treatment and aftercare services and policy development services aimed at the substance abuse problem. The wide spectrum of employment settings of participants enabled this research study to conduct a comprehensive exploration, analysis and description of the experiences of participants regarding the implementation of the NDMP for 2013-2017.

Furthermore, it is concluded that the participants are experienced in the social service professions and their extensive experiences in the both substance abuse services and with the implementation of the NDMP for 2013-2017, ensured for a culmination of professional experiences to investigate and explore in this research study.

The substance abuse problem in the RSA has a contentious element attached to it, due to a wide spectrum of pressing challenges that is continuously experienced with this social problem. This contributed to participants' interest in this research study and it was ascertained that they expressed hopefulness that this study will contribute to an improvement of the development planning and implementation of NDMP's in the RSA.

5.2.2 The perceptions and understanding of social service providers regarding the National Drug Master Plan (2013-2017) (Theme 1)

The majority of the participants had a correct understanding of the NDMP for 2013-2017 in that they understood the operations of this plan. The perceptions of the participants regarding the NDMP for 2013-2017 were in line with the description of the purpose of the NDMP (2013-2017) by the NDMP (2013) itself, and the Act for the Prevention of and Treatment for Substance Abuse (2009). Most of the participants had a relatively deep understanding of the NDMP and perceived it as the coordinating policy and plan to address and manage substance abuse in the RSA. The majority of the participants had the perception that the NDMP for 2013-2017 was an integrated multi-sectoral policy that is hierarchical in nature, and which includes all governmental levels to manage the substance abuse problem.

On the other side of the spectrum, the empirical study proved that the participants had a negative perception of the NDMP for 2013-2017's implementation although they understood it as a policy. The minority of participants were informed and capacitated to have a correct perception and understanding of the NDMP for 2013-2017, while the majority of the participants had to capacitate themselves regarding what the NDMP entailed.

The participants' lack of understanding of the NDMP for 2013-2017 and the negative perceptions harboured, adversely impacted the substance abuse services they rendered in that they did not focus on the guidelines of the NDMP, but rather rendered services in a very traditional way that excluded the comprehensiveness proposed by the NDMP. The majority of participants experienced the NDMP for 2013-2017 as an intellectualized policy that lacked simplification, and for this reason many role-players at a grassroots level did not understand the policy. It is furthermore concluded that the delay in correctly perceiving and understanding the NDMP for 2013-2017, caused a delay in its effective implementation and focusing on integration of services.

The majority of the participants experienced that the extent to which participants' employers understood the NDMP for 2013-2017 impacted the implementation of the NDMP in the organization's substance abuse services. The majority of participants had the uniform understanding that employers' level of understanding of the NDMP for 2013-2017, influenced the degree in which the NDMP were implemented in service delivery. Furthermore, the majority of participants experience a lack of understanding of the NDMP for 2013-2017 by their employers. The majority of participants experienced a disjuncture between their substance abuse service delivery and that proposed to be implemented by the NDMP for 2013-2017. Interestingly, none of the participants experienced that their employers fully understood the NDMP for 2013-2017.

The majority of participants experienced a lack of efficient services for the substance abuse problem and that the adverse impact of the challenges related to the perceptions and understanding of the NDMP for 2013-2017, contributed to a lack of advocacy for resources and the initiation of the development of services for substance abuse.

Recommendations

- A standardized education process and procedure in order to educate and capacitate social service practitioners and other service providers involved with substance abuse services to comprehensively understand the national drug master plan before its implemented. A thorough professional preparation process for the NDMP must be implemented.
- The strategic levels that is responsible for the comprehensive implementation of national drug master plans to continuously ensure that all service providers and role-players have the correct legislative and policy perception and understanding of the NDMP. These service providers and role-players must include the top management levels of institutions and organizations and the incorporation of the NDMP in their business plans/operational plans.
- The preparation of and commitment of service providers and role-players to implement the NDMP after a thorough preparation process to be effectively evaluated, reporting of inclusion of the NDMP in their operational plans and support in this regard. The aforementioned to be included in the monitoring and evaluation component of the NDMP.

5.2.3 The feasibility and practicality of the National Drug Master Plan (2013-2017) (Theme 2)

Most of the participants experienced the NDMP for 2013-2017 as feasible and practical at especially a local government level, i.e. the level closest to the community. Furthermore, the majority of participants experienced a lack of thorough preparation for the implementation of the NDMP.

A minority of participants hold the view that the time for the implementation of the NDMP was not the right time, as the RSA was not prepared enough for this process. The majority of the participants experienced that the NDMP was not effectively utilized, as there was no preparation and capacitation process. Therefore, most of the participants experienced the actual feasibility and practical implementation of the NDMP as diluted, as they did not know how to comprehensively implement the NDMP due to a lack of knowledge regarding their NDMP-related roles and responsibilities. On the other side of the spectrum, the majority of participants confidently experienced

the NDMP for 2013-2017 as suitable to the substance abuse problem of the RSA, and that such a policy and plan were needed.

Most of the participants experienced the implementation of the NDMP as practical in theory, but that the lack of preparation and capacity building to implement the plan impeded the practicality of the plan to translate to actual operations. The majority of the participants viewed the lack to include the NDMP in integrated development plans of municipalities as a crucial legislative and policy gap that can significantly change the current scope of the substance abuse problem if implemented. Most of the participants had strong arguments in criticizing the lack of excluding the NDMP from integrated development plans and advocating for its inclusion in future NDMP's. The experiences of most participants are that the NDMP should have been included in integrated development plans, and that the escalation in the substance abuse problem of the RSA is a result of the lack of featuring of the NDMP at a local government level through integrated development plans. Interestingly, none of the participants experienced the exclusion of the NDMP from integrated development plans as a good strategy.

Most of the participants experienced the joint and cooperative implementation of the NDMP as a challenge and linked the lack of a preparation and education process prior to the implementation of the NDMP to this. Furthermore, the majority of participants experienced a lack of understanding amongst service providers and role-players regarding their NDMP-related roles and responsibilities and marked this as a contributor to a lack of joint and cooperative implementation of the NDMP.

Most of the participants experienced fragmentation in substance abuse service delivery and indicated that there were no or little integration of services. The majority of participants experienced the lack of joint and cooperative services as a result of a uniformed understanding of the NDMP and the translation of this into service delivery.

On the other side of the spectrum, a minority of participants experienced joint and cooperative service delivery related to substance abuse and alluded to service providers and role-players that are not aware that they are cooperating and that they implemented the NDMP for 2013-2017. This minority group of participants substantiated their experiences in the joint and cooperative implementation of the

NDMP by a simplification of service delivery related to substance abuse and shifted the area of NDMP-related challenges to a strategic level.

Recommendations

- More detail to be added to the service delivery and practical plan of NDMP's to address and manage the substance abuse problem and the simplification of this component to a better understanding at a community level.
- The inclusion of a specific, measurable, attainable, realistic and timebound implementation plan to ensure the translation of the NDMP into substance abuse service delivery at a community level. The implementation plan is to be monitored and evaluated by the monitoring and evaluation component of the NDMP.
- The development, implementation, monitoring and evaluation of a professional support system for the practical implementation of the NDMP in substance abuse service delivery.
- The inclusion of the NDMP in the integrated development plans of all types of municipalities and substance abuse services to be explicitly and simplistically planned for (inclusive of financial planning), developed and implemented. District municipalities to have the role and responsibility to coordinate and oversee the inclusion and implementation of the NDMP in the integrated development plans of local municipalities. District municipalities to include the coordinating of NDMP inclusion in integrated development plans of local municipalities, in the municipal planning of the District municipality and this to be deemed as a district municipal function. The Department of Local Government to coordinate, monitor and evaluate the implementation of NDMP's in integrated development plans and render a supporting function in this regard.
- The joint and cooperative implementation of the NDMP to be mandatory and a contingency management system (i.e. reward or point system) to be attached to this. The NDMP's inclusion in annual performance plans, operational and implementation plans of both national and provincial government departments

to be made mandatory. The joint and cooperative implementation of the NDMP to be linked to sanctions if there is a failure to comply in this regard.

5.2.4 An overview of implementation of the National Drug Master Plan (2013-2017) with specific reference to challenges experienced (Theme 3)

The majority of participants experienced challenges with the implementation of the NDMP at a micro, meso, exo and macro systemic levels in practice. There was a wide spectrum of experiences which participants described that ranged from very intense and professionally uncomfortable to minor challenges.

The majority of participants experienced the substance abuse problem as intense at a micro system and that the available professional services and resources were limited. Furthermore, most of the participants had experienced a challenge with the availability of aftercare and reintegration services in the substance abuse service field. Interrelation of services at a micro system, and the linkage between sector services such as child protection and victim empowerment services to the substance abuse field were a challenge for the majority of participants in the implementation of the NDMP. The majority of participants experienced services for substance abuse as fragmented, as opposed to a minority of the participants that experienced service partnerships and crosspollination of the implementation of the NDMP.

Most of the participants experienced a disjuncture on a meso system during the implementation of the NDMP.

The majority of the participants experienced that services to individuals and families in the substance abuse field were detached from resources, opportunities and the positive non-social service sphere in communities. The majority of participants experienced that there were in some situations no and in others little community resource opportunities for individuals and families that encountered substance abuse problems. The minority of participants experienced a small form of progress in terms of the implementation of the NDMP at a meso system with specific reference to the Mass Participation Opportunity and Access Development and Growth (MOD) programmes implemented by the Department of Education in schools. The majority of participants experienced that there was still a service delivery gap on a meso systemic level of the implementation of the NDMP with specific reference to the availability of

resources, opportunities and the inclusion of individuals and families that encounter substance abuse problems in a healthy community life.

Most of the participants experienced the availability of basic social services for substance to be in place, although there is a number of challenges and improvements to occur. Furthermore, participants had experienced a need for a fresh approach to the featuring of substance abuse services in the child protection field, and children's rights were to be reviewed from a substance abuse perspective. The majority of participants experienced the intersectoral nature of the NDMP as a challenge as it seems to be too broad and involves a wide spectrum of role-players and service providers. Most of the participants experienced a need to review the approach to substance abuse services at an exo systemic level with specific reference to the consideration of their perception, understanding, cultures and experiences of and with substances, e.g. the use of cannabis sativa.

On the other side of the spectrum, the majority of participants experienced a need for policy formulation and evolution during the implementation of the NDMP. Most of the participants highlighted a disconnection between the strategic level and operational level (service delivery implementation level) that they experienced during the implementation of the NDMP. All the participants expressed their adverse experiences in managing the negative service delivery consequences of the exo systemic level of the NDMP.

The majority of the participants experienced that the strategic level of the NDMP were uninformed of the operational and service delivery level. Interestingly, none of the participants had positive experiences with the exo systemic level of the NDMP's implementation. Moreover, none of the participants had experienced that the NDMP assisted them with effective implementation of their services for substance at an exo systemic level.

Recommendations

- A strategic review of the available services and service delivery gaps in the substance abuse field at a micro systemic level. The strategic review must be practical and although at a strategic level, fully entail substance abuse services at a community level and linked to geographical areas and accessibility.

- Social welfare planning and service development of key institutions and departments such as the Department of Social Development, Department of Health, the Department of Education, funded non-governmental organizations, community-based organizations and public beneficiary organizations, should include the planning and development of substance abuse services, effective mapping, coordinating and streamlining of services.
- Services at a micro systemic level must take diverse perceptions, understandings and cultures related to substance use into account.
- Substance abuse services at a micro systemic level must be linked to other social services, i.e. child protection, victim empowerment, family preservation services, social crime services and early childhood development services in terms of awareness and prevention that includes the primary caregivers of minor children.
- A linkage of the substance abuse service field to non-social service resources, opportunities and activities, i.e. linkage of and creating service pathways for aftercare and reintegration services to private corporate social investment initiatives (employment and career opportunities), accessing extended public work programmes (EPWP) and more active involvement of Departments such as Trade and Industries and Public Works in the NDMP at specific intervention levels such as aftercare in the exo systemic ambit.
- Review and embark on a policy formulation and evolution journey to address and manage the substance abuse problem by utilizing NDMP's, i.e. review the key strategies in the NDMP and bring in line with the comprehensiveness of the current substance abuse problem of the RSA.
- Include strategies to effectively manage the inter-sectoral nature of NDMP's so that it does not impede the implementation process.

5.2.5 The anticipation of the implementation of future National Drug Master Plans (Theme 4)

The majority of participants experienced NDMP's as relevant to the substance abuse problem of the RSA during the implementation of the NDMP for 2013-2017. Furthermore, most participants deemed NDMP's as valuable, to especially regulate substance abuse services.

All the participants concluded that they cannot imagine a substance abuse service context without an overarching and coordinating policy framework that guides service implementation. Interestingly, none of the participants deemed NDMP's as irrelevant to the substance abuse problem of the RSA, and there were no suggestions of alternatives opposed to NDMP's.

Most of the participants experienced a need for NDMP's to be linked to national and provincial policies. Furthermore, the majority of participants experienced the anticipation of the intensification of substance abuse services, closer collaboration and streamlining of services and thorough planning to take the implementation of the NDMP serious.

Recommendations

- Intensification of substance abuse services in NDMP's.
- Promotion and enhancement of commitment and seriousness in the implementation of NDMP's.
- The following of a bottom-up approach in the development and implementation of NDMP's and the featuring of the community level at the strategic level, i.e. an effective eco-systemic reciprocal process between the strategic and service delivery levels of the NDMP.

5.3 RECOMMENDATIONS FOR FURTHER RESEARCH

This research study endeavoured to explore and describe the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. The study obtained a wide spectrum of experiences of social service providers that has worth for the development of future NDMP's. Furthermore, had this research study conducted an in-depth analysis of the management of the substance abuse problem through the implementation of NDMP's and gave a description of the execution of this plan through a social service perspective.

The empirical study in chapter four, the conclusions and recommendations in this chapter suggest that there is a need to propose, plan and implement research studies in the following areas regarding the planning and implementation of NDMP's.

- A qualitative study on the experiences and challenges of the national and provincial levels of implementation of NDMP's.
- A quantitative study on how uninvolved and non-social service sectors and government institutions can become involved in implementation of NDMP's at especially an aftercare and reintegration level of substance abuse services.
- A survey on the experiences and challenges of uninvolved government departments and institutions in the NDMP implementation.
- A qualitative study on the experiences and challenges related to the functioning and sustainability of local drug action committees.
- A quantitative study on institutional support to mayors, mayoral committees and municipal councils in the implementation of the NDMP.
- A qualitative study to explore and describe the implementation of demand-, harm- and supply reduction interventions at a community level.
- A quantitative study to develop a conceptual framework or model to guide the implementation of NDMP's both comprehensively and specifically at a community level.

5.4 KEY FINDINGS AND MAIN CONCLUSIONS

The research question, goals and objectives were aimed at exploring the experiences of social service providers regarding the implementation of the NDMP for 2013-2017. There were a number of factors observed and experienced in both the social service and the substance abuse field that motivated this research study. One of the key reasons were a need to understand and embark on the successful implementation of national drug master plans in the RSA. Key professional figures in the development planning and implementation of substance abuse services are social service providers. Therefore, this research study did identify social service providers as the key figures to ascertain the experiences they have had with the implementation of the national drug master plan for 2013-2017.

There was no other research study that explored and described the experiences of social service providers regarding the implementation of the national drug master plan for 2013-2017, prior to this research study.

The researcher interviewed, transcribed and extensively analysed the narratives of sixteen participants to substantiate the following key findings and main conclusions. Social service providers are at the centre of policy development and service delivery to the substance abuse problem. Therefore, social service providers should be extensively included in the policy development process of national drug master plans. Social service providers have a wealth of knowledge and experiences regarding best practice models and possible strategic directions to address and manage the substance abuse problem of the RSA. They should therefore be actively involved in the social development planning of professional interventions aimed at the demand and harm reduction associated with substance abuse.

Thorough preparation, extensive consultation and capacity building should be the predecessors of the implementation of national drug master plans. The lack of the aforementioned processes will ultimately contribute to a mediocre implementation of national drug master plans. The implementation of national drug master plans should include an effective supporting structure for especially the community level. Furthermore, the national drug master plan should include a quality and contemporary monitoring and evaluation system aimed at especially the community level. The scope of access to resources and opportunities for the substance abuse problem should be

broadened, and influential institutions and government departments must commit to the implementation national drug master plans. National drug master plans must be enforced and deemed as non-negotiable to implement with consequences for situations where there is failure to comply with the enforcement. Furthermore, social service providers should be commended for the services they provide in an extreme and pressurizing social service context that entail a raging and escalating substance abuse problem in the RSA.

REFERENCE LIST

- Acker, M. 2018. *Understanding substance abuse and addiction*. Available: <https://www.netcare.co.za/Articles/ArticleID=688> [Accessed: 6 October 2019]
- Adger, H., MacDonald, D.I. & Wenger, S. 1999. Core competencies for involvement of health care providers in the care of children and adolescents in families affected by substance abuse. *Paediatrics*, 103(5):1-17.
- Adger, H., MacDonald, D.I., Robinson, P. & Wenger, S. 2004. *Contemporary Paediatrics. Helping children in families hurt by substance abuse*. Available: <http://academiconefile.com> [Accessed: 7 March 2017]
- Alston, M. & Bowles, W. 2003. *Research for Social Workers* (2nd edition). London: Routledge Publishers.
- Apollis, E.K. 2016. Rehabilitation of drug addicted adolescent boys: The contribution of social workers who are employed by the department of social development. Unpublished Master's Thesis. Stellenbosch: Stellenbosch University.
- Babbie, E. & Mouton, J. 2007. *The Practice of Social Research*. Cape Town: Oxford University Press.
- Babbie, E. 2007. *The Practice of Social Research* (11th edition). Belmont: Wadsworth Publishing Company.
- Bless, C., Higson-Smith, C. & Kagee, A. 2006. *Fundamentals of Social Research Methods – An African Perspective* (4th edition). Cape Town: Paarl Printers.
- Bronfenbrenner, U. 1979a. *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge MA: Harvard University Press.
- Bronfenbrenner, U. 1979b. *Bronfenbrenner's bio-ecological model of human development*. Available: <http://bit.ly/2yaRKXw> [Accessed: 9 January 2017]
- Bronfenbrenner, U. 2005. The developing ecology of human development: Paradigm lost or paradigm regained. In: Bronfenbrenner, U. (Ed.). *Making Human Beings Human: Bio-Ecological Perspectives on Human Development*. Thousand Oaks, CA: Sage.

- Bronfenbrenner, U. 2018. *Ecological systems theory*. Available: https://en.m.wikipedia.org/wiki/Ecological_systems_theory [Accessed: 05 March 2018]
- Carelse, S. 2017. Social work services provided by Non-Profit Organisations to adult methamphetamine users: An ecological perspective. Unpublished PhD thesis. Stellenbosch: Stellenbosch University.
- Chase, C. 2015. *The circle of courage: A Native American model of education*. Available: <https://creativesystemsthinking.wordpress.com/2015/02/18/the-circle-of-courage-native-american-model-of-education/> [Accessed: 18 February 2018]
- Colombo Plan 2018. *Overview of the organization*. Available: <http://www.colombo-plan.org/> [Accessed: 26 March 2018]
- Creswell, J.W. & Poth, C.N. 2018. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. Los Angeles: Sage Publishers.
- Creswell, J.W. 2009. *Research Design: Qualitative, Quantitative and Mixed Approaches* (3rd edition). Thousand Oaks: Sage Publishers.
- De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. 2011. *Research at Grass Roots: For the Social Sciences and Human Service Professions* (4th edition). Pretoria: Van Schaik Publishers.
- Department of Social Development. 1999. *National Drug Master Plan. 1999-2004*. South Africa, Department Social Development and Central Drug Authority. Pretoria: Government Printer.
- Department of Social Development. 2006. *National Drug Master Plan. 2006-2011*. South Africa, Department Social Development and Central Drug Authority. Pretoria: Government Printer.
- Department of Social Development. 2012. *White Paper on Families in South Africa*. Pretoria: Government Printer.
- Department of Social Development. 2013. *National Drug Master Plan. 2013-2017*. South Africa, Department Social Development and Central Drug Authority. Pretoria: Government Printer.
- Doweiko, H.E. 2012. *Concepts of Chemical Dependency* (8th edition). Belmont: Brooks/Cole Cengage Learning.

- Ellis, G.F.R., Stein, D.J., Thomas, K.G.F. & Meintjes, E.M. 2012. *Substance Use and Abuse in South Africa. Insights from Brain and Behavioural Sciences*. Cape Town: UCT Press.
- Fisher, G.L. & Harrison, T.C. 2013 *Substance Abuse. Information for School Counselors, Social Workers, Therapists and Counselors* (5th edition). New York: Pearson.
- Fouché, C.B. & Delpont, C.S.L. 2011. Introduction to the research process. In: De Vos, A.S., Strydom, H., Fouche, C.B. & Delpont, C.S.L. (Eds.). *Research at Grassroots: For the Social Sciences and Human Service Professions* (4th edition). Pretoria: Van Schaik.
- Freedman, M.J.S. 2018. Coming clean about substance use disorder: Factors affecting treatment-seeking and compliance, and strategies to overcome them. *Occupational Health Southern Africa*, 24(1):4-8.
- Galletta, A. 2013. *Mastering the Semi-Structured Interview and Beyond: From Research Design to Analysis and Publication*. New York. New York University Press.
- Germain, C.B. 1991. *Human behaviour in the Social Environment: An Ecological View*. New York: Columbia University Press.
- Geyer, S. & Lombard, A. 2014. A content analysis of the South African National Drug Master Plan. *Maatskaplike Werk/Social Work*, 50(3):329-349.
- Gitterman, A. & Germain, C.B. 2008. *The Life Model of Social Work Practice: Advances in and Practice* (3rd edition). New York: Columbia University Press.
- Gravetter, F.J. & Forzano, L.B. 2003. *Research Methods for the Behavioural sciences*. Belmont: Wadsworth/Thomson Learning.
- Greeff, M. 2011. Information collection: Interviewing. In: De Vos, A.S., Strydom, H., Fouche, C.B. & Delpont, C.S.L. (Eds.). *Research at Grassroots: For the Social Sciences and Human Service Professions* (4th edition). Pretoria. Van Schaik.
- Greenfield, S.F. 2016. *Treating Women With Substance Use Disorders: The Women's Recovery Book Manual*. New York. Guilford Press.

- Groenewald, C. & Bhana, A. 2016. Substance abuse and the family: An examination of the South African policy context. *Drugs: Education, Prevention and Policy*, 25(2):148-155.
- Hammond, C.J. 2016. The role of pharmacotherapy in the treatment of adolescent substance use disorders. *Child and Adolescent Psychiatric Clinics of North America*, 25(4):685-711.
- Hepworth, D.H., Rooney, R.H., Rooney, G.D., Strom-Gottfried, K. & Larsen, J. 2013. *Direct Social Work Practice – Theory and Skills* (9th edition). Toronto: The Thompson Corporation.
- Hess, S.A. & Schultz, J.M. 2008. Bronfenbrenner's ecological model. In: Kraus, K.L. (Ed.). *Lenses: Applying Lifespan Development Theories in Counselling*. Pennsylvania: Lahaska Press.
- Holtzblatt, K., Wendell, J.B. & Wood, S. 2005. *Rapid contextual design: A how-to guide to key techniques for user-centred design*. Elsevier: Morgan Kaufman Publishers.
- Isobell, D.L. 2013. Referring agents' perceptions of access barriers to inpatient substance abuse treatment centres in the Western Cape. Unpublished Master of Arts Mini-Thesis. Cape Town: University of the Western Cape.
- Ivankova, N.V. Creswell, J.W. & Plano Clark, V.L. 2007. Foundations and approaches to mixed methods research. In: Maree, K. (Ed.). *First Steps in Research*. Pretoria: Van Schaik Publishers.
- Jacobs, T. 2018. Views of social service providers on the effect of substance misuse on juvenile offenders. Unpublished Master's thesis. Cape Town: University Stellenbosch.
- Johnson, G.M. & Pupilampu, K. P. 2008. *Internet use during childhood and the ecological techno-subsystem*. Available: <https://www.cjlt.ca/index.php/cjlt/article/view/26428> [Accessed: 15 February 2018].
- Johnson, L.C. & Yanca, S.J. 2010. *Social Work Practice: A Generalist Approach* (10th edition). Boston: Allyn & Bacon.

- Kail, R.V. & Cavanaugh, J.C. (2010). *The Study of Human Development. Human Development: A Life-span View* (5th edition). Belmont: Wadsworth Cengage Learning. Available: https://en.wikipedia.org/wiki/Ecological_systems_theory [Accessed: 17 January 2018]
- Krefting, L. 1991. *Rigor in qualitative research: The assessment of trustworthiness. American Journal of Occupational Therapy*, 45(3):214-222.
- Kumar, R. 2005. *Research Methodology. A Step by Step Guide for Beginners* (2nd edition). Thousand Oaks: Sage Publishers.
- Le Noue, S.R. & Riggs, P.D. 2016. Substance abuse prevention. *Child and Adolescent Psychiatric Clinics of America*, 25(2):297-305.
- Leedy, P.D. & Ormrod, J.E. 2005. *Practical Research: Planning and Designing* (8th edition). New Jersey: Pearson Education Ltd.
- Leonard, K. 2011. *Using Bronfenbrenner's Ecological to Understand Community Partnerships: A Historical Case Study of One Urban High School*. Boston: Sage Publications.
- Lewis, J.A., Dana, R.Q. & Blevins, G.A. 2011. *Substance Abuse Counselling* (4th edition). Belmont: Brooks/Cole Cengage Learning.
- Lourens, A. & Bedeker, L.M. 2007. *Scientific Writing Skills: Guidelines for Writing Theses and Dissertations*. Stellenbosch: AFRICAN SUN MeDIA.
- Louw, J. & Fakier, N. 2007. Alcohol and drug abuse: removing structural barriers to treatment for historically disadvantaged communities in Cape Town. *International Journal of Social Welfare*, 17(2):156-165.
- Madisha, M.R. 2019. Social workers' preparedness, experiences and challenges when rendering social welfare services to adolescents abusing chemical substances. Unpublished Master's thesis, Pretoria: University of South Africa.
- Mahlangu, S.H. 2016. The aftercare needs of Nyaope users in the Hammanskraal community. Unpublished MA Thesis. Pretoria: University of Pretoria.
- Maree, K. & Pieterse, J. 2007. Sampling. In: Maree, K. (Ed.). *First Steps in Research*. Pretoria: Van Schaik Publishers.
- Maree, K. & Van der Westhuizen, C.N. 2007. Planning a research proposal. In: Maree, K. (Ed.). *First Steps in Research*. Pretoria: Van Schaik Publishers.

- Matzopoulos, R.G., Truen, S., Bowman, B. & Corrigan, J. 2014. The cost of harmful alcohol use in South Africa. *South African Medical Journal*, 104(2):127-132.
- Maxwell, J.C. 2014. A new survey of methamphetamine users in treatment: Who they are, why they like "meth," and why they need additional services. *Substance Use & Misuse*, 49(6): 639-644.
- Meyers, J.L. & Dick, D.M. 2013. *Genetic and environmental risk factors for adolescent-onset substance use disorders*. Available: <http://www.ncbi.nlm.nih.gov/pmc/articles/pmc3661209/> [Accessed: 17 February 2018].
- Miller, W.R. & Rollnick, S. 2013. *Motivational Interviewing: Helping People to Change*. (3rd edition). New York: Guilford Press.
- Moyana, W. 2019. The utilisation of the continuum of care for treatment of persons with a Substance Use Disorder: Service providers' and service users' experiences and perceptions. Unpublished Master's thesis. Pretoria: University of South Africa.
- Myers, B., Louw, J. & Fakier, N. 2007. *Access to South African treatment facilities in the Cape Town Metropole*. Cape Town: South African Medical research Council.
- Nash, M., Munford, R. & O'Donoghue, K. 2005. *Social Work Theories in Action*. London: Jessica Kingsley Publishers.
- Nelson, L. & Schwaner, R. 2009. *Transdermal fentanyl: Pharmacology and Toxicology*. Available: <http://www.drugabuse.gov> [Accessed: 9 February 2017]
- Nieuwenhuis, J. 2007. Introducing qualitative research. In Maree, K. (Ed.). *First Steps in Research*. Pretoria: Van Schaik Publishers.
- Oliver, D.G., Serovich, J.M. & Mason, T.L. 2005. Constraints and Opportunities with Interview Transcription: Towards Reflection in Qualitative Research. *Social Forces*, 84(2):1273-1289.
- Pardeck, J.T. 2015. An ecological approach for social work practice. *The Journal of Sociology & Social Welfare*, 15(2):133-142.
- Parry, C. & Myers, B. 2011. Beyond the rhetoric: Towards a more effective and humane drug policy framework in South Africa. *South African Medical Journal*, 101(10):704-706.

- Parry, C.H.D. 2005. Substance abuse intervention in South Africa. *World Psychiatry*, 4(1):34-35.
- Pepper, C. 2017. Secretariat of the Western Cape Provincial Substance Abuse Forum. 14 March. Personal interview.
- Plüddemann, A., Dada, S., Parry, C., Bhana, A., Bachoo, S., Perreira, T., Nel, E., Mncwabe, T., Gerber, W. & Freytag, K. 2010. Monitoring alcohol and drug abuse trends in South Africa. *SACENDU Research Brief*, 13(2):1-9.
- Psychology Notes HQ. *Bronfenbrenner's Ecological Systems Theory*. Available: <http://www.psychologynoteshq.com> [Accessed: 7 January 2018]
- Republic of South Africa, 2000. *Local Government Municipal Systems Act, No. 32 of 2000*. Pretoria: Government Printers.
- Republic of South Africa. 1996. *The Constitution of the Republic of South Africa*. Pretoria: Government Printer.
- Republic of South Africa. 1997. *The White Paper for Social Welfare*. Pretoria: Government Printer.
- Republic of South Africa. 2008. *Prevention of and Treatment of Substance Abuse Act, No. 70 of 2008*. Pretoria: Government Printers.
- Republic of South Africa. 2019. *Bill for the Regulation of Cannabis*. Pretoria: Government Printer.
- Reynolds, A.L. & Mitchell, S. 2017. Counselling women in emerging adulthood. In: Kopala, M., Keitel, M. (Eds.). *Handbook of Counselling Women* (pp. 18-25). California: Sage Publications.
- Rounds, J.B. & Tracey, T.J. 1990. From trait and factor to person environment fit counselling: theory and process. In: Walsh, W.B. & Osipow, S.H. (Eds.). *Career Counselling: Contemporary Topics in Vocational Psychology*. (pp. 1-44). New Jersey: Lawrence Erlbaum Associates Inc.
- Rubin, A. & Babbie, E. 2005. *Research Methods for Social Work* (3rd edition). Boston: Brooks/Cole Publishers.
- SACENDU 2016. (South African Community Epidemiology Network on Drug Use). *Research newsletter*, 19(2):December.

- SACENDU. 2018. *Alcohol and other drug use trends: January – June 2017 (Phase 42)*. Cape Town: South African Medical Research Council - Alcohol, Tobacco and Other Drug Research Unit.
- Saleebey, D. 2001. *Human Behaviour and Social Environments: A Biopsychosocial Approach*. New York: Columbia University Press.
- Santrock, J.W. 2007. *Child development*. Available: <http://www.the-familyhub.weebly.com/unpacking-family.html> [Accessed: 10 February 2018]
- Shaffer, D.R. & Kipp, K. 2010. *Developmental Psychology: Childhood and Adolescents* (8th edition). Belmont: Wadsworth.
- Slabbert, I. 2015. The role of substance abuse in domestic violence: A social work perspective. *Tydskrif vir Geesteswetenskappe*, 55(4):665-680.
- Smook, B., Ubbink, M. Ryke, E. & Strydom, H. 2014. Substance abuse, dependence and the workplace: A literature overview. *Social Work/Maatskaplike Werk*, 50(1):59-83.
- Southern Hemisphere. 2016. Final report on the implementation evaluation of the National Drug Master Plan (2013-2017). Unpublished Report, Cape Town.
- Strydom, H. & Delport, C.S.L. 2011. Sampling and pilot study in qualitative research. In: De Vos, A.S., Strydom, H., Fouche, C.B. & Delport, C.S.L. (Eds.). *Research at Grassroots: For the Social Sciences and Human Service Professions* (pp. 390-396). Pretoria: Van Schaik.
- Su, R., Murdock, C.D. & Rounds, J. 2015. Person-environment fit. In: Hartung, P.J., Savickas, M.L. & Walsh, W.B. (Eds.). *APA Handbook of Career Interventions* (pp. 81-98). Washington: American Psychological Association.
- Swanepoel, I., Geyer, S. & Crafford, G. 2016. Risk factors for relapse among young African adults following in-patient treatment for drug abuse in the Gauteng province. *Social Work/Maatskaplike Werk*, 52(3):414-438.
- Temmingh, H. & Myers, B. 2012. Clinical treatment of substance use disorders in South Africa. In: Ellis, G.F.R., Stein, D.J. & Meintjies, E.M. (Eds.). *Substances Use and Abuse in South Africa* (pp. 329-366). Cape Town: UCT Press.
- United Nations Office on Drugs and Crime. 2016. *Annual report*. New York: United Nations Publications.

- United Nations Office on Drugs and Crime. 2016. *World Drug Report*. New York: United Nations Publications.
- United Nations. 2018. Overview of the United Nations. Available: <http://www.un.org/en/sections/about-un/overview/> [Accessed: 19 March 2018]
- Unrau, Y.A., Gabor, P.A. & Grinnell, R.M. 2007. *Evaluation in Social Work: The Art and Science of Practice*. London: Oxford University Press.
- Walsh, F. 2012. Strengths forged through adversity. In: Walsh, F. *Normal Family Processes* (4th edition). New York: Guilford Press.
- Walsh, F. 2016. *Strengthening Family Resilience* (3rd edition). New York: Guilford Press.
- Western Cape Government. 2010. *Provincial Blueprint on Substance Abuse*. Cape Town: Provincial Government.
- Whiting, S. A. 2014. An evaluation of the effectiveness of the institutional mechanism to manage substance abuse in South Africa. Unpublished MPhil thesis. Cape Town: University of Cape Town.

ANNEXURE 1

REC HUMANITIES: NOTICE OF RESEARCH STUDY APPROVAL



14 January 2019

Project number: 6800

Project Title: Exploring the experiences of service providers in Western Cape local municipalities regarding the implementation of the National Drug Master Plan (2013-2017)

Amended Project Title: Experiences of social service providers regarding the implementation of the National Drug Master Plan (2013- 2017).

Dear Mr. Devon De Koker

Your REC Humanities Amendment Form submitted on 28 November 2018 was reviewed and approved by the REC: Humanities.

Please note the following for your approved submission:

Ethics approval period:

Protocol approval date (Humanities) Protocol expiration date (Humanities)

25 May 2018 to 24 May 2021

GENERAL COMMENTS:

Please take note of the General Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

If the researcher deviates in any way from the proposal approved by the REC: Humanities, the researcher must notify the

REC of these changes.

Please use your SU project number (6800) on any documents or correspondence with the REC concerning your project.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

FOR CONTINUATION OF PROJECTS AFTER REC APPROVAL PERIOD

Please note that a progress report should be submitted to the Research Ethics Committee: Humanities before the approval period has expired if a continuation of ethics approval is required. The Committee will then consider the continuation of the project for a further year (if necessary).

Included Documents:

Document Type File Name Date Version

Research Protocol/Proposal Amended Proposal 2018 28/11/2018 Version 2

Default New Consent Form Supervised 28/11/2018 Version 2

If you have any questions or need further help, please contact the REC office at cgraham@sun.ac.za.

Sincerely,

Clarissa Graham

REC Coordinator: Research Ethics Committee: Human Research (Humanities)

ANNEXURE 2

SEMI-STRUCTURED INTERVIEW SCHEDULE FOR SOCIAL SERVICE PROVIDERS

1. Biographical information

- 1.1. Gender
- 1.2. Years of experience
- 1.3. Highest qualification
- 1.4. Current job title
- 1.5. Age
- 1.6. Unit and level of employment at organization/company
- 1.7. Contextualizing the level of direct involvement in substance abuse services
- 1.8. Contextualizing the level of involvement in external substance abuse services

2. The perceptions and understanding of social service providers regarding the national drug master plan for 2013-2017.

- 2.1 What is your understanding of the operations that were related to the NDMP for 2013-2017?
- 2.2 In your view, to what extent did your organization, fully understand the NDMP for 2013-2017?

3. Feasibility and practicality of the national drug master plan for 2013-2017.

- 3.1 What is your view on the feasibility, suitability and practicality of the NDMP for 2013-2017?
- 3.2 What is your opinion on the inclusion of the NDMP for 2013-2017 in integrated development plans (IDP's) of municipalities?
- 3.3 What is your opinion on the joint and cooperative implementation of the NDMP for 2013-2017 by relevant stakeholders at community level?

4. Overview of implementation of the NDMP for 2013-2017 with specific reference to challenges experienced.

- 4.1 In your opinion, what are the challenges related to the NDMP for 2013-2017 applicable to the substance abuse problem at a micro system?
- 4.2 In your opinion, what are the challenges related to the NDMP for 2013-2017 applicable to the substance abuse problem at a meso system?
- 4.3 In your opinion, what are the challenges related to the NDMP for 2013-2017 applicable to the substance abuse problem at an exo system?
- 4.4 In your opinion, what are the challenges related to the NDMP for 2013-2017 applicable to the substance abuse problem at a macro system?
- 5. Anticipation of the implementations of future national drug master plans in the RSA.**
- 5.1 What is your opinion on the relevance of NDMP's to the South African substance abuse problem?
- 5.2 Can you describe your view on the key factors to be considered for future NDMP's?

ANNEXURE 3

LETTER TO PARTICIPANTS REGARDING INFORMED CONSENT

Dear Colleague

My name is Devon de Koker and I am a qualified and registered Social Worker. I would like to invite you to participate in a research project entitled ***experiences of social service providers regarding the implementation of the National Drug Master Plan (2013-2017)***. This research study is for fulfilment of the requirements for a master's degree in Social Work at the University of Stellenbosch.

Please take some time to read the information presented here, which will explain the details of this project and contact me if you require further explanation or clarification of any aspect of the study. Also, your participation is **entirely voluntary**, and you are free to decline participation. If you decline participation, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to participate in the research study.

The sole purpose of the research study is to obtain an understanding of experiences of social service providers regarding the implementation of the National Drug Master Plan (2013-2017). It is important to note that, even if the National Drug Master Plan (2013 -2017) were not implemented in your organization and local municipality, you can still participate in the research study as you may have valuable information regarding your understanding of and experiences with the National Drug Master Plan (2013-2017) and challenges in this regard. Furthermore, if you don't have any experiences in relation to the implementation of the National Drug Master Plan (2013-2017), your participation in the research study will still be of value. I will do my utmost best to ensure that your participation in this study will not result in any form of risk, harm, stress or stigmatization. This is a low-risk study.

The anticipated benefits of the research study are to contribute to a better implementation of National Drug Master Plans at a local municipal level. This could influence substance abuse policies to be more favourable in terms of practical implementation at community-based level and a general support function to social service providers with the implementation of National Drug Master Plans. Participation in the research study is voluntary and you will receive no payment.

The interview I will conduct with you will be voice recorded with your permission. It is your right to decline a recording of the interview. Only my study leader and I will have access to recordings. All the electronic data will be kept in a safe space for a period of five years and will then be destroyed.

I will make use of a coding system to analyse the data, so any identifying details of you will not be revealed. The identity of social service providers will also be kept confidential. Data that I will gather for this study will not be utilized for any other project. The only aspect of the study that will be utilized is the research report with findings and recommendations. All findings will be generalized by keeping the anonymity of all social service providers and by formulating general recommendations.

Participation in this study is completely voluntarily. You can withdraw any time during the interview without any negative consequences. You can also choose not to answer certain questions and still remain in the study.

If you have any questions or concerns about the research, please feel free to contact Devon de Koker at 064 655 0780. Alternatively, or for further information please feel free to contact his supervisor, Dr. Ilze Slabbert, for this research study at 021 808 2075 or email at: islabbert@sun.ac.za.

RIGHTS OF RESEARCH PARTICIPANTS: You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Ms. Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

You have the right to receive a copy of this Information and Consent form.

If you are willing to participate in this research study, please sign the attached Declaration of Consent and email it back to dvndekoker@gmail.com.

ANNEXURE 4 INFORMED CONSENT FORM FOR PARTICIPANTS

By signing below, I.....(Name and surname) agree to take part in a research study entitled: ***Experiences of social service providers regarding the implementation of the National Drug Master Plan (2013-2017)*** conducted by ***Devon de Koker***.

I declare that:

- I have read the attached information leaflet and it is written in a language with which I am fluent in and comfortable with.
- 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 pressurised to take part.
- I may choose to leave the interview at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the interview before it has finished, if the researcher feels it is in my best interest, if I feel that the interview is not conducted in the manner agreed to and if I feel uncomfortable at any stage.
- All issues related to privacy and the confidentiality and use of the information I provide have been explained to my satisfaction.

.....
Signature of participant

.....
Signed on (date)

Signature of researcher

I declare that I explained the information given in this document to _____ [*name of the participant*] [*He/she*] was encouraged and given ample time to ask me any questions. This conversation was conducted in [*Afrikaans/*English/*Xhosa/*Other*] and [*no translator was used/this conversation was translated into _____ by _____*].

.....
Signature of researcher

.....
Date

ANNEXURE 5 INDEPENDENT CODER THEME VERIFICATION FORM

I, hereby declare that I have read the transcribed interview completed for this research study and I am in agreement with the themes, sub-themes and categories derived from this:

(please tick where appropriate)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

ANNEXURE 6 MEMBER VERIFICATION FORM

Participant number: _____

I, hereby declare that I have read the transcribed interview completed for this research study:

(please tick where appropriate)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

I, hereby, declare, that I am in agreement with the transcribed content of the interview:

(please tick where appropriate)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

ANNEXURE 7 REFLECTION REPORT

As a qualified and registered social worker that specialize in the substance abuse field, I remain concerned about the implementation of national drug master plans. I observe the concerns of colleagues, role-players and service providers regarding the implementation of national drug master plans and the confusion they often experience in this regard. This is why I conducted this study. I realised as a researcher I had to be as objective as possible and do not let my own personal views of the implementation of the NDMP influence the research process. I noted therefore my own views on this matter as indicated below.

The RSA are severely impacted by the scourge of substance abuse and service providers, especially in the social service sector, are often hit hard by the harsh realities they must face regarding the substance abuse problem. We reached a stage in the RSA, where we can no longer be passive regarding the implementation of policies and services in the substance abuse field. The adverse impact of the substance abuse problem in the lives of individuals, families and communities are saddening. We therefore need speedy and effective policy evolution and formulation and need to rethink the manners in which we implement our substance abuse services.

My professional projection of the service delivery way forward is creative solutions to the substance abuse problem in a harms reductions approach that is embraced by the service providers and the communities at a grassroots level. We need to draw from international best practice models in especially first world countries and follow their example of effective harms reductions practice. The South African government needs to rethink the comprehensive impact of the substance abuse problem inclusive of the mortality and financial impacts. Furthermore, social service practitioners can be more actively involved in the development planning and implementation of NDMP's.

I remain positive about winning our fight against the scourge of substance abuse in the RSA and always look at success stories of first world countries to draw strength and hope regarding their combat of this scourge.

Devon de Koker

September 2019