

**COLLABORATIVE GOVERNANCE: A HOLISTIC APPROACH TO  
MANAGING THE METHAMPHETAMINE PROBLEM IN THE  
WESTERN CAPE**

by

**AJ Visser**

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The crest of Stellenbosch University, featuring a shield with a red and white design, topped with a crown and surrounded by red and white decorative elements. Below the shield is a banner with the Latin motto "Pectora coluunt cultus recti".

**PROMOTOR: PROF. F. UYS**

**December 2017**

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## Abstract

Public institutions in South Africa are increasingly required to respond effectively to serious societal problems. The year-on-year increase in the abuse of methamphetamine over the last decade in the Western Cape represents one such societal problem that needs to be effectively managed by public institutions in the Western Cape Province. Methamphetamine abuse is having a devastating effect on local communities and is causing irreparable damage to the lives of thousands of users and their families. Despite significant drug abuse prevention efforts of various public institutions, the private sector and local communities, methamphetamine abuse is fast becoming a societal problem of epidemic proportions. A definite need exists for re-thinking the way in which drug abuse is being managed in South Africa and the Western Cape Province in particular.

Internationally, there seems to be general consensus that drug abuse needs to be addressed from a multi-disciplinary approach that will allow actions to be taken from various perspectives. This view is also held by South African public institutions and is in fact, entrenched in the South African Government's National Drug Master Plan. Unfortunately, this does not translate into actual collaboration or any measure of sustainable results.

To this end, the study was conducted for purposes of determining whether Collaborative Governance could serve as an appropriate management approach for addressing the Western Cape's methamphetamine problem. In doing so, it was found that Collaborative Governance is inextricably linked to the concept of Holism. When a holistic state is realised, the measure of value that can be secured is more than that of the sum of individual efforts and should thus be pursued in the management of societal problems. However, whilst the realisation of a holistic state spontaneously occurs in nature, this is not the case in the management sciences, and hence the need for the adoption of a management approach that promotes this concept. The study therefore endeavoured to determine whether the proper implementation of the principles of Collaborative Governance can indeed result in added value being achieved as far as managing the methamphetamine problem is concerned.

This study makes specific recommendations on how the principles of Collaborative Governance can be applied to managing the methamphetamine problem in order to ensure that it be addressed from a holistic perspective that can be expected to yield additional public value. This includes the development of what is believed to be an ideal system for the

effective management of the methamphetamine problem, i.e. an Integrated Management System.

Multiple research methods were employed during the course of the study of which the empirical dimension was both qualitative and quantitative in nature. This included survey research among members of the major drug management structures in the Western Cape, interviews with various participants, and observations and conducting a field experiment on the practical application of the principles of Collaborative Governance in a particular setting.

## Opsomming

Doeltreffende optrede teen ernstige samelewingsprobleme word in 'n toenemende mate van openbare instansies in Suid-Afrika verlang. Een so 'n probleem in Wes-Kaaplandse gemeenskappe, wat in die afgelope dekade jaarliks toegeneem het, en die noodsaaklikheid vir doeltreffende bestuur van die kant van openbare instansies benadruk, is die misbruik van metamfetamien. Dié verskynsel is besig om rampspoedige gevolge vir plaaslike gemeenskappe te hê en veroorsaak onherstelbare skade aan die lewens van duisende gebruikers en hulle gesinne. Ondanks beduidende voorkomingspogings deur verskeie openbare instansies, die privaatsektor en plaaslike gemeenskappe, is die misbruik van metamfetamien vinnig besig om 'n samelewingsprobleem van epidemiese afmetings te word. Daar bestaan 'n besliste behoefte dat die wyse waarop dwelmmisbruik in Suid-Afrika, en in Wes-Kaapland in die besonder, bestuur word, heroorweeg moet word.

Dit wil voorkom of daar internasionaal konsensus bestaan dat dwelmmisbruik deur 'n multi-dissiplinêre benadering aangepak behoort te word wat optrede volgens verskeie perspektiewe sal meebring. Dié siening word ook deur Suid-Afrikaanse openbare instansies gehuldig en is inderwaarheid in die Suid-Afrikaanse regering se Nasionale Meesterplan teen Dwelmmisbruik veranker. Ongelukkig het dit nog nie werklike samewerking of enige mate van volhoubare resultate tot gevolg gehad nie.

Hierdie studie is met die doel onderneem om te bepaal of Samewerkende Regering sou kon dien as 'n geskikte bestuursbenadering waarvolgens die misbruik van metamfetamien in Wes-Kaapland aangespreek sou kon word. Met die uitvoering hiervan is bevind dat Samewerkende Regering onlosmaaklik aan die konsep van holisme verbind is. In 'n toestand van holisme, is die mate van waarde wat bereik kan word groter as die somtotaal van individuele pogings. Dit behoort derhalwe, wat die bestuur van samelewingsprobleme betref, nagestreef te word. Waar 'n toestand van holisme in die natuur spontaan voorkom, is dit in die bestuurswetenskappe egter nie die geval nie. Om dié rede is dit noodsaaklik dat 'n bestuursbenadering, wat dié konsep bevorder, aangeneem word. Hierdie studie het bepaal of die behoorlike implementering van die beginsels van Samewerkende Regering inderdaad tot die bereiking van bykomende waarde met die bestuur van die metamfetamien-probleem aanleiding kan gee.

Hierdie studie doen spesifieke aanbevelings oor hoe die beginsels van Samewerkende Regering in die bestuur van die metamfetamien-probleem toegepas kan word om te

verseker dat dit uit 'n holistiese perspektief aangespreek word wat na verwagting bykomende openbare waarde sal lewer. Dié sluit die ontwikkeling in van wat geglo word die ideale stelsel is vir die doeltreffende bestuur van die metamfetamien-probleem, naamlik 'n Geïntegreerde Bestuurstelsel.

Veelvoudige navorsingsmetodes, waarvan die empiriese dimensie sowel kwalitatief as kwantitatief was, is gedurende die verloop van dié studie aangewend. Dit het opname-navorsing onder lede van die belangrikste dwelmbestuurstrukture in Wes-Kaapland ingesluit, asook onderhoude met verskeie deelnemers, waarnemings en 'n veldeksperiment oor die praktiese toepassing van die beginsels van Samewerkende Regering in 'n bepaalde omgewing.

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## List of acronyms and abbreviations

AAPA	American Association of Port Authorities
AIC	Australian Institute of Criminology
AIPA	ASEAN Inter-Parliamentary Assembly
APAAN	Alpha-Phenylacetoacetonitrile
ASPA	Alabama State Port Authority
ATS	Amphetamine-type stimulants
BCOCC	Border Control Operational Coordinating Committee
CBP	Customs and Border Protection
CDA	Central Drug Authority
CDAC	Community Drug Management Committees
CDTA	Chemical Diversion and Trafficking Act, 1988 (No 100-690 of 1988)
CGR	Collaborative governance regime
CHPA	Consumer Healthcare Products Association
CMA	Comprehensive Methamphetamine Control Act, 1996 (No 104-237 of 1996)
CMEA	Combat Methamphetamine Epidemic Act, 2005 (No 109-177 of 2005)
CPF	Community Police Forum
CPTED	Crime Prevention Through Environmental Design
CTADAC	Cape Town Alcohol and Drug Action Committee
DA	Democratic Alliance
DARE	Drug Abuse Resistance Education
DCDA	Domestic Chemical Diversion Control Act, 1993 (No 103-200 of 1993)
DCS	Department of Community Safety
DEA	Drug Enforcement Administration
FBI	Federal Bureau of Investigation
ICE	Immigration and Customs Enforcement
IDP	Integrated Development Plan
IMO	International Maritime Organization
INCB	International Narcotics Control Board
ISPS	Code International Ship and Port Facility Security Code
KPI	Key Performance Indicator
LDMC	Local Drug Management Committee
MAPA	Methamphetamine Anti-Proliferation Act, 2000 (No 106-310 of 2000)
M&E	Monitoring and Evaluation

MIEDAR	Motivational Incentives for Enhancing Drug Abuse Recovery
MRC	Medical Research Council
MTSA	Maritime Transportation Security Act, 2002 (No 109-58 of 2002)
NAMSDL	National Alliance for Model State Drug Laws
NCPC	National Crime Prevention Council
NCPS	National Crime Prevention Strategy
NDCP	National Drug Control Policy
NDCS	National Drug Control Strategy
NDMP	National Drug Master Plan
NDTC	National Drug Treatment Centre
NEPF	National Evaluation Policy Framework
NGO	Non-governmental Organisation
NIDA	National Institute on Drug Abuse
NPA	National Prosecuting Authority
NSA	National Sheriff's Association
NWSP	Neighbourhood Watch Support Programme
NWTT	Neighbourhood Watch Task Team
NYPD	New York Police Department
ONCB	Office of the Narcotics Control Board
ONDCP	Office of National Drug Control Policy
P-2-P	1-Phenyl-2-propanone
PANYNJ	Port Authority of New York & New Jersey
PDMC	Provincial Drug Management Committee
PEN	Pre-Export Notification
PGWC	Provincial Government of the Western Cape
PICS	Precursor Incident Communication System
PPA	Phenylpropanolamine
PSE	Pseudoephedrine
RSA	Republic of South Africa
SAFE	Security and Accountability for Every Port Act
SANCA	South African National Council on Alcoholism and Drug Dependence
SANDF	South African National Defence Force
SAPS	South African Police Service
SARS	South African Revenue Service
SOLAS	Safety of Lives at Sea Convention
SSA	State Security Agency
STT	Specialised Task Teams

TNPA	Transnet National Ports Authority
UCLA	University of California, Los Angeles
UKDPC	United Kingdom Drug Policy Commission
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
USA	United States of America
US	United States
WARTC	West African Regional Training Center
WCSAF	Western Cape Substance Abuse Forum

## **CHAPTER 1: INTRODUCTION AND BACKGROUND**

### **1.1 INTRODUCTION**

Since 2003, methamphetamine abuse has increased dramatically in the Western Cape. The drug, locally known as “tik”, is impacting on the lives of thousands, destroying the mental and physical health of users, tearing families apart and having a devastating effect on communities. Methamphetamine continues to spread amongst the people of the Western Cape and public perception is growing that the situation has reached epidemic proportions.

Police in the Western Cape have responded with a heightened focus on performing arrests for drug-related crime and as can be seen from the latest officially released crime statistics, they have managed to achieve a steady increase in such arrests since 2008. This heightened focus by law enforcement agencies on arrests for drug-related crimes, however, has not succeeded in stemming the tide of methamphetamine abuse in the province. Neither have efforts from local authorities, the Provincial Government and various NGOs to strengthen the social fibre of local communities achieved the required results. It is clear that a new approach is required.

This study examined the existing field of knowledge on managing substance abuse-related problems in an attempt to determine why current efforts are not succeeding in reducing the levels of methamphetamine abuse in the province. The fact that current efforts are not achieving the desired results suggests that the body of existing scientific knowledge might simply be inadequate to guide the development of an effective methamphetamine management strategy for the Western Cape. At the outset of this research study, the intention of the researcher was that if the study does indeed find this to be the case, it will aim to contribute to the existing field of knowledge to the extent that it will be able to guide the development of a public management framework that will enable the Western Cape Provincial Government and local authorities within the Western Cape to effectively deal with the methamphetamine problem.

## 1.2 THE METHAMPHETAMINE PROBLEM: AN OVERVIEW

### 1.2.1 History, description, effects and consequences

Methamphetamine was first synthesised by Japanese pharmacists Nagayoshi Nagai in 1893 and Akira Ogata in 1919 (Weisheit & White, 2009:27; Grau, 2007:2). During the Second World War, the drug's stimulant effect became popular as a remedy for fatigue amongst both Axis and Allied troops (Grau, 2007:2) for them to remain aggressive (Walker, 2009:75). The Japanese Kamikaze pilots are believed to have used methamphetamine to help them push through with their suicide missions (National Geographic, 2006). In the 1950s, it gained popularity as a cure for various medical conditions, including depression, fatigue (Grau, 2007:2), narcolepsy, attention deficit disorder and obesity (Freeman & Talbert, 2012:1). It quickly acquired the status of a 'wonder drug'. At the time, the drug was regarded as safe and non-addictive. Warnings on the potential for addiction, however, increased (Weisheit & White, 2009:27-28) and by the 1970s, the United States (US) government introduced regulations which restricted the availability of the drug and saw a reduction in methamphetamine use (Grau, 2007:2).

Methamphetamine, which is a white powdery or crystal-like substance (Pluddemann, Myers & Parry, 2007:1), is a synthetic drug, meaning that it is produced through a process of chemical synthesis and not derived from natural plant material as is the case with dagga and cocaine (Grau, 2007:3). Unlike drugs derived from plant material, methamphetamine and other synthetic drugs can be manufactured at low cost in any environment (United Nations Office on Drugs and Crime (UNODC), 2011:1). It is cheap, can be produced relatively easily and can be administered by smoking or snorting it, taking it orally or by injecting it intravenously.

The drug is a powerful central nervous system stimulant which is highly addictive (Pluddemann *et al.*, 2007:1). It triggers the release of dopamine in the brain which causes the user to experience a sense of euphoria (Grau, 2007:2). Typically, the first few seconds after consumption are described as a highly pleasurable 'rush' followed by several hours of experiencing an intense 'high' (Walker, 2009:78). The release of dopamine also results in high energy levels, self-confidence, restlessness and a heightened sexual drive (Pluddemann *et al.*, 2007:1). These effects last much longer than those of other drugs (Sanchez & Harrison, 2004:1). 'Crashing' is the term used to describe a user's experience when the drug's effects have worn off and include depression, exhaustion, insomnia, confusion, and suicidal tendencies (Walker, 2009:67). Experiencing such unpleasant side effects in turn drives the user to seek his/her next 'fix' (Grau, 2007:2). Some users who can

afford it take more and more methamphetamine in order to avoid the effects of crashing. “Paradoxically, the more one uses the drug, the harder one crashes” (Walker, 2009:67).

Dopamine is a neurotransmitter in the brain that generates natural feelings of pleasure, for instance when one is enjoying food or having sex. Methamphetamine actually enters the neurons in the brain and forces out up to six times more dopamine than the body can produce on its own. Continued use of the drug will, however, cause the body to shut down the overworked neurons. This is the body’s way of fighting back. The user will therefore find it more and more difficult to experience pleasure (National Geographic, 2006) and later on the excessive artificial simulation of dopamine release, will cause the user to lose the ability to naturally experience sensations of pleasure (Walker, 2009:76). Eventually, the user will not be able to experience any pleasure, with or without the drug (National Geographic, 2006).

The drug increases the user’s blood pressure and heart rate, causing a “typical fight-or-flight response” from the user (Walker, 2009:75). It is said to combine the hyperactivity of cocaine with the delusions of LSD and many users are experiencing paranoia (National Geographic, 2006) and hallucinations (Walker, 2009:66). Uncontrollable rage, a tendency to resort to violence and engaging in high risk sexual behaviour are common amongst users (Pluddemann *et al.*, 2007:1) with a high percentage of them experiencing psychotic episodes (UNODC, 2008:2). The increased levels of aggression, sharpened senses and the removal of inhibitions experienced by users might be some of the reasons why it appeals to gang members in the Cape Flats (Walker, 2009:75).

Other side effects include insomnia, loss of appetite and sores on the skin (Walker, 2009:65). Prolonged use of the drug can lead to physical and mental deterioration and even brain damage (Grau, 2007:2). It has the potential to damage users severely and often transforms their physical appearance dramatically. It is common for methamphetamine users to start losing their teeth (National Geographic, 2006), a condition known as meth-mouth which is usually associated with methamphetamine users having severely decayed and abscessed teeth (Weisheit & White, 2009:65). This results from the user’s mouth becoming dry as the flow of saliva is impeded, allowing the build-up of bacteria and natural acids which damage gums and enamel. In addition, users often neglect oral hygiene as all available money goes into feeding their drug habit (National Geographic, 2006). These physical effects, however, usually manifest only after the drug has already damaged the user’s life in other ways, e.g. losing their family and their job (Walker, 2009:65).



Methamphetamine abuse more often than not has a major destructive impact on the user's family as well. Users often have no interest in trying to find work in order to sustain their habit and will much rather steal from family members, lie to them and even abuse them to get their way (Walker, 2009:31). A well-known case is that of Ellen Pakkies, a mother of three from Lavender Hill on the Cape Flats who in 2007 killed her own son out of sheer desperation. Addicted to methamphetamine, Abie Pakkies made his mother's life a living hell. Over the course of seven years he regularly stole from her or forced her to give him money for 'tik'. Totally drained and with nowhere to turn to for help, she was driven to do the unthinkable on 12 September 2007. On that evening, having to deal with his abuse again, she strangled her son to death with a piece of rope (Walker, 2009:81,135-139). In December that year, the magistrate presiding over the case acknowledged Ellen Pakkies' desperation and the circumstances leading up to her killing her son. Pakkies did not receive a prison sentence and was instead ordered to return to her community as they, according to the magistrate, desperately needed her help in dealing with the consequences of methamphetamine addiction (Walker, 2009:197-198).

Those that somehow managed to break the addiction and stay 'clean' for an extended period of time, typically say that they believed they could do anything while being on the drug. They describe methamphetamine as a "magic drug" or something that "gave them superhuman strength". This 'reality' they experience while being on the drug totally overshadows the negative consequences of their physical deterioration, loss of family or loss of income. While on the drug, they believe the 'reality' created by their drug-infused mind (National Geographic, 2006).

Methamphetamine abuse has spread across the world and affects the lives of millions. It is estimated that there are 25 million methamphetamine users world-wide (Grau, 2007:3). The drug is known by hundreds of slang terms, including crank, crystal, glass, ice, Nazi dope, powder, yaaba and zoom (Weisheit & White, 2009:ix). In South Africa, it is known as "tik" (UNODC, 2008:1) where, as the next section will show, it has become the new "drug of choice" (United States of America (USA), 2012:392).

Weisheit and White (2009:25) referred to the sudden increase in methamphetamine use in a particular geographical area, as a 'surge'. Methamphetamine surges can extend over decades and have been experienced by a number of countries. These include Japan, the United States (Hawaii as well as the mainland), Thailand, Korea, the Philippines, England, Ireland and Sweden (Weisheit & White, 2009:25). The next section explores the situation in South Africa, specifically the Western Cape Province.

### 1.2.2 Methamphetamine abuse in the Western Cape

In South Africa, methamphetamine is typically administered by smoking, i.e. inhaling the fumes given off by the powder or crystals when heated (Pluddemann *et al.*, 2007:1). The glass shell of a light bulb is usually used as container for the drug which is then heated up with a lighter to produce the fumes (Walker, 2009:75). The local street name, “tik”, is derived from the clicking sound made by the methamphetamine powder or crystals when smoking the drug (Walker, 2009:74).

Methamphetamine was still relatively unknown in South Africa in the early 2000s (UNODC, 2008:1) with figures showing that towards the end of 2003, a mere 2.3 percent of patients admitted for treatment at drug rehabilitation clinics used methamphetamine while 37 percent of admissions used the drug by 2006 (Mashaba, 2006:2). In 2008, the Cape Town Drug Counselling Centre reported that more than half of its clients claimed methamphetamine to be their main substance of abuse (UNODC, 2011:1) and according to a study done by the Medical Research Council on data provided by 23 specialist addiction treatment centres/programmes in the Western Cape for the period July to December 2011, 38.8 percent of the patients reported methamphetamine as their primary drug of abuse. It should be noted that alcohol is also listed in that study as a drug of abuse and the percentage methamphetamine abusers will therefore be even higher if only narcotic drugs are considered and the 23.7 percent who reported alcohol to be their primary drug of abuse, is omitted. The percentage of patients in other provinces reporting methamphetamine as their primary drug of abuse at the time was 18.4 percent in the Eastern Cape, 1.4 percent in Gauteng and 0.5 percent in Kwazulu Natal. Little methamphetamine abuse was reported for the rest of the provinces (Dada, Pluddemann, Parry, Bhana, Vawda, Perreira, Nel, Muncwabe, Pelser & Weimann, 2012:1-7). A 2014 media release by the City of Cape Town on progress made with its substance abuse treatment programme, reported that 45 percent of new clients screened at its treatment sites between July 2012 and June 2013 were found to be methamphetamine users. Twenty-two percent required treatment for dagga use, 17 percent for heroin use and 16 percent sought treatment for alcohol abuse (City of Cape Town, 2014a:1).

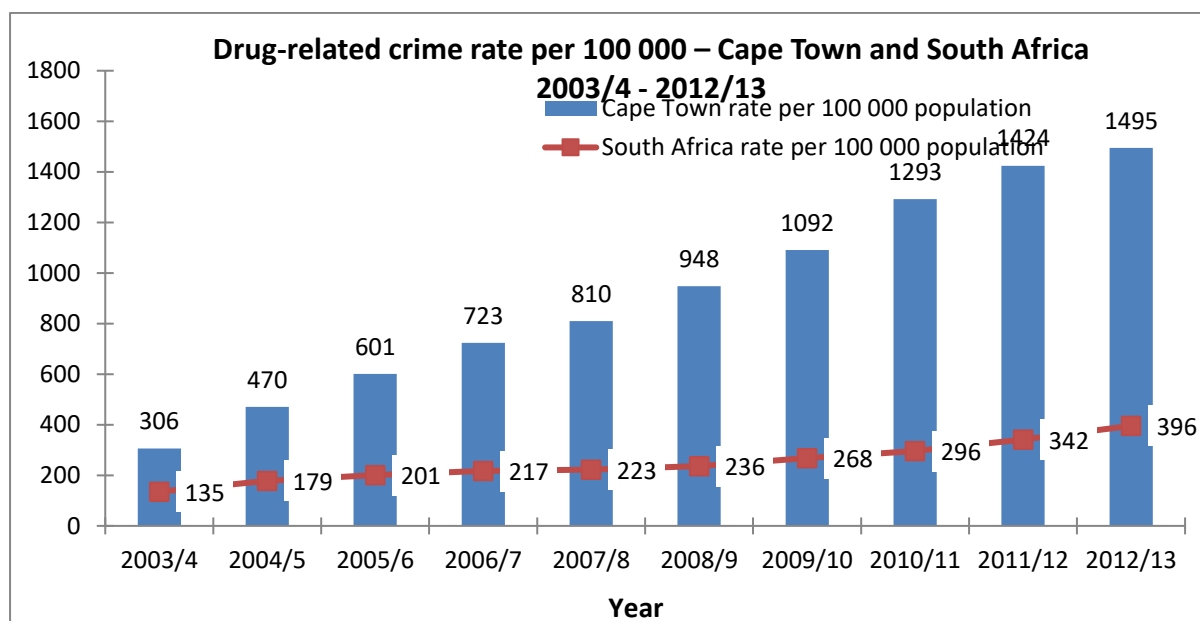
Abuse of this new “drug of choice” (USA, 2012:392) has escalated every year since its introduction on the local market and has spread uncontrollably across the Western Cape (Henda, 2010:1). The Medical Research Council (MRC) (2006:2-3) reported in a media statement of 23 October 2006, that “Cape Town appears to be the methamphetamine capital

of South Africa". The situation has now reached epidemic proportions (UNODC, 2008:1) which pose a serious security threat to the entire country (UNODC, 2011:71). In addition, young women addicted to methamphetamine give birth to so-called "tik-babies" every year, contributing further to the decay of the social fibre of local communities (Rohwer, 2013:1). An estimated six percent of pregnant women in the Western Cape are using methamphetamine. More than 70 000 babies are born in the province every year which means that more than 4200 of them have been exposed to methamphetamine before birth. Such babies usually have to be born prematurely. They are smaller than those born under normal circumstances and their potential for growth is impaired (Smith, Interview:2014). The lower birth weight can in many cases be ascribed to poor brain growth (Madide & Smith, 2012:2). As they share their mother's addiction, they also sometimes display withdrawal symptoms, i.e. getting agitated easily and throwing a fit, which makes breast feeding extremely difficult (Smith, Interview:2014). Research conducted in the US on the effects of pregnant women in Arizona using methamphetamine, reveals that 52 percent of pregnancies required preterm delivery as opposed to 17 percent in non-users. The adverse effects of methamphetamine use during pregnancy on the fetus have been well documented in South East Asia, North America and New Zealand (Madide & Smith, 2012:2). Although it is difficult to say at this stage, given the data currently available, whether or not such children can make a full recovery from the damage methamphetamine has done to them before birth, one can expect that they will not be able to reach their full potential (Smith, Interview:2014).

As a possible reason for why methamphetamine abuse skyrocketed in the Cape Flats area, Walker (2009:63) cited social issues to be considered as the drug may provide users with a means to escape the reality of their dysfunctional environment. In such densely populated areas, young adults and indeed children are exposed to the realities of drug abuse and other social evils on a daily basis (Walker, 2009:64). She, however, cautioned that methamphetamine use should not only be seen as a problem in lower-income areas and that middle-income areas might also be vulnerable.

The City of Cape Town's research report on crime in Cape Town (City of Cape Town, 2014b:2) is based on the South African Police Service (SAPS) crime statistics and population estimates obtained from Statistics South Africa and highlights the explosive growth of drug-related crime in Cape Town compared to the situation in South Africa as a whole (See Figure 1.1). Considering that research done on drug treatment centre admissions in Cape Town indicates that a high percentage of patients identify methamphetamine as their primary drug of abuse, it can be concluded this drug has been

primarily responsible for the dramatic increase in drug-related crime as depicted in Figure 1.1.



**Figure 1.1: Drug-related crime rates in Cape Town and trend line for South Africa (2003/4 – 2012/13)**

Source: City of Cape Town (2014b:2).

Manufacturing of the drug in South Africa has also been on the rise since 2004 and has been more prominent in recent years judging from the number of methamphetamine seizures and the number of clandestine methamphetamine laboratories found (UNODC, 2011:69).

### 1.2.3 Gang activity and the methamphetamine market

The battle for the control of the methamphetamine market is fuelling gang wars across the Western Cape Province (Henda, 2010:1) with devastating consequences, not only for gang members but also for the innocent who regularly get caught up in cross fire 'battles' (Mashaba, 2006:1-2). Violent acts by gangs include pipe bomb attacks, drive-by shootings and execution style killings. It is, however, believed that these periodic gang wars are to a large extent being deliberately orchestrated by other, much more powerful and better organised, crime syndicates (Mashaba, 2006:1).

By 2005, Nigerian organised crime syndicates were losing their market for their main profit generator, crack cocaine, to methamphetamine dealers mainly controlled by the Chinese triads (Walker, 2009:59). As a result, Nigerian drug dealers moved quickly in claiming their

stake in the growing local methamphetamine trade and were from then on, actively involved in orchestrating tension between gangs on the Cape Flats. The Chinese triads are similarly said to be involved in fuelling the local methamphetamine turf wars in an effort to extend their influence in controlling the market (Mashaba, 2006:1). These increased levels of gang-related violence are therefore “directly linked to an illegal drug sub-culture” (USA, 2012:392).

#### 1.2.4 “Cooking” methamphetamine

A major difficulty in the combatting of methamphetamine is the relative ease with which it can be manufactured using chemical substances that are readily available (McKetin, Sutherland, Bright & Norberg, 2011:1911). Ephedrine or pseudoephedrine which are the key ingredients of methamphetamine, proved to be effective in relieving the symptoms of colds and allergies. It is therefore widely used in the manufacturing of commercially produced medication (National Alliance for Model State Drug Laws (NAMSDL), 2011:2). Other typical ingredients include the following:

- a) *Hydriodic acid*: The product of combining iodine and red phosphorous obtained from the heads of matches. It damages the mucus membranes and burns human skin.
- b) *Iodine*: Can be toxic when digested in large amounts.
- c) *Sodium hydroxide*: A drain cleaner.
- d) *Brake fluid*: This critical ingredient of methamphetamine is strong enough to remove the paint from a car.
- e) *Butane*: Can be found in lighter fluid.
- f) *Hydrochloric acid*: Used in the processing of leather and to remove rust from steel. If spilt on the skin, it will literally eat away chunks of human flesh.
- g) *Sodium hydroxide*: Amongst others, is used to dissolve away the carcasses of dead animals.
- h) *Ether*: It is a highly flammable gas that is still used in certain developing countries as an anaesthetic.
- i) *Anhydrous ammonia*: A chemical fertiliser which is highly destructive and can eat right through human flesh (Walker, 2009:77).
- j) *Methyl alcohol*: A gasoline additive.
- k) *Lithium*: Obtained from batteries (National Geographic, 2006).

Information on how to manufacture methamphetamine is widely available and can be easily found in scientific literature, on the internet (UNODC, 2011:99), and in illegal publications (Grau, 2007:3). The Zero (2003) guide is a good example. It can be accessed easily on the internet and provides step-by-step instructions on how to make methamphetamine. The

author of this online guide states in his introduction that “this manual may shock you. You will discover exactly how simple it is to make drugs” (Zero, 2003:1). Uncle Fester (2009) which is authored by a trained chemist is another example and contains detailed instructions on a number of methamphetamine manufacturing methods (Weisheit & White, 2009:122). Uncle Fester (2009:i) stated, “beyond any doubt, this is the best book ever written on the subject of clandestine chemistry, by anyone, anywhere, anytime, period!” The book can be downloaded from Uncle Fester’s website at a cost of 25 US dollars. Other titles include “Advanced Techniques of Clandestine Psychedelic and Amphetamine Manufacture,” “Practical LSD Manufacture” and “Cookin’ Crank with Uncle Fester” (Uncle Fester, 2013:1). The clandestine setup where the drug is manufactured is typically known as a methamphetamine laboratory or ‘meth lab’ (Garriott, 2010:1) which is defined by the US National Drug Intelligence Centre as “an illicit operation that has the apparatus and chemicals needed to produce the powerful stimulant methamphetamine” (Weisheit & White, 2009:117).

The drug can be manufactured in a variety of ways, some requiring several days and the cook’s undivided attention to the process while other methods are more simplified and require only a couple of hours. In the US, large scale manufacturing takes place in what are known as ‘super labs’ while small scale production setups are referred to as ‘mom-and-pop’ or ‘kitchen’ labs (Weisheit & White, 2009:120 & 123). The two most popular methamphetamine manufacturing methods, i.e. converting ephedrine or pseudoephedrine into methamphetamine are the Red-P method and the Nazi or Birch reduction method (Witter, Martyny, Mueller, Gottschall & Lee, 2007:895; Weisheit & White, 2009:124). The Red-P method uses red phosphorus to convert ephedrine or pseudoephedrine into methamphetamine and the Nazi or Birch reduction method uses anhydrous ammonia and lithium to achieve this (Weisheit & White, 2009:124). Apart from the preferred methods of synthesising methamphetamine from ephedrine or pseudoephedrine, the drug can also be manufactured from the chemical substance 1-Phenyl-2-propanone (P-2-P). P-2-P methods have increasingly been used for the manufacturing of methamphetamine in Mexico since 2010 (International Narcotics Control Board (INCB), 2014a:14-15).

In South Africa, methamphetamine bought from the typical street-level drug dealers is usually more harmful than the purer version as it is often mixed with quinine, starch, talcum powder or baking powder to increase profit margins. Such versions are sometimes highly toxic and can cause damage to the heart, brain, lungs and liver. Users generally do not know how pure the methamphetamine is that they buy on the street and it is therefore quite easy to overdose (Walker, 2009:77).

Methamphetamine production has significant advantages for the drug manufacturer over those of plant-based drugs such as heroin and cocaine. One such an advantage is domestic production of the drug, which means that it is manufactured close to where it can be sold to clients and the difficulties of having to cross borders to deliver one's product or losing shipments are not something the manufacturer has to contend with. It also means that fewer people are involved in the process of delivering the final product to the consumer which reduces expenses and drastically increases the producer's profit margin. Methamphetamine production also requires fewer precursor chemicals than what is required for the manufacturing of other drugs (Weisheit & White, 2009:116).

An additional advantage for the methamphetamine manufacturer is that they can start on a small scale as a methamphetamine manufacturing operation can be established with minimal cost and technical expertise, from where it can be grown into a profitable business for the "cooker." The drug can furthermore be manufactured within a few hours, in any weather and in a relatively confined space. If law enforcement action is suspected to be imminent, the equipment and chemicals can be disposed of quickly (Weisheit & White, 2009:117).

Methamphetamine manufacturing, however, holds significant health and environmental risks. The cook and his family can be exposed to the hazardous chemicals used in the manufacturing process. It has been reported that almost 35 percent of clandestine laboratories found in the US operate in houses or apartments where children reside (Witter *et al.*, 2007:895). These highly volatile chemicals exposed to a heat source and handled by a cook with little or no background to chemistry or laboratory procedures have the potential for serious accidents and even explosions (Weisheit & White, 2009:136). The hazardous chemical residue can also contaminate porous surfaces in the property and it is not uncommon for future residents to experience health problems years after the methamphetamine lab was removed. Attempts to clean-up such properties often result in a huge financial burden for the new owners (Krause, 2006:187).

It is, however, not only the cook and his family who are at risk. A study done by Witter *et al.* (2007:895) amongst law enforcement personnel who were required to enter a methamphetamine lab at some stage, reveals that 71 percent of the respondents experienced at least one symptom that can be associated with exposure to methamphetamine laboratories. Emergency responders such as members of the fire and

medical services are exposed to the same dangers when responding to an accident at a methamphetamine lab (Weisheit & White, 2009:167).

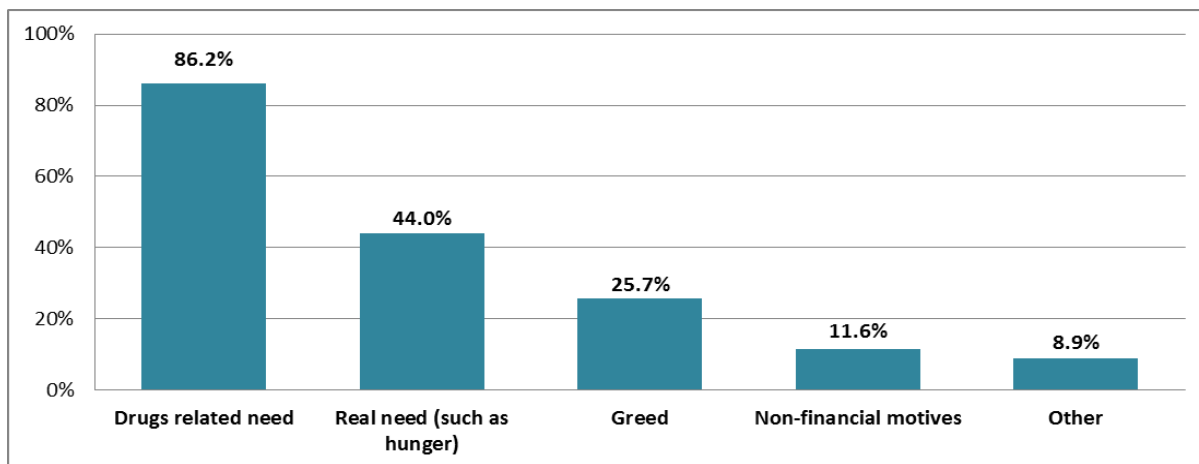
In addition, methamphetamine laboratories produce significant amounts of toxic waste which could result in serious environmental damage. The average cooker has no motivation to dispose of the waste in a manner that would safeguard the environment to these dangers. They might not even be aware of the potential damage to the environment or simply do not care (Weisheit & White, 2009:148).

### **1.3 METHAMPHETAMINE: CAUSING CRIME, DISORDER AND THE DETERIORATION OF THE SOCIAL FIBRE**

South Africa experiences high levels of crime and violence (Holtmann & Domingo-Swarts, 2008:105) and drug abuse is believed to be a major contributor to the prevailing high crime levels in the country (USA, 2012:392). Research done by the Institute of Security Studies has accordingly suggested a link between the high levels of crime in South Africa and the increased availability of illicit drugs (UNODC, 2011:73). The latest officially released crime statistics for South Africa (April 2013 to March 2014) do indeed indicate very high crime levels for the Western Cape, especially when compared to those of the other provinces. The contact crimes category for the province for instance, which include murder, sexual offences, attempted murder, assault and robbery, is set at 1813 crimes ratio per 100 000 of the population compared to the Free State with the second highest number of 1683, followed by the Northern Cape with 1634 and Gauteng with 1280 crimes ratio per 100 000 of the population (Republic of South Africa (RSA), 2014a:1).

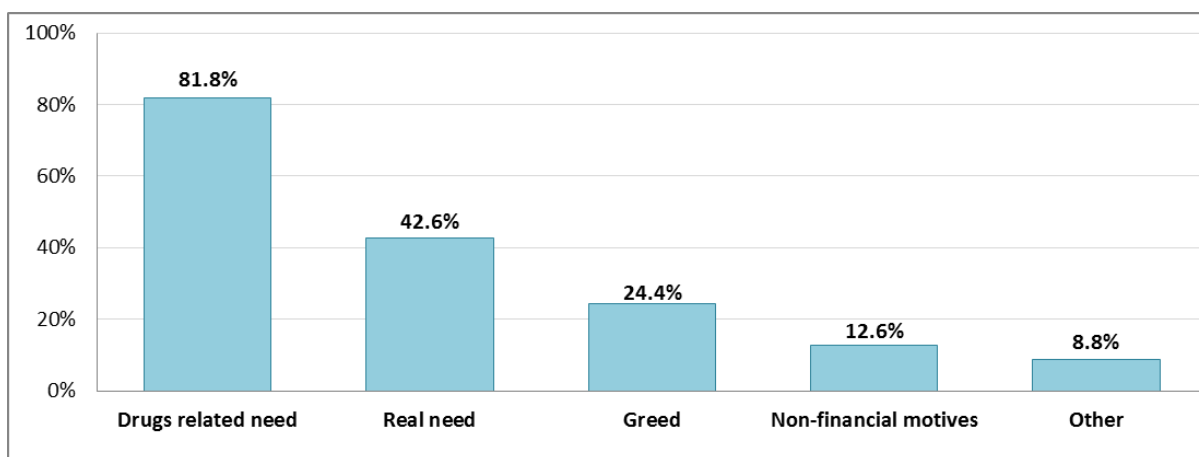
The view that drug abuse is a major driver of other crimes is further supported by resident perceptions. The 2012 Victims of Crime Survey conducted by Statistics South Africa, reveals that 86.2 percent of respondents in Cape Town and 81.8 percent of respondents in the wider Western Cape, hold the perception that property crimes are mainly motivated by the perpetrators' need to feed their drug habits (City of Cape Town, 2014c:30). These perceptions of households in respect of property crimes driven by drug-related needs as opposed to other motivations are depicted in Figures 1.2 and 1.3.





**Figure 1.2 : Percentage distribution of Cape Town households' perceptions of the motives of perpetrators committing property crimes**

Source: City of Cape Town (2014c:31)



Note: The percentages presented in Figures 1.2 and 1.3 add up to more than 100% as households were allowed to choose more than one perceived motive for property crime.

**Figure 1.3: Percentage distribution of Western Cape households' perceptions of the motives of perpetrators committing property crimes**

Source: City of Cape Town (2014c:31)

The high percentage of methamphetamine users involved in other crimes is an international phenomenon. Crime statistics for the US State of Oregon, for instance, show that 85 percent of property crimes are committed by users of this drug (National Geographic, 2006).

The association between methamphetamine and violence is also well documented and can manifest in the following three ways:

- a) Psychopharmacological violence refers to violent acts committed by the drug user as a result of being under the influence of the drug.

- b) Systemic violence usually results from territory disputes between rival gangs or dealers. It also often occurs as a result of payment disputes that are related to drug dealing.
- c) Economic-compulsive violence which results from the drug user's efforts to sustain his addiction (Weisheit & White, 2009:84-86).

Apart from generating further crime and disorder, methamphetamine abuse has also had a significant impact on the social fibre of local communities. The abuse and neglect of children by their drug addicted parents have increased dramatically in the Western Cape in recent years (Walker, 2009:82).

#### **1.4 COMBATING METHAMPHETAMINE**

Policing agencies throughout the world use a myriad of different drug combatting strategies that can be broadly classified as reactive and proactive in nature. Reactive approaches include crackdowns, undercover operations, raids, and search and seizure operations, whereas proactive approaches refer to those initiatives based on community and problem-orientated policing, as well as Crime Prevention through Environmental Design (Mazerolle, Soole & Rombouts, 2005:1). Popular preventative programmes include Drug Abuse Resistance Education (D.A.R.E.) which is a drug and violence prevention programme presented by police officers at schools (Gist, 1995:1) and the Faces of Meth campaign which is an awareness programme, showing the before and after pictures of methamphetamine users, thereby documenting their physical deterioration in shocking detail. The aim of this campaign is to convince people to think twice before using the drug (Bennion, 2011:1).

In South Africa, a number of "well respected policies to address crime and violence" have been introduced by the National Government. These include the National Crime Prevention Strategy (NCPS) in 1996 and the White Paper on Safety and Security in 1998 (Holtmann & Domingo-Swartz, 2008:105). Kruger (2014) is of the opinion that the NCPS represented an ideal framework for addressing crime holistically in South Africa. It has, however, never been properly implemented and the structures that were supposed to support it simply do not exist anymore (Kruger, 2014; Holtmann & Domingo-Swartz, 2008:116). Implementation of the White Paper on Safety and Security (1998) has been even more inadequate with the National Secretariat for Safety and Security being "no more than a pale shadow of the institution envisaged in the White Paper – or indeed the Constitution of South Africa (RSA, 1996)" (Holtmann & Domingo-Swartz, 2008:116).

Public institutions in South Africa do, however, seem to have stepped up their drug combating efforts, including the drafting of the 2013 to 2017 National Master Plan on Drugs which was approved by Cabinet on 26 June 2013 and has to be implemented by the Central Drug Authority (RSA, 2013a:1). An essential element of this Plan is the creation of a national database of narcotic-related crimes which will be used to effectively track such crimes. Crime statistics also suggest that police in the Western Cape have achieved reasonable success with their drug enforcement operations in recent years (USA, 2012:392-393). Table 1.1 shows the drug-related crime statistics recorded in South Africa from 2008 up to 2014 and compares them on a province by province basis. The recording of drug-related crime statistics is dependent on detection by police, i.e. arrests or confiscations.

**Table 1.1: Drug-related crime per province: Crime ratio per 100 000 of the population**

Province	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Eastern Cape	128.2	134.6	141.8	170.6	195.5	227.5
Free State	158.5	176.1	149.0	161.7	224.4	297.8
Gauteng	129.9	139.9	147.0	229.1	306.2	587.0
Kwazulu Natal	235.7	274.6	304.9	345.8	407.6	439.5
Limpopo	62.9	92.5	85.2	94.6	138.1	174.1
Mpumalanga	45.7	56.6	87.8	113.6	143.4	180.8
North West	207.6	223.3	223.9	236.0	258.2	306.2
Northern Province	171.7	206.6	219.0	243.6	248.1	279.6
Western Cape	1003.1	1127.7	1351.3	1457.5	1389.9	1420.4

Source: RSA (2014a:1)

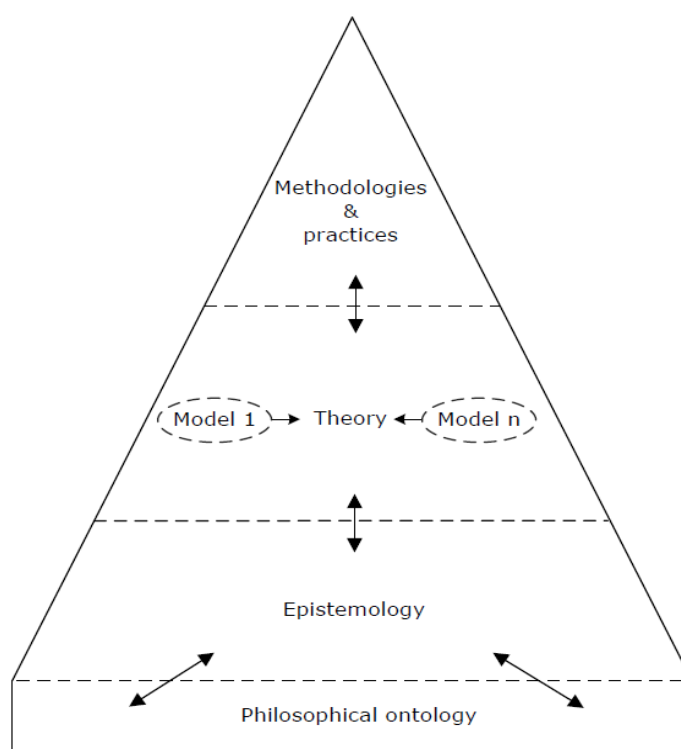
Although the abovementioned statistics show an increasingly high arrest rate and therefore point to the fact that police in the Western Cape are at least attempting to address the issue, it unfortunately also points to the fact that there is an abundance of methamphetamine and other drugs on the streets of the province.

In addition to policing efforts, various departments of the Provincial Government of the Western Cape as well as the City of Cape Town are involved in a number of drug abuse reduction strategies (PGWC, 2010a:1) in support of the National Drug Master Plan which approaches drug abuse from multiple perspectives, including poverty reduction, development, education, social policy and advocacy (RSA, 2013a:63 - 64).

## 1.5 THE META-THEORETICAL BASIS OF THE STUDY

It is generally accepted that no scientific conclusions can be proved by empirical research findings alone and that the researcher will have to consider the meta-theoretical (or meta-physical) assumptions that form the basis of theories, models and paradigms which form the context of the study (Mouton & Marais, 1992:198). Meta-theory refers to the “critical reflection on the nature of scientific inquiry” (Babbie & Mouton, 2012:20). Meta-theoretical reflection typically addresses issues such as the nature and structure of scientific theories, the nature of growth, the meaning of truth, explanation, and objectivity (Babbie & Mouton, 2012:20).

The meta-theoretical context applicable to this study is described systematically and in accordance with the typical requirements of paradigm analysis as demonstrated by Lochner (2011:44). The typical paradigm comprises a structure as depicted by Lochner’s paradigm template (Figure 1.4), with ontological or meta-physical foundations forming the basis of any proper and comprehensive scientific analysis. The paradigm approach is also informed by the requirement for a holistic frame of reference for the collective and connected set of management solutions, together with the societal benefits, that this research pursued.



**Figure 1.4: The structure of paradigm thought**

Source: Lochner (2011:44)

Philosophical Ontology, the first dimension of Lochner's (2011:44) conception of paradigm thought, can be described as theoretical principles of a higher order that concerns itself with the nature of the world. It refers to the study of that "what is", and the essence of "that what is" (Lochner, 2011:32).

The epistemological nature of paradigm thought is dictated by the ontological foundation and involves the ways in which knowledge about the world and observable reality is created and debated. It determines the structure of thought and organises knowledge into "logical and rhetorical domains", from where it can be meaningfully used as solutions to problems. According to Lochner (2011: 32), epistemology therefore involves questions about "what knowledge is, how it is acquired, what the body of knowledge for any particular subject field looks like and what practitioners and students know about such a subject field" and serves as the architectural blueprint for theories which form the next dimension of paradigm thought.

The role of the next dimension, namely theory is then to serve as a vehicle, or the intermediary, which connects data collected by empirical method – which serves as the last layer of paradigm thought – to the knowledge framework conceived of in the epistemological layer (Lochner, 2011:32). Theory literally involves a study of the interaction between two or more relevant variables and the predicted outcomes of such interaction.

The development of methodologies for practical application, or for empirical observation, then forms the last domain of Lochner's model. The question now arises of what the breadth and width are of the theoretical inquiry into the management of drug abuse as a societal problem. This question is explored in Chapter 2.

## **1.6 PROBLEM STATEMENT**

A decade of exposure to methamphetamine in the Western Cape has done immeasurable damage to the people of the province and there seems to be no discernible effort to specifically target and eradicate the problem. The enormity of the methamphetamine threat in the Western Cape demands immediate and decisive action, if the next generation is to be protected from its devastating consequences.

Preliminary research that the researcher conducted and that will be presented in greater detail in the following chapters, showed that the increased efforts by enforcement agencies

to combat the methamphetamine problem are to a large extent, being nullified by serious deficiencies in the public sector's management of the methamphetamine problem in the Western Cape. The research problem was therefore identified as the absence of an effective holistic and multi-dimensional management approach to the Western Cape's methamphetamine problem.

## **1.7 RESEARCH DESIGN**

The research design represents the planning phase of a scientific enquiry (Babbie & Mouton, 2012:72). It is therefore a plan that specifies how research participants are to be secured for the study and how data for the research study is to be collected. It also describes how the research participants are going to be utilised in generating data that would allow assumptions to be tested and conclusions to be reached (Welman, Kruger & Mitchell, 2009:52). According to Babbie and Mouton (2012:72), the two most important aspects in respect of research designs are:

- a) clarity on what needs to be determined or what needs to be found out; and
- b) determining the best way to find this out.

These two aspects are dealt with in the following two sections, namely "research aim and objectives" and "research methodology".

## **1.8 RESEARCH AIM AND OBJECTIVES**

The research aim and objectives are presented in this section.

### **1.8.1 Research aim**

The overarching aim of the study was to generate insight that will broaden the existing body of knowledge to the extent that it can be utilised for understanding the methamphetamine problem in the Western Cape and for the subsequent development of an effective strategy for managing this problem to the wider benefit of society.

The purpose of the research was thus exploratory in nature, which Babbie (1992:90) described as a research purpose that is used to study new interests or when the subject is relatively new and unstudied.

### 1.8.2 Research objectives

The overarching aim of the study resulted in the following research objectives being identified:

Objective 1: To determine the extent of the Western Cape's methamphetamine problem.

Objective 2: To determine the extent of the world-wide drug abuse problem.

Objective 3: To explore internationally successful drug abuse management practices.

Objective 4: To determine the potential that a holistic approach to managing drug abuse may hold.

Objective 5: To examine the existing body of knowledge in an effort to determine how to adequately inform the development and formulation of a holistic approach incorporating an effective management strategy for combating methamphetamine in the Western Cape.

Objective 6: To explore proven drug abuse combating strategies.

Objective 7: To examine the South African public sector's response to the local drug abuse problem.

Objective 8: To determine the level of collaboration in managing drug abuse in South Africa.

Objective 9: To determine what steps can be taken to strengthen collaborative management of drug abuse in the Western Cape.

Objective 10: To determine if the proper implementation of the elements of Collaborative Governance can indeed result in *emerging properties* being secured. These *emerging properties* refer to a certain level of creativity or public value being realised which could not be achieved by individual stakeholders and which result from following a holistic approach. This concept is described in detail in Chapter 2.

Objective 11: To determine whether the adoption of a collaborative approach to managing the methamphetamine problem can be expected to have a positive outcome.

Objective 12: To contribute to existing science with guidance, i.e. a roadmap, towards the development of an effective methamphetamine management model for the Western Cape.

### 1.8.3 Research questions

Research questions should be developed in such a way that they have the potential for contributing to the existing body of knowledge (Bryman & Bell, 2011:83). The following research questions were derived from the objectives and formulated for purposes of gaining essential knowledge required for realising the research aim:

- a) What is the extent of the methamphetamine problem in the Western Cape?
- b) What is the societal impact of drug abuse internationally?
- c) How is drug abuse managed internationally?

- d) Can a holistic approach to managing the methamphetamine problem be expected to produce positive results?
- e) What drug abuse prevention strategies have been proven to be successful internationally?
- f) To what extent are public institutions in South Africa implementing drug abuse prevention strategies that have been proven to be successfully implemented internationally?
- g) Are South African public institutions employing the principles of Collaborative Governance in their efforts to combat the methamphetamine problem and if so, to what extent?
- h) What measures can be introduced to ensure the adoption of a proper collaborative approach in managing the Western Cape's methamphetamine problem?
- i) Can the management of a societal problem in accordance with the principles of Collaborative Governance result in emerging properties being realised?
- j) What outcome can the full adoption and implementation of the principles of Collaborative Governance be expected to have on the Western Cape's methamphetamine problem?

## **1.9 RESEARCH METHODOLOGY**

According to Mouton and Marais (1992:16), methodology refers to how scientific research should be planned, structured, and executed to meet scientific requirements. As data and methodology are interdependent from each other, the methodology to be followed must always be adopted with full recognition of the nature of the data that will be collected. The data requirements will therefore prescribe the methodology (Leedy, 1985:91). Indeed, as depicted by Lochner's structure of paradigm thought (2011), empirical method directly relates to the aim, objectives and nature of the theoretical activity of this research. In order to generate satisfactory answers to the research questions, an extensive literature and empirical study was performed.

### **1.9.1 Literature study**

Mouton and Marais (1992:197) are of the opinion that no scientific research can be meaningful if it exists in isolation and that it is therefore crucial that a scientific project be integrated in the broader framework of existing research. A wide range of secondary information sources were used to explore the theoretical perspectives underpinning the



management of drug abuse and other serious societal problems, the different aspects of drug abuse and modern drug abuse prevention strategies.

### **1.9.2 Empirical study**

The empirical study was both qualitative and quantitative in nature and the design was structured around the research questions of which the answers thereto were expected to contribute to filling the gap identified in the existing body of knowledge. Qualitative research, according to Babbie and Mouton (2012:270), refers to a research approach where social action is studied from the insider perspective. Describing and understanding are the main objectives of this research approach (Babbie & Mouton, 2012:270) which aims to observe social events as they occur without intervening in the events being studied (Babbie & Mouton, 2012:271). The objectives of describing and understanding, should ideally take place in the contextual environment relevant to the events being studied as true understanding can only be achieved when events are observed against the meaning conferred upon them by the natural context in which they occur (Babbie & Mouton, 2012:272). Qualitative research for this study therefore had to be conducted in the public service environment that could accommodate those functionaries responsible for managing the different aspects of drug abuse prevention efforts. The specific qualitative methods that were employed were field research, observations and interviews. These are described in detail in Chapter 6.

Quantitative research refers to the numerical expression of data for purposes of explaining the subject of the research (Babbie & Mouton, 2012:646). The specific quantitative method used for this study was survey research which, according to Babbie (1992:261), is the mode of observation that is used most frequently in studying social behaviour. It is also probably the most effective method of studying a population that is too large to be observed directly by the researcher and is usually done by means of the following:

- a) Self-administered questionnaires,
- b) Telephone surveys (Babbie, 1992:262-275), and
- c) Face-to-face interviews (Babbie & Mouton, 2012:249).

A detailed description of the survey research that was undertaken is provided in Chapter 6.

### **1.10 MERIT OF THE RESEARCH AND PROPOSED CONTRIBUTION TO SCIENCE**

The researcher has entered a field (the integrated management of drug abuse) that is relatively unstudied and on which little scientific data is available. The study therefore brings a unique opportunity to contribute to the existing body of knowledge.

To this end, the study constituted leading research on managing the methamphetamine problem in the Western Cape. It was accordingly expected that the results of the study would inform the drafting of an objective and scientifically-based set of recommendations that will add value to the development of an integrated methamphetamine management strategy for the Western Cape.

Apart from its expected contribution to science, the study could, in the event of it indeed delivering an effective methamphetamine management strategy, have a significantly positive impact on the quality of life of thousands of Western Cape residents.

### **1.11 UNFOLDING OF THE RESEARCH PROCESS: AN OVERVIEW**

Chapter 1 provides an introduction to the Western Cape's methamphetamine problem. It identifies the research aim and objectives and provides an overview of the research methodology to be followed. An in-depth explanation of the meta-theoretical basis of the study will be provided in Chapter 2 which will endeavour to identify feasible management approaches for the development of a methamphetamine management strategy. Chapter 3 will consider the feasibility of approaching the methamphetamine problem from the perspectives of *social-based prevention*, *addiction treatment*, *law enforcement* and *crime prevention*. Chapter 4 will present the reader with an overview of how the methamphetamine problem is being addressed in the United States of America and Thailand. This will give the reader insight into how substance abuse is managed by a developed country at the forefront of drug enforcement, prevention and treatment efforts as well as by a developing country facing serious challenges as far as methamphetamine abuse is concerned. In Chapter 5 the reader will be briefed on how drug abuse is currently being managed by public service institutions in South Africa. This chapter will describe relevant policies, strategies and legislation. The methodology to be followed during the empirical research as well as the empirical data gathered during this process will be detailed in Chapters 6 and 7 while Chapter 8 will present a critical evaluation of the empirical data in consideration of the theoretical foundation laid in order to arrive at appropriate conclusions. These conclusions will enable recommendations to be made on the effective management of the

methamphetamine problem in the Western Cape which will be presented as a normative approach in Chapter 9.

## **1.12 CONCLUSION**

Methamphetamine use in the Western Cape has grown steadily over the last decade and now poses a serious societal problem to be managed by public institutions in the Province. The absence of an effective management approach is identified as a matter that needs to be addressed on an urgent basis and the development of such an approach has therefore been set as a key deliverable of this academic enquiry.

## **CHAPTER 2:**

# **LITERATURE STUDY: MANAGING THE METHAMPHETAMINE PROBLEM**

### **2.1 INTRODUCTION**

The abuse of illegal drugs represents one of the most serious challenges facing the international community today. It fuels crime, costs millions of lives and causes irreparable damage to the social fibre of communities the world over.

Firstly, this chapter describes and explains the key elements of this global problem which will include defining the problem, identifying the challenges it brings and presenting the main reasons for drug abuse. Secondly, it provides an overview of scientific attempts to establish a theoretical basis for the drug abuse phenomenon. Thirdly, key management attributes are identified that can be expected to be conducive to managing serious societal problems. This might serve to inform later chapters on the most feasible way forward for public and private institutions in which to approach the methamphetamine dilemma. In addition, this chapter lays an appropriate philosophical foundation that when compiled, was expected to take the study forward.

### **2.2 ILLEGAL DRUG ABUSE: THE CHALLENGES**

Drug abuse has been part of human existence for thousands of years. People started abusing drugs primarily for purposes of enhancing their recreational or spiritual experiences. The negative consequences, however, have also been known to humans since these first experiments (Stein, Ellis, Meintjes & Thomas, 2012:1). Today, the global drug problem poses serious challenges to the social, economic, health, criminal justice and education systems of numerous countries. The drug trade continues to gather momentum and with recent technological advances, it has managed to secure new means of increasing its influence and level of profitability. It fuels terrorism, crime and corruption, “generating unimaginable wealth for the few and limitless harm for the many, costing millions of lives and threatening the very sustainability of communities the world over” (INCB, 2012b:1).

#### **2.2.1 Defining drug abuse**

Drug abuse refers to the misuse of licit or legal substances as well as the use of illicit or illegal substances (RSA, 2013a:8). It is “a complex contemporary social problem” which

derives its complexity from the psychological, social and biological impact it has on the user, as well as its impact on society, the justice system, the economic system and politics (Lettiere, Sayers & Pearson, 1980:xiii).

Depending on the context, the term 'drug' can refer to a number of substances such as over-the-counter and prescription medication, nicotine, alcohol, various plants, solvents, and illegal or illicit substances. The South African Drugs and Drug Trafficking Act, 1992 (No 140 of 1992) defines a 'drug' as "any dependence-producing substance, any dangerous dependence-producing substance or any undesirable dependence-producing substance".

The focus of this study, however, was on illicit drugs (specifically methamphetamine) which is defined in RSA (2013a:7) as "a psychoactive substance, the production, sale or use of which is prohibited." The following four types of illicit drugs are identified:

- a) Opiates: These are derivatives from the opium poppy which is mainly cultivated in Afghanistan and Myanmar. The dominant opiate is heroin which internationally is the main cause of drug-related disease and deaths.
- b) Cocaine: Derived from the coca plant, cocaine has had a serious impact on Western countries. Indications are, however, that the global availability of this drug has declined in recent years.
- c) Cannabis: The cultivation and production of cannabis is a global phenomenon. Marijuana (dagga) and hashish are well known cannabis drugs. It should be noted that recent regulatory changes now allow for the recreational use of cannabis to be legal in the US States of Colorado and Washington as well as in Uruguay (UNODC, 2014: x-xii).
- d) Amphetamine-type stimulants (ATS): These are so-called synthetic drugs and include methamphetamine, amphetamine, methcathinone and ecstasy (UNODC, 2011:5).

### **2.2.2 The global impact of illicit drug abuse**

The abuse of illicit drugs "inflicts immeasurable harm" on the health and safety of the world population and poses a serious threat to the peaceful development and proper functioning of countless societies (INCB, 2014b:1). It is estimated that some 243 million people (5.2% of the global population) that are aged between 15 and 64 have used an illegal drug at least once during 2012 (UNODC, 2014:1). Indications are that the number of regular drug users, which include those who have developed dependence or other drug abuse disorders, are between 16 million and 39 million people across the globe. The abuse of illegal drugs claims

a significant toll on human lives and causes individuals to spend years of their lives unproductively (UNODC, 2014:ix). It is estimated that annual direct drug-related deaths that have occurred worldwide are in the region of 211 000 (INCB, 2014b:2).

The global financial cost of drug-related crime as it relates to supporting law enforcement and other aspects of the criminal justice system is difficult to determine but is estimated to be in the region of \$61 billion in the United States of America and \$3 billion in Australia on an annual basis. The financial impact it has on productivity due to labour non-participation is likewise significant (INCB, 2014b:3). For instance, in the US, non-participation to labour represents an estimated 71 percent of all drug-related costs (Dobkin, Nicosia & Weinberg, 2014:49). The global cost for treatment services is estimated to be in the region of \$35 billion annually (INCB, 2014b:2).

The impact of drug abuse on the world's health care systems is significant. Overdoses, psychotic episodes, treatment of infectious diseases contracted through drug abuse as well as the need for treating victims of drug-related accidents and crime, place an unnecessary strain on health care services. In addition, the illicit manufacture of drugs and disposal of chemical substances used in the manufacturing process pose serious environmental threats, and can lead to a reduced quality of life for nearby residents and an overall decay of neighbourhoods (INCB, 2014b:2-3).

### **2.2.3 Reasons why people abuse drugs**

The complexity of drug abuse becomes apparent when one considers the myriad of potential contributing factors that may lead to it. Some of the reasons why people become involved in drug abuse are:

- a) experimenting as part of defining their identity;
- b) affirming their sense of belonging to a particular group;
- c) the need to relieve feelings of anxiety or stress;
- d) their genetic make-up means that some are predisposed to developing addictions;
- e) people suffering from anxiety disorder, depression or other mental disorders might turn to substances in order to ease their suffering;
- f) personal and social skills that are not well developed, increase their vulnerability;
- g) disruption and poor supervision in the family;
- h) friends, family members and role models abuse substances which encourages people to do the same;
- i) lack of emotional and physical care within the family;

- j) abundance of free time;
- k) widespread availability of drugs and lack of enforcement activities;
- l) to escape from reality and reduce loneliness, sadness and emotional pain;
- m) to be popular, fit in and impress friends;
- n) to get more energy, have a good time and be happy (UNODC, 2004:5-7);
- o) the desire to rebel – sometimes just for the sake of making a statement against their families or society (National Drug Treatment Centre (NDTC), 2011:1); and
- p) the allure that taking a mysterious and illegal substance can hold for young people (Walker, 2009:73).

Factors that contribute to creating an environment that is conducive to drug abuse are: economic deprivation, certain psychological characteristics, early behaviour problems, a family history of alcoholism and parental drug abuse, poor family management practices, family conflict, low level of bonding in the family, rejection by peers, alienation, early exposure to substance abuse (Petraitis, Flay & Miller, 1995:67), mental health disorders, personality traits, biological factors, family neglect, family abuse, poor attachment to community and school, unfavourable social norms (UNODC, 2013:2) and social influences through the media that normalise and sensationalise drugs (Protogerou, Flisher & Morojele, 2012:258).

## **2.2.4 Theories on drug abuse**

The fact that there are so many potential causes for substance abuse, according to Petraitis *et al.* (1995:67), gave rise to numerous theories that attempt to explain this social problem and shed light on how it can be addressed. This multitude of theories includes those that can be used to explain the drug-crime relationship (USA, 2003a:102) as well as numerous biological, psychological and sociological theories aimed at understanding substance abuse and addiction. Petraitis *et al.* (1995:68-79) identified 14 such theories which they regard as the dominant theories in the field and classified them in the following five categories:

### *2.2.4.1 Cognitive-affective theories*

These theories focus on how a person's perceptions about the consequences associated with drug use and more specifically, the actual benefits that can be derived from, or the expected cost to the individual for using the drug, contribute to their decision to experiment with drug use. Such theories include *the theory of reasoned action* and the *theory of planned behaviour* (Newton, De La Garza, Kalechstein, Tziortzis, & Jacobsen, 2009:2).

#### 2.2.4.2 *Social learning theories*

These theories focus on the possible causes of a person's belief about the possible harm or benefits that can result from using a specific drug. According to such theories, a person's inclination to experiment with drugs originates from the attitudes and behaviours that people who serve as their role models hold in regards to drugs. These include the *social learning theory* and the *social cognitive/learning theory* (Newton *et al.*, 2009:2).

#### 2.2.4.3 *Conventional commitment and social attachment theories*

These theories also assume the emotional attachments to others who use drugs, to be the primary cause of people experimenting with drugs. Such theories, however, specifically focus on the causes of emotional attachments to others, e.g. weak bonds to society and individuals who may discourage drug abuse. These include the *social control theory* and the *social development model* (Newton *et al.*, 2009:2).

#### 2.2.4.4 *Intrapersonal characteristics theories*

Intrapersonal characteristics theories combine the focus areas of all of the abovementioned theories that focus on the social settings the person finds themselves in as well as those that focus on the individual characteristics of the person. These theories assume that, within a particular social setting, people will have different levels of attachment to drug-using peers and will have different motivations for using drugs. They assume that these differences between people result to some extent from the individual's personality traits and behavioural skills. Such theories include the *social ecology model*, the *self-derogation theory*, the *multistage social learning model* and the *family interaction theory* (Newton *et al.*, 2009:2).

#### 2.2.4.5 *Theories that integrate cognitive-affective, learning, commitment and attachment, and intrapersonal constructs*

These theories attempt to integrate the focus areas of all the theories mentioned in this section. They include the *problem-behaviour theory*, the *peer cluster theory* and *Sher's model of vulnerability* (Newton *et al.*, 2009:2).

Other theories include the *negative reinforcement theory* which emphasises pain avoidance, i.e. a continuation of drug use reduces the painful withdrawal symptoms; the *positive reinforcement theory* which emphasises pleasure seeking, i.e. users continue to use drugs



because they enjoy it; and the *inhibitory control dysfunction theory* which relates to impulsivity being the underlying factor of drug use (Newton *et al.*, 2009:2). Another popular theory is the *gateway theory* which emphasises a person's progression from abusing tobacco to alcohol, cannabis and other illicit drugs. It stems from research that documented what is regarded as a common sequence in substance abuse and this is based on the argument that the abuse of hard drugs is due to a causal effect of other substances that were abused earlier. It implies that successful intervention in earlier substance abuse will successfully prevent an individual from abusing other substances later on in life (Degenhardt, Dierker, Chiu, Medina-Mora, Neumark, Sampson, Alonso, Angermeyer, Anthony, Bruffaerts, Girolamo, De Graaf, Gureje, Karam, Kostyuchenko, Lee, Lepin, Levinson, Nakamura, Posada-Villa, Stein, Wells & Kessler, 2010:2).

### **2.2.5 Questioning the value of drug abuse theories**

Preventing drug abuse, mitigating the damage it does to communities, and treating individuals for drug addiction, are therefore complex undertakings with a myriad of diverse views on how such matters should be approached.

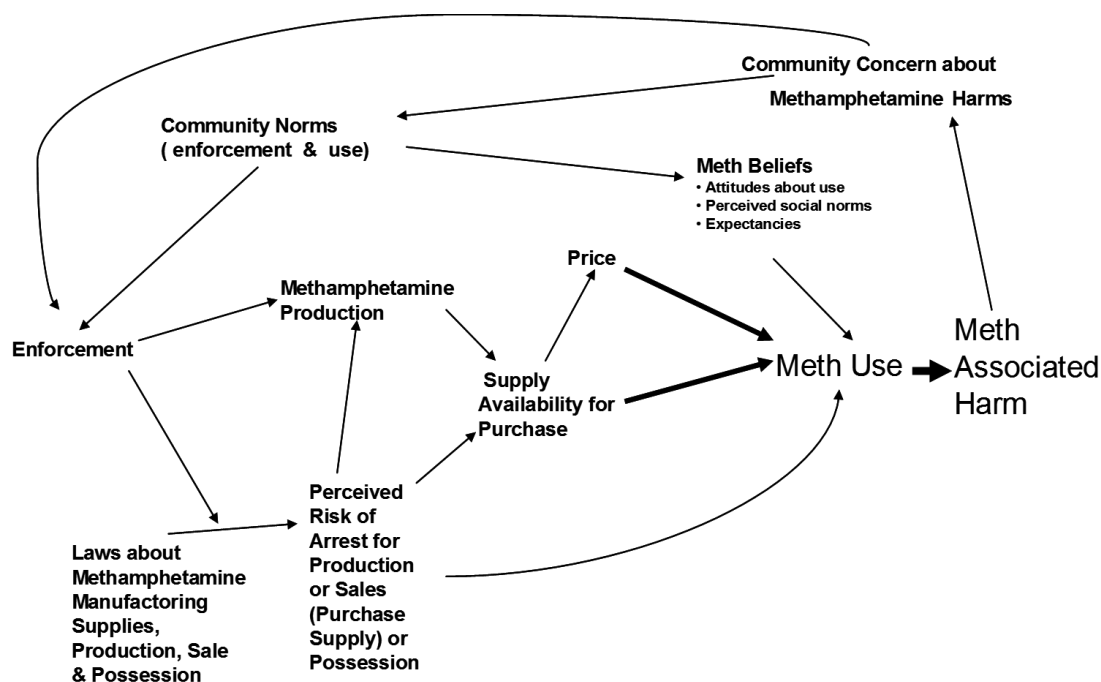
According to Petraitis *et al.* (1995:67), a review of relevant literature provides an incomplete picture regarding theoretical explanations of drug abuse and they argued that existing theories fall far short of successfully integrating current knowledge, making accurate predictions and forming the basis for effective prevention programmes. In contrast, the UNODC (2013:2) stated that significant advances have been made by substance abuse prevention science during the last 20 years and "practitioners in the field and policy makers have a more complete understanding about what makes individuals vulnerable to initiating the use of drugs at both the individual and environmental level". Markwood (2011:1), however, supported the abovementioned view of Petraitis *et al.* (1995) when he stated that the multitude of theories relating to substance abuse and prevention makes it difficult to attain "a clear view of the relation of all parts to a coherent whole." Striving to arrive at an understanding of how such a coherent whole can be achieved in efforts to manage the methamphetamine problem is a central theme throughout this chapter and in fact, the rest of the study. Markwood (2011:1) accordingly called for a better understanding if effective prevention strategies are to be developed. Rodgers (2011:1) supported these arguments when she described current drug addiction theories as "woefully outdated" and made the point that they led to the introduction of measures that are doomed to failure due to the fact that they do not hold up to scientific scrutiny, as they simply "don't explain much" and "don't account for a lot."

## 2.3 MANAGING THE METHAMPHETAMINE PROBLEM: THE NEED FOR COLLABORATION

Given the difficulties outlined above, the question arises whether the problem of drug abuse can be managed effectively and if so, what are the key elements required for an effective management strategy? To arrive at satisfactory answers, one will have to consider the diverse nature of the drug problem as well as those management attributes that have proven potential for dealing with such complex issues.

### 2.3.1 Diverse nature of the drug problem

The causal model of the methamphetamine problem depicted in Figure 2.1 indicates the different factors that can lead to the drug being entrenched in community life and therefore, according to Birckmayer, Boothroyd, Fisher, Holder and Yacoubian (2008:7), comprises the important intermediate variables which should be targeted. It is these factors that need to be addressed if the drug is to be addressed effectively.



**Figure 2.1: Causal model of methamphetamine use and harm**

Source: Birckmayer *et al.* (2008:4)

This causal model for methamphetamine indicates the complexity of the problem but also shows the areas where public institutions can intervene to address it. Complex social

problems, such as poverty, unemployment, crime and lack of education can according to system theorists, be seen as whole systems that are co-produced or co-caused by various other systems. There is never a single cause and problems are in fact always co-produced by various factors (Dostal, Cloete & Jaros, 2005:7). Such problems can be analysed by determining what the co-producing factors of the problem are, both from within the system and those arising from the system environment (Dostal *et al.*, 2005:8). The causal model depicted in Figure 2.1 above shows these co-producing factors in respect of the methamphetamine problem. These co-producing factors do not only co-produce the problem, “they also co-produce each other, forming a field of interacting problems” (Dostal *et al.*, 2005:9) which in the case of the methamphetamine problem, is presented by the causal model in Figure 2.1. According to Dostal *et al.* (2005:9), the impact that problems have on each other can often be mutual and this results in circular causation. For example, poor parenting skills and unemployment are co-producing factors of drug abuse while the drug abuse is, in turn, a co-cause of poor parenting skills and unemployment.

In order to address the co-producing factors identified in the causal model, Birckmayer *et al.* (2008:7) suggested that management interventions should include strategies that resort under the following categories:

- a) Demand reduction which includes the delivery of education programmes designed to reduce consumption amongst drug users or potential users;
- b) Supply reduction efforts that aim to limit the availability of drugs; and
- c) Driving a wedge between supply and demand.

These efforts seek to increase the difficulty for drug buyers and sellers to conduct their business, i.e. disrupting the local drug markets (Birckmayer *et al.*, 2008:7);

Harm reduction is added as an additional category by RSA (2013a:13). Such measures aim to limit the damage drug abuse causes to individuals or communities who have already become involved in drug abuse and include treatment, aftercare and re-integration programmes. It therefore follows that interventions aimed at reducing methamphetamine abuse could be launched from a perspective of *social-based prevention* (empowerment and educations), *harm reduction* (treatment and aftercare), *law enforcement* (police and judiciary conduct aimed at reducing supply) and *crime prevention* (deterrents to reduce the supply). The chapters of this dissertation have therefore been structured accordingly.

### 2.3.2 Managing drug abuse from a collaborative approach

As social problems are often connected to other problems and also part of a larger set of problems, solving them requires the cooperation of all stakeholders. “Together, all sub-systems of humanity can solve our perplexing societal problems. One group alone cannot” (Dostal *et al.*, 2005:13).

Numerous arguments exist for managing drug abuse from an integrated perspective which will allow for the required level of collaboration amongst the different role players. The RSA (2013a:13) for instance argues that no single approach will solve the drug abuse problem and instead, advocates “a balanced approach that uses an integrated combination of strategies.” The INCB (2012b:6) agrees with this and asserts that the widespread drug abuse within a particular community, which is more often than not associated with social disintegration, can only be effectively addressed by means of “a multidisciplinary approach that involves all relevant stakeholders, residents, civil society, the private sector and different levels of government.” To this end, it recommends that governments must ensure that all these stakeholders are involved in designing and implementing interventions that are aimed at achieving this goal. The UNODC (2013:43) also concurs when it emphasises the potential value partnerships and collaboration can bring to the development of a national drug abuse prevention system.

Drug policy development in the United Kingdom has for years focused almost exclusively on the specific strategies to combat the problem and little on the mechanisms that would allow for effective design, delivery and evaluation. In realising this, the UK Drug Policy Commission (UKDPC) in 2011 commissioned comprehensive research into understanding governance of the drug problem and the identification of specific characteristics of governance that allow for better management of the problem. In conducting the research, expert views on good governance were sought which resulted in a wide range of experts from various countries and disciplines being consulted (Hamilton, Rubin & Singleton, 2012:6). The research identified eight areas as key elements to governing the drug problem. All of these correspond with key elements of Collaborative Governance that is described in detail in the next section (2.4). The eight key elements are as follows:

- a) Consensus of what the overarching goals are, is preferable;
- b) Strong leadership is required and a leadership structure that is led by a “cross-departmental body” is recommended;
- c) Effective coordination among all the diverse role players with clear lines of accountability;

- d) Recognition that local authorities and front line service providers are the main implementers and that these implementers should be given greater responsibility with access to the required resources;
- e) Evaluation and review are integral parts of ensuring the effectiveness of a particular policy and accountability should be ensured;
- f) Stakeholder engagement is essential. These include researchers, the media, front-line service providers, the community and drug users and their families;
- g) The policy design should be balanced and should consider all relevant information sources. It needs to be justifiable to all stakeholders and it must be possible to evaluate the policy once implemented;
- h) Proper communication is essential to ensure that decision makers and members of the public have access to available scientific data that can ensure the implementation of evidence-based practices (Hamilton *et al.*, 2012:8-9).

The UKDPC research also identified important stakeholders that should ideally be involved in governing the drug problem and attached a mean score of importance to each of these stakeholders. This is reflected in Table 2.1.

**Table 2.1: Mean score of importance of stakeholders**

<b>Drug policy governance stakeholders</b>	<b>Mean score of importance</b>
Politicians	2.6
Policy officials/civil servants	2.7
Government departments central to drug policy	2.8
Media	4.9
Health Practitioners	5.6
Researchers	6.1
Treatment agencies	6.2
Police, customs/border officials	6.5
Prisons and probations services	6.7
Advocacy groups	6.7
Drug users	6.7
Communities	6.9
Families of users	7.9
Governmental departments peripheral to drug policy	8.2
International organisations	10.3

Note: a lower score indicates higher importance.

Source: Hamilton *et al.* (2012:66)

## 2.4 COLLABORATIVE GOVERNANCE

Recent years have seen a fundamental reconsideration of how problems in the public domain are to be approached and dealt with (Salamon, 2002:1). This gave rise to the development of a management approach that focuses on the integration of the efforts of a range of diverse role players and harnessing this collective power towards the achievement of a common objective. A detailed description of Collaborative Governance and its underlying philosophical and theoretical basis is presented in this section.

### 2.4.1 The Philosophical Foundation: Holism

As is demonstrated throughout this section, the views put forward in the description of Collaborative Governance that are presented here are all in concert with the concept of Holism and could therefore have developed on the philosophical basis of Holism. It will furthermore be argued that Collaborative Governance is fundamentally holistic in nature and that it is therefore inextricably linked to the principles of Holism. As a result, a description of Holism and its relevance to Collaborative Governance is deemed appropriate.

Holistic thought was already part of early Eastern philosophy which saw the basic elements of matter as being “interconnected, interrelated and interdependent” and that these elements can only be understood as integrated parts of a whole and not in isolation from one another (Capra, 2010:131). In the West, human thought in pre-civilisation and the first civilisations was also implicitly holistic as it encompassed a global view of the social, natural and psychological realms of experience and how these related to one another (Dusek, 1999:19). Since then, holistic thought came to the fore from time to time.

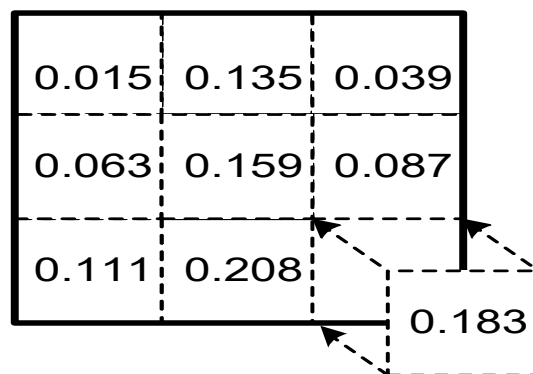
The latter part of the 19<sup>th</sup> century and early 20<sup>th</sup> century saw holistic thought returning to some extent, especially in German philosophy of history and culture and the anti-mechanistic view of biology that was promoted by Jan Smuts (Dusek, 1999:21). Smuts was in fact one of the first modern thinkers who rebelled against the Cartesian system of thought which gave rise to the “machine-minded materialistic outlook” that shapes society to this day (Beukes, 1991:108-109).

Holistic elements were again recognised in the mid-20<sup>th</sup> century with the emergence of Systems Theory in the 1950s (Dostal *et al.*, 2005:1) and the popularisation of the chaos theory (Dusek, 1999:22) which developed within the general systems approach (Uys, 2002:35). As demonstrated later on in this chapter, Collaborative Governance which

according to Ansell and Gash (2008:543) developed since the early 1990s is closely related to Systems Theory and may in fact have developed from the Systems Theory framework. It is also intrinsically holistic in nature and therefore represents an important recent development as far as the history of Holism is concerned.

Although holistic thoughts have been present since the earliest civilisations, the term *Holism* was coined by Jan Smuts (Dusek, 1999:16; Beukes, 1991:115) from the original Greek term *holos* which means whole (Smuts, 1926:98). Smuts (1926:103) regarded the dominant mechanical view of the universe as a “dangerous scientific misconception.” He argued that a whole is not merely a mechanical system. Although it consists of parts, “it is more than the sum of its parts.” A purely mechanical system on the other hand is equal to the sum of its parts (Smuts, 1926:103). A summation of the different parts will merely produce a mechanical totality which cannot be regarded as a whole (Beukes, 1991:114). “A whole, which is more than the sum of its parts, has something internal, some inwardness of structure and function, some specific inner relations, some internality of character or nature, which constitutes that more” (Smuts, 1926:103). This “more” is new characteristics, attributes, properties or qualities that are created as a result of the interaction of the different parts. These *emerging properties* as referred to by Dostal *et al.* (2005:10) only arise with the whole and although it came about as a result of the whole being formed through the interaction of the different parts by means of a process of synthesis, the new characteristics do not exist at the level of the parts (Dostal *et al.*, 2005:10 & 13). It can therefore be expected that approaching the methamphetamine problem in a holistic manner i.e. addressing all the points of intervention identified in the Causal Model (Figure 2.1) and doing so by means of a collaborative effort that involves all stakeholders, results (*emerging properties*) can be achieved that could not otherwise have been achieved.

This powerful yet simple concept is depicted in Figure 2.2. It distinctly shows individual parts, each with its unique attributes of which the true value is only realised when viewed as nine numbers making up a whole, namely one. Associated with this whole and its collective characteristics that represent the whole is its potential for multiplication, division, contribution and more which cannot be achieved by the individual numbers in isolation (Lochner, 2014:1). The protruding block (0.183) represents the last building block which once added, will enable the formation of the whole.



**Figure 2.2: Holism as a thought process**

Source: Lochner (2014:1)

Approaching the problem in a holistic fashion means that even if individual aspects of this approach would each have its own characteristics, the focus should not be on individual parts of the whole which constitutes the wider and more comprehensive problem (Lochner, 2011:45).

#### 2.4.2 The Theoretical Foundation: Systems Theory

According to O’Leary and Viy (2012:518), the study and practice of Collaborative Governance is fragmented, with little consensus to be found among the community of practitioners. From a research point of view, it is a “low-paradigm field” with a slow pace of knowledge development. This is largely due to the lack of universally accepted definitions for terms and variables that are frequently used, lack of consensus on important research topics, a fragmented approach to theory building, differences in how analysis should be approached and an inability to keep up with developments in the field of information technology. Emerson, Nabatchi and Balogh (2011:1) concurred when they maintained that these variations restrict the potential of researchers to further contribute to the development and testing of theory. As a result, agreement on definitions, theoretical models and the measurement of variables is required in order to advance the study and practice of Collaborative Governance. The Systems Theory that emerged in the mid-1900s might, however, offer a suitable theoretical framework for Collaborative Governance.

The Systems Theory was developed in an effort to deal with theoretical and practical problems in the workplace. It aims to generate an understanding of the complexities of real life situations instead of trying to analyse individual components (Ropohl, 1999:1). Interestingly, Dostal *et al.* (2005:6) described a system as a discernible whole which functions as such and which can be distinguished from the surrounding environment. While it



is a whole in its own right which is more than the sum of its parts, it also forms part of larger wholes and can contribute to producing or causing other systems (Dostal *et al.*, 2005:6-7).

The following underlying principles to Systems Theory can be identified:

- a) The function of the system is determined by its structure.
- b) System function can be produced by different structures.
- c) A system cannot be described on a single level (Ropohl, 1999:63).
- d) A system represents a whole in its own right and also forms part of a larger whole.
- e) A system is an organised whole.
- f) Different systems co-produce each other.
- g) Emerging properties which are not inherent to the individual parts arise from the whole, i.e. a system is more than the sum of its parts (Dostal *et al.*, 2005:6-10).

These descriptions of Systems Theory and its underlying elements highlight the fact that the theory is intrinsically holistic in nature. Ludwig von Bertalanffy who is regarded as the originator of modern Systems Theory (Ropohl, 1999:61), in fact saw systems as wholes and concluded that wholeness “is the primary attribute of life” (Drack, 2008:3).

It is especially in the description of “systemic governance” offered by Dostal *et al.* (2005:17) where the commonalities between Systems Theory and Collaborative Governance become apparent. To this end, they maintain that perplexing societal problems such as crime, poverty and urban decay require “systemic governance of society”. Societal problems are often connected to other problems and also part of a larger set of problems and solving them therefore requires the cooperation of all stakeholders (Dostal *et al.*, 2005:13). Systemic governance requires “functional and cross-functional coordination and cooperation between different governance authorities as well as within a governance authority and with organised civic society”. This interaction of the different stakeholders produces synergies (*emerging properties*) (Dostal *et al.*, 2005:517) which comprise a value that can only be achieved if the stakeholders work together and cannot be achieved by individual role players working in isolation (Dostal *et al.*, 2005:524). The similarities with Collaborative Governance are striking and it is in fact argued that this description of systemic governance correspond in total with the descriptions of Collaborative Governance provided by its leading exponents which was presented in Section 2.4.3 of this chapter.

In addition, Dostal *et al.* (2005:524) maintained that the greater the level of diversity in respect of stakeholder interests and variety of resources, the more potential exists for creativity and synergies. To harness this potential is central to Systems Theory (Dostal *et al.*,

2005:524). As illustrated throughout this chapter, harnessing such potential is also a central focus of Collaborative Governance.

### **2.4.3 Origin and development of modern Collaborative Governance**

Frustrated with the inefficiency and cost of government service delivery, citizens of countries around the world have increasingly been raising questions about the quality and motivation of public sector service delivery. As a result, such countries have experienced unprecedented reform of public service institutions which are being reinvented, privatised, decentralised, downsized, contracted out and performance managed (Salamon, 2002:1). Where public service delivery was in the past largely restricted to direct delivery by government agencies, it has increasingly become dependent on the participation of a wide range of different third parties such as banks, private hospitals, social service providers, corporations, universities, local and provincial governments, financiers, and construction firms. Due to the nature of these third parties as well as the complexity and scale of current government service delivery, a major part of public services is being provided by such third party contributors (Salamon, 2002:2). Today, there are millions of such partnerships in the world, taking various forms and some focusing on localised matters while others function on a national or international level (Zadek, 2006:4).

This “evolution from government to governance” resulted according to O’Leary and Vij (2012:507) in renewed attention being given to organisational forms that can accommodate the crossing of institutional boundaries. As a result, it has been the subject of an ever increasing body of research in recent years which is a response to the growing number of cases where public, private and non-profit stakeholders collaborate to achieve a common objective (O’Leary & Vij, 2012:507). This development of the field of Collaborative Governance largely manifested over the last two decades (Ansell & Gash, 2008:543) and today forms an important part of managing public programmes (Lowndes & Skelcher, 2002:302).

A number of different viewpoints exist on the actual origin of Collaborative Governance. Certain scholars link it to intergovernmental cooperation studies in the 1960s and others believe its origins can be traced back to the establishment of American federalism which is regarded as a model of Collaborative Governance. It has also been linked to group theory, logic of collective action as well as democracy theories which see Collaborative Governance as “the new paradigm for governing in democratic systems”. Known as “deliberate democracy”, such theories developed as a result of the decline in US public institutions and

promised “a more responsive, citizen-centred government” with greater accountability, legitimacy and transparency (Emerson *et al.*, 2011:3-4). As demonstrated in Section 2.4.2, Collaborative Governance can also be linked to the Systems Theory that developed during the latter part of the 20<sup>th</sup> century and could in fact have originated from that body of knowledge.

#### **2.4.4 Defining Collaborative Governance**

Collaborative Governance aims to bring multiple stakeholders together in an effort to promote decision-making that is based on consensus (Ansell & Gash, 2008:543). Defining it, however, remains a challenge (Emerson *et al.*, 2011:1) and numerous definitions have been developed with some emphasising its multi-sector and multi-organisational nature, the importance of working across boundaries, striving towards a common objective (O’Leary & Vij, 2012:508), the importance of reaching consensus (Ansell & Gash, 2008:544) and aiming to accomplish a task that could not be otherwise achieved (Emerson *et al.*, 2011:2). Ansell and Gash (2008:544) defined it as follows:

“A governing arrangement where one or more public agencies directly engage non-state stakeholders in a collective decision-making process that is formal, consensus-orientated, and deliberative and that aims to make or implement public policy or manage public programs or assets.”

This definition requires the following six criteria to be met: (a) public institutions initiate the engagement, (b) non-state stakeholders must also participate, (c) all participants take part in the actual decision-making, (d) the engagements are formally organised and meet on a collective basis, (e) the aim is to achieve consensus and to make decisions based on consensus, and (f) the focus of this collaborative effort is on public policy or public management (Ansell & Gash, 2008:544-545).

Collaboration to effectively address such a complex and pressing issue as the abuse of illegal drugs will, however, also require participation from members of civil society and local communities (INCB, 2012b:6). It will therefore have to include interaction that cannot be regarded as formal arrangements that are initiated by the public sector as per the Ansell and Gash (2008:544) definition. The definition of Collaborative Governance put forth by Emerson *et al.* (2011:2) supports such “multi-partner governance” and was therefore adopted for purposes of this study, together with Uys’ (2014:2) assertion that it is “a continuum of interactive activities” consisting of coordination, cooperation and collaboration and Uys’

(2014:2) and Huxham's (1993:603) opinion of public value being achieved through the creative process of Collaborative Governance.

Thus Collaborative Governance refers to the process and structures of public management that engage people constructively across the boundaries of public agencies, levels of government, the private sector and civil society (Emerson *et al.*, 2011:2) through coordination, cooperation and collaboration (Uys, 2014:2) in order to realise a public goal that could not be otherwise accomplished (Emerson *et al.*, 2011:2) and which creates public value as a result of the creative nature of the process (Huxham, 1993:603; Uys, 2014:2).

#### **2.4.5 The need for collaboration**

Huxham and Vangen (2000:273), Emerson *et al.* (2011:17) and O'Leary and Vij (2012:514-510) all agree that the main reason for embarking on a process of collaboration and integrated management is to achieve an objective which cannot be achieved without the collaboration of all relevant stakeholders. Lowndes and Skelcher (2002:304-305) also supported this view when they asserted that an integrative approach to public management is of particular value when public institutions are facing issues that (a) can only be effectively addressed by harnessing the resources of a wide range of service providers and interest groups; (b) have an impact across organisational boundaries; and (c) require innovative solutions. These are issues like social exclusion, youth related justice, and drug abuse.

An integrated approach is therefore necessitated when public managers realise that they have to turn to multi-organisational arrangements and that they have to operate within such arrangements to effectively deal with problems that cannot be solved satisfactorily by a single organisation. This need for collaboration has been necessitated by the changing environment of public, private and non-profit organisations which was brought about by (a) the fact that "most major public challenges are larger than one organisation"; (b) outsourcing which is collaborative undertaking between the public and private sectors, has grown significantly; (c) public managers' desire to improve service delivery has motivated them to find new and improved ways of delivering; (d) the fact that technological advances enable integrative information sharing which fosters collaboration; and (e) citizens are looking for new ways to engage with the public sector which results in improved collaboration and integration regarding the solving of problems and decision-making (O'Leary & Vij, 2012:509).

Additional motivation for the development of partnerships in recent years has been the scarcity of public resources and the resulting search for new ways of delivering more public

services with fewer resources. Partnerships have indeed been proven to have the potential for better utilisation of public resources by sharing overhead costs and avoiding unnecessary duplication. Partnerships promote innovation and synergy, ensure the combined focus of complementary services and enable access to new resources (Lowndes & Skelcher, 2002:304). An integrated approach to public management can also enable one to identify unique causes of problems and possible innovative solutions to such problems (Uys, 2014:7).

O’Leary and Vij (2012:509-510) maintained that the principle of “lateral thinking” which refers to the creativity that results from knowledge being taken from one discipline and applying it to a totally different one, is important to collaboration and achieving integration in public management. This is because the primary reason for collaboration should ideally be the realisation that a better result can be achieved through collaboration than by means of individual efforts. To this end, Huxham (1993:603) asserted that the advantage of integrated management “will be achieved when something unusually creative is produced – perhaps an objective is met – that no organisation could have produced on its own and when each organisation, through the collaboration, is able to achieve its own objectives better than it could alone.”

#### **2.4.6 Collective management and shared responsibility**

Collaborative Governance therefore opens up the decision-making process and brings about integrated management which is not only geared towards inter-governmental participation, but deliberately includes private sector stakeholders in the actual decision-making process (Lowndes & Skelcher, 2002:305; Ansell & Gash, 2008:545). It represents a form of governance in which both public and private role players work collectively to establish rules and laws which will govern the delivery of public services (Ansell & Gash, 2008:545). As a result, it is characterised by “synergistic gain and programme enhancement from sharing resources, risks and rewards and the prioritisation of collaborative rather than competitive advantage” (Lowndes & Skelcher, 2002:306).

As Collaborative Governance requires non-state stakeholders to be directly involved in the decision-making process, they will also share in the responsibility of policy outcomes. The public agency initiating the engagement may have the ultimate authority but all stakeholders must have the opportunity to participate directly in the management process. Decisions are therefore consensus orientated which means that although the authority to take a decision typically lies with the public agency, the aim is to achieve as much consensus as possible

among the different stakeholders (Ansell & Gash, 2008:546-547). The institutionalisation of a collective management process is in fact central to the definition of Collaborative Governance (Ansell & Gash, 2008:548).

#### **2.4.7 The knowledge, skills and resources required for effective collaboration**

The relationships between individuals participating in the collaboration are often of fundamental importance in achieving the required results. This is because of the fact that the individuals who represent their organisations in the engagement, actually enact the collaboration. It therefore follows that the success of the collaboration effort is largely dependent on the level of knowledge, skills and attitude an individual public manager may have, which in turn begs the question, what would be the ideal competencies for public managers to enable effective collaboration? To this end, research done amongst senior executives in the US reveals personal characteristics like patience, flexibility, persistence, honesty, empathy, goal orientation, friendliness and decisiveness as well as interpersonal skills like good communication and the ability to listen, as the most important skills for effective collaboration. Mobility, curiosity and the ability to negotiate can also be regarded as important skills for collaboration. Strategic leadership skills and technical expertise were seen as less important skills in achieving effective collaboration (O'Leary & Vij, 2012:514-515).

It will also be important for the public managers to “develop a shared identity and a personal connectedness” with the other role players in the collaboration process in order to secure their support and commitment (Uys, 2014:8). In addition, in those cases where countries experience serious challenges in respect of ensuring the effective integration of public service delivery, Uys (2014:5) called for a “new understanding of public management at the macro, meso, and micro levels.” This will require the following:

- a) The introduction of instruments at macro level that would promote joint efforts in management and can include structural instruments, programmatic instruments, research and capacity-building instruments and behavioural instruments (Uys, 2014:6).
- b) The implementation of certain strategies at meso level that will ensure that multi-dimensional problems are being addressed holistically and also enhance the integrated management process. These include (i) the introduction of clear policies and guidelines on integration; (ii) the introduction of principles on good governance; (iii) regulating the conduct of institutions in accordance to specific standards; and (iv) the creation of public value (Uys, 2014:6-7).

- c) Developing the ability to manage complex issues in collaboration with multiple organisations and communities which will include the establishment of multi-party processes for formal and informal integration. Strategies at this micro level include the introduction of a code of ethics, the creation of a structure that would ensure multi-stakeholder accountability and the fostering of trust among the different stakeholders (Uys, 2014:7).

In addition to the various personal attributes required for effective collaboration it is also necessary that the different stakeholders devote sufficient resources to the collaborative effort that will allow for the required collaborative capacity to be built. Building such a capacity is necessary at the following levels:

- a) Strategic capacity – for developing the collaborative vision;
- b) Governance capacity – accountability within the organisation as well as towards other stakeholders and the community;
- c) Operational capacity – strengthening the structures and processes required for service delivery;
- d) Practice capacity – strengthening specific skills and abilities; and
- e) Community capacity – the resources needed to participate in interventions for change (Sullivan & Skelcher, 2002:112).

#### **2.4.8 Theoretical integration of Holism, Systems Theory and Collaborative Governance**

The characteristic of Holism of displaying *emerging properties* with a creative nature and being of more value than the sum of the parts forming the whole is in concert with descriptions of Collaborative Governance offered by its exponents, e.g. Huxham (1993:603), Emerson *et al.* (2011:17), O’Leary and Vij (2012:514-510), Huxham and Vangen (2000:273) and Lowndes and Skelcher (2002:306). All of these authors have referred to additional value being obtained by means of collaboration by all stakeholders. They also, notably, refer to a value that is creative in nature and which could not be realised by individual efforts of the different stakeholders and therefore represents more than the sum of such individual contributions. In other words, the “more” which Smuts (1926:103) refers to as being the result of a holistic approach, is also the ultimate goal of Collaborative Governance.

The striking similarities between the characteristics of Holism, Systems Theory and Collaborative Governance are presented in Table 2.2 in order to assist towards further understanding of the relationship between these three approaches.

**Table 2.2: Comparing the main characteristics of Holism, Systems Theory and Collaborative Governance**

<b>Characteristics of Holism</b>	<b>Corresponding characteristics of Systems Theory</b>	<b>Corresponding characteristics of Collaborative Governance</b>
The whole contains properties that are not present in its individual parts	A system has emerging properties which are not inherent in its parts	Public value creation that could not be achieved by individual stakeholders
The whole influences its parts	a) The function of the system is determined by its structure b) System function can be produced by different structures	a) Joint decision-making b) Consensus driven c) Capacity for joint action
The whole comprises a coordinated pattern of the parts	A system is an organised whole	All stakeholders are required to participate in/coordinate the management process
An organised structure unifies the parts	The function of the system is determined by its structure	a) Joint decision-making b) Consensus driven c) Capacity for joint action
A whole also forms part of a greater whole	A system is a whole in its own right and also forms part of a larger whole	a) Joint decision-making b) Consensus driven c) Capacity for joint action d) Added public value
A whole is creative in nature	A system has emerging properties which are creative in nature	Creativity being generated by stakeholders' unique capacity that could not be achieved by individual stakeholders

As a result of these corresponding characteristics, the arguments underpinning Holism, the Systems Theory and Collaborative governance were utilised towards critical evaluation and the subsequent creation of new knowledge in the discipline of Public Management. For



purposes of this study, this process of knowledge creation was to serve as the epistemological dimension of this academic inquiry, as per the structure of paradigm thought proposed by Lochner (2011:44).

In addition, this section has demonstrated that the Systems Theory can serve as an appropriate theoretical basis for Collaborative Governance, especially in view of the absence of an agreed upon theoretical foundation for this field of knowledge, and therefore for the development of an effective methamphetamine management strategy. Since new knowledge is created via theoretical activity, and so can help to fill gaps in the existing knowledge framework for public management, the System Theory served, for purposes of this study, as an appropriate third dimension, viz. that of theory, in accordance with the structure of paradigm thought proposed by Lochner (2011:44). It therefore follows that Holism serves as the ontological foundation of this study, Systems Theory serves as the theoretical frame of reference and Collaborative Governance is presented as the practical manifestation of the effective and efficient management of drug abuse.

One needs to consider the fact that the requirement to involve all stakeholders in the collaborative process as well as for these stakeholders to have the capacity to take joint action necessarily requires that a problem be addressed from all possible angles. These requirements therefore promote approaching the problem in a holistic fashion and as a result, one could argue that Collaborative Governance represents an important tool by means of which a holistic state, as far as addressing societal problems are concerned, can be achieved.

This research study explored the feasibility of approaching the methamphetamine problem from a holistic perspective through employing the principles of Collaborative Governance. The end objective therefore comprises a healthy and prosperous society flourishing within an environment in which the collective effort to actively manage the methamphetamine problem yields positive results; and creates for official inasmuch as non-governmental and private institutions the necessary opportunities to pursue value-creating activities in a sustainable manner.

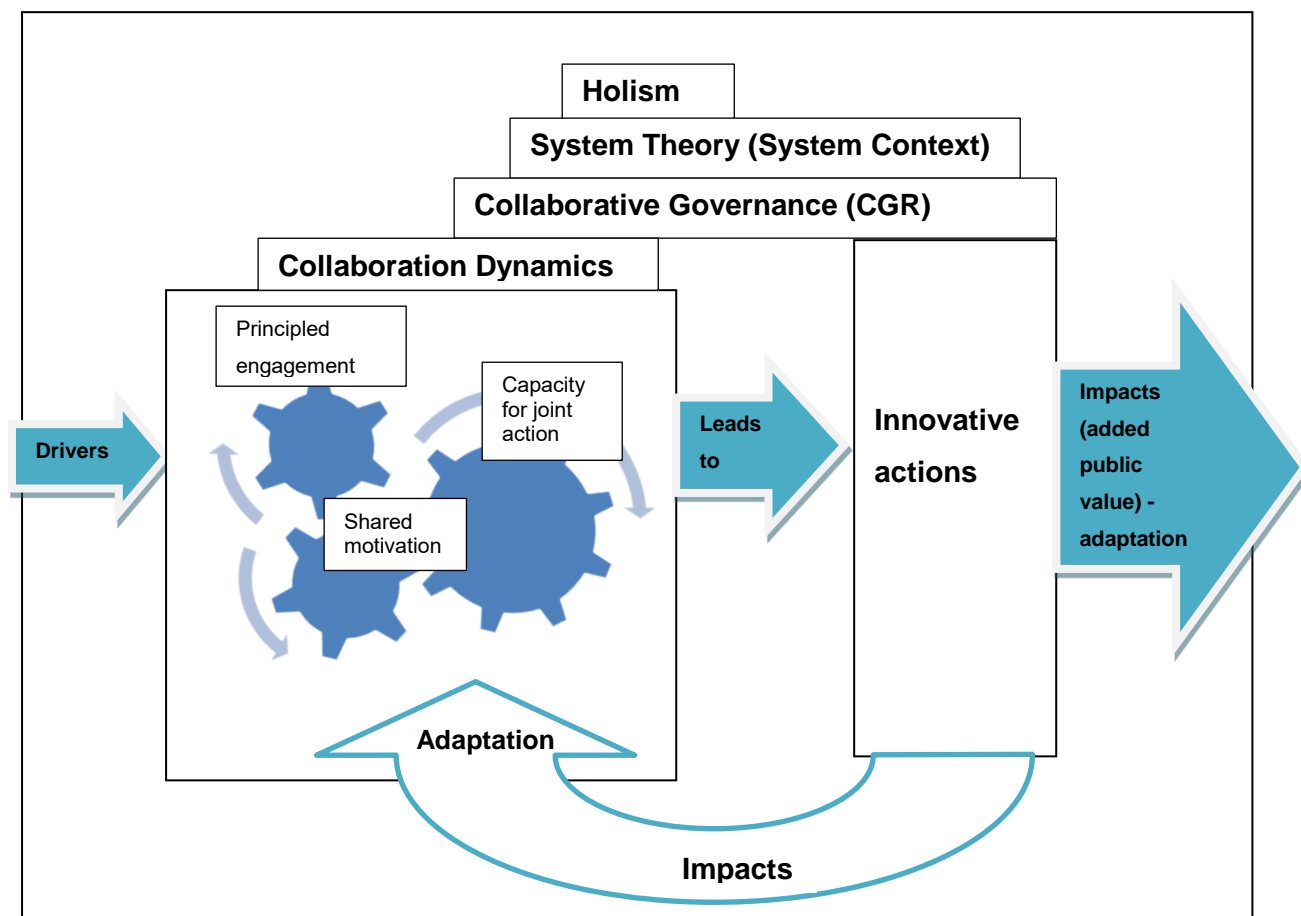
#### **2.4.9 A theoretical model for the collaborative management of illegal drug abuse**

A number of exponents of Collaborative Governance have developed a theoretical model for their discipline. One such attempt is the Emerson *et al.* (2011:6) model (hereafter referred to as the Emerson model) of an Integrative Framework for Collaborative Governance which is

presented for purposes of better understanding theory, the developing and testing thereof as well as for improving practice (Figure 2.3). This model has been adapted for purposes of this study. Ansell and Gash (2008:550) also presented a model for integrated public management with a number of similarities to that of the Emerson model. An important difference, however, is the need for a *capacity for joined action* that is emphasised by Emerson *et al.* (2011:6) and supported by Lowndes and Skelcher (2002:302).

The Integrative Framework espoused by Emerson *et al.* (2016:6) is depicted as “three nested dimensions”, namely the surrounding system context, the collaborative governance regime (CGR) and the collaborative dynamics and actions (Emerson *et al.*, 2011:8). It is in the surrounding system context where this framework provides for the philosophical basis of Holism and the theoretical basis of Systems Theory.

The system context includes all the socioeconomic, political, environmental and other factors that influence the CGR. Opportunities and constraints are created by the system context and they influence the environment in which a particular CGR manifests (Emerson *et al.*, 2011:8).



**Figure 2.3: The Integrative Framework for Collaborative Governance**

Source: Adapted from Emerson *et al.* (2011:6).

The impetus for collaboration is provided by *drivers* which are essential for the process to commence. These *drivers* are the presence of a manager (leader); the existence of underlying reasons for the different parties to collaborate; the realisation that a single organisation cannot effectively deal with a problem; and the existence of internal uncertainty which may drive different parties who share that uncertainty to collaborate in order to share the risk (Emerson *et al.*, 2011:9). At least one of these *drivers* needs to be present in order for the *Collaborative Governance Regime* to be initiated. The more drivers present, the better the chances for a *CGR* to be established (Emerson *et al.*, 2011:10).

The *Collaborative Governance Regime* is where collaboration across boundaries takes place to inform decision-making and conduct. Although it gets its initial direction from the drivers emerging from the system context, its effectiveness will depend on its two components, collaboration dynamics and actions.

*Collaboration dynamics* comprise the following interactive components: “principled engagement, shared motivation and capacity for joint action.” It is through *principled engagement* that representatives from various stakeholders work across their respective boundaries and strive towards a common objective (Emerson *et al.*, 2011:10). It is important that the appropriate people be part of the collaboration process (Emerson *et al.*, 2011:11). *Shared motivation* is defined by Emerson *et al.* (2011:13) as a “self-reinforcing cycle” that consists of four elements, namely mutual trust, understanding, internal legitimacy and commitment. Emerson *et al.* (2011:14) believe that quality and frequent principled engagement between the different stakeholders will promote mutual trust, understanding, internal legitimacy and commitment which will lead to the development of a shared motivation. Ansell and Gash (2008:552) accordingly argued that stakeholder understanding of the fact that achievement of their goals are dependent on collaborating with others, is key to providing them with the necessary incentives to participate.

Different parties collaborate for purposes of achieving a specific outcome which could not have been realised by their individual efforts. It therefore follows that a *capacity for joined action* that did not exist prior to collaboration must be created within the CGR. This new capacity represents a collection of elements from different functional areas in order to empower the group to take effective action. Necessary elements for generating such a joint capacity are “procedural and institutional arrangements, leadership, knowledge, and resources.” It is accordingly believed that principled engagement and shared motivation will stimulate the development of these four elements, which in turn will generate the capacity for joined action (Emerson *et al.*, 2011:14). Similarly, Lowndes and Skelcher (2002:302) argued that the partnerships that result from collaboration and which are formalised through an agreement between the different parties, should ideally be “given concrete expression through the creation of an organisational structure” where decisions can be taken that will direct the actions and resource utilisation of the individual parties to the agreement.

According to the Emerson model, this *capacity for joined action* will lead to *collaborative action* which is in concert with the previously stated main purpose of Collaborative Governance, namely to cause specific actions to be taken that could not have been initiated by any of the participants in their individual capacity (Emerson *et al.*, 2011:17) and therefore to “create something better”, through collaborating with others, than could otherwise have been achieved through individual efforts (O’Leary & Vij, 2012:510).

*Impacts* or added public value derived from collaborative actions refer to “results on the ground” and can be social, physical, environmental, political or economic in nature (Emerson

*et al.*, 2011:18). Impact may lead to the CGR *adapting* and becoming more sustainable (Emerson *et al.*, 2011:19).

As indicated in Section 2.3.1, all the different possible points where there can be intervened in the methamphetamine problem resort under at least one of the four perspectives of *social-based prevention, harm reduction, law enforcement, and crime prevention*. The question now arises whether the integrated management of the methamphetamine problem in accordance to the Emerson model would necessarily require that the problem be addressed from all four perspectives? If that is to be the case, the question arises whether all stakeholders who have to comply with the requirements for joint action as specified by the Emerson model can be expected to contribute meaningfully to the deliberations of the structure responsible for joint action when the matter that needs to be decided upon falls outside their area of expertise. In other words, can an addiction treatment specialist for example, be expected to contribute effectively to discussions on the appropriate law enforcement action to be taken in a particular case?

The Emerson model does, however, provide the necessary guidance in this regard and it is important to take cognisance of the following:

- a) As mentioned earlier, it is important that the appropriate people be part of the collaboration process and that these stakeholders be involved in the *principled engagement* (Emerson *et al.*, 2011:11).
- b) The drivers for collaborative action which represent consequential incentives will strive to address issues that are agreed upon by the participants (Emerson, *et al.*, 2011:9). One such driver might be the desire to increase the expected life span and quality of life of babies born to methamphetamine addicted mothers while another might be a need to respond to a public outcry on the presence of drug dealers on the city streets. Emerson *et al.* (2011:9) indicates that the form and direction of the model's *Collaborative Governance Regime* "is shaped initially by the drivers that emerge from the system context".
- c) In addition to the common objective and shared purpose of the parties involved in the principled engagement process, these different role players also develop, according to Emerson *et al.* (2011:11), a shared theory and purpose of action for achieving added public value by diminishing the risk of drug abuse.

Having only one CGR addressing a problem that relates to the overall methamphetamine problem might seem to be in conflict with the principles of Holism. However, as long as the CGR in question strives to achieve wholeness and also realises that it forms part of a greater

whole, then the benefits of Holism can still be attained. It therefore follows that, for example, a *CGR* established to address the very specific problem of drug dealers being present on the “city streets”, does not require participation from medical experts working to increase the expected life span of babies born to methamphetamine addicted mothers. It does, however, require participation from all relevant stakeholders that can have an impact on the specific problem i.e. police, social workers, the local community, and local faith-based organisations, officials responsible for public housing administration, the local government and representatives from the criminal justice system. Participation of the medical experts will be required at a higher level *CGR* or a greater whole.

The Integrative Framework for Collaborative Governance by Emerson *et al.* (2011:6) therefore accommodates the concepts of Holism and Systems Theory which underpin modern Collaborative Governance. As a result, the model showed potential to provide further guidance as this research study unfolded and therefore warranted proper consideration. It is prudent to, at this stage, also describe the monitoring and evaluation of collaboration.

#### **2.4.10 Monitoring and evaluating collaboration**

In order to develop an understanding of how effective monitoring and evaluation (M&E) is to be achieved in respect of Collaborative Governance, it is necessary to differentiate between “monitoring” and “evaluation”.

“Monitoring involves the continuous collecting, analysing and reporting of data in a way that supports effective management” (RSA, 2011:3). It aims to provide continuous feedback on progress made with implementation and can therefore serve as an early indicator of problems that need to be solved. It reports on the continuous performance achieved in relation to planned targets (RSA, 2011:3). Monitoring can therefore be understood as keeping track of what actions are being taken in real time so that corrective actions can be taken if necessary (UNODC, 2006:8). It can, for example, indicate if a higher level of *CGR* collaboration is required.

Evaluation on the other hand, can be defined as “the systematic collection and objective analysis of evidence on public policies, programmes, projects, functions and organisations to assess issues such as relevance, performance (effectiveness and efficiency), value for money, impact and sustainability, and recommend ways forward” (RSA, 2011:3). Evaluation therefore contains an element of judgement and must be done against specific objectives or

criteria (RSA, 2011:3). Evaluation is necessary for purposes of determining 'what works' in respect of public service delivery. When public services are delivered by means of collaborative partnerships, evaluation is required to demonstrate if the public well-being has been improved and to justify the collaboration process in terms of added public value (Sullivan & Skelcher, 2002:185). The primary purpose of evaluation is to measure the impact of a particular programme and it is therefore necessary to understand how successful the programme is in meeting its objectives as well as what causal factors are relevant to the programme results. To this end, it is important to establish what constitutes success from the different perspectives of all the stakeholders, define the criteria by means of which success is to be measured and the type of evidence required for the measurement process (Williams & Sullivan, 2007:94). When establishing an evaluation system, provision should be made for decisions on the appropriate design and methodology, the need to strike a balance between accuracy and time constraints, identifying and overcoming shortcomings in the gathering of relevant information, building the capacity to evaluate, commissioning the evaluation study and communicating the findings (Rabie, 2010:140). An effective evaluation system will be imperative to managing a serious societal problem like drug abuse.

The evaluation of collaborative endeavours is more complicated than assessing the effectiveness of an individual organisation (Emerson & Nabatchi, 2015:725) and presents a complex methodological, conceptual and practical challenge (Williams & Sullivan, 2007:97). The evaluation of a complex system (e.g. a multi-disciplinary collaborative network established for managing the methamphetamine problem) requires, according to Uys (2016:2), a multi-dimensional system of evaluation in order to ensure the holistic evaluation of the performance of all stakeholders. It is also important that such evaluations are credible and of value to the public (Uys, 2016:2) and should therefore:

- a) include a sustained investment of time and resources;
- b) result from consensus in respect of evaluation standards;
- c) include the development of skills that will enable challenges associated with the evaluation of complex systems to be overcome (Williams & Sullivan, 2007:91); and
- d) be accommodated in the inception of the policy process (Williams & Sullivan, 2007:97).

In evaluating Collaborative Governance, Emerson and Nabatchi (2015:741) distinguished between evaluating the performance of collaboration and evaluating the collaboration process. Both are described next.

#### *2.4.10.1 Evaluating the performance of collaboration*

Emerson and Nabatchi (2015:723) developed a matrix for assessing the performance of collaborative groups. As a collaborative group affects certain actions/outputs for purposes of producing specific outcomes which in turn can lead to adaptation (see Figure 2.3), the matrix has three performance levels i.e. actions/outputs, outcomes and adaptation (Emerson & Nabatchi, 2015:723).

The first performance level of this matrix refers to the actions and outputs of the collaborative group. The direct or indirect instrumental actions/outputs that result from the collaboration process can include, educating the public, securing enforcements, harnessing external resources or deploying staff. The second performance level measures the desired outcomes that result from the collaborative actions and outputs. Outcomes therefore refer to the achievement of “results on the ground” e.g. securing added public value or realising improved service delivery, in other words, innovative actions (Emerson & Nabatchi, 2015:724). The third performance level refers to the changes that Collaborative Governance can effect on the drug abuse problem. It is this potential for transformative change to be effected that forms the basis of adaptation which can be described as “adaptive responses to the outcomes of collaborative actions” (Emerson & Nabatchi, 2015:725).

According to Rabie (2010:152), the use of performance indicators that are based on outputs or financial performance is becoming less acceptable internationally with an increased emphasis on outcomes or results (Williams & Sullivan, 2007:97). An understanding of the costs and benefits of a collaborative process can best be achieved by evaluating the process outcomes (Williams & Sullivan, 2007:97) as opposed to outputs. The evaluation of outcomes is regarded as the most difficult type of evaluation to achieve due to its inherent complexity and the challenges associated with the development of valid causal mechanisms (Williams & Sullivan, 2007:95). This is due to the fact that the identification of causal relationships between interventions and their outcomes presents conceptual problems. Identifying specific indicators to measure progress is therefore a challenging task (Sullivan & Skelcher, 2002:191). The most important objective of an evaluation is to determine “what worked where, with whom and why” and in so doing promotes an understanding of the mechanisms by means of which a particular intervention of drug abuse reduction results in certain outcomes within a specific context. It is also important to determine how successful a particular intervention has been in terms of achieving its objectives as well as to determine what is regarded as success from the perspectives of all the different stakeholders (Williams & Sullivan, 2007:94).



Evaluation that focuses on outcomes should therefore be evidence-based and is especially relevant to cross-cutting issues which require collaboration (Sullivan & Skelcher, 2002:191). Cradock-Henry (2013:1-2) concurred with this as he maintained that all desirable outcomes of the collaboration process need to be evaluated.

In terms of the Emerson and Nabatchi (2015:723) matrix for assessing the performance of collaborative groups, the abovementioned performance levels are then measured in respect of three units of analysis, i.e. the participant organisations, the Collaborative Governance Regime (collaborative group), and the goals. The last step is then to combine the performance levels and the units of analysis “into a matrix that identifies nine specific performance dimensions of productivity” (Emerson & Nabatchi, 2015:723) (see Table 2.3).

**Table 2.3: Performance dimensions of Collaborative Governance Regimes**

Performance level	Unit of analysis: Participant Organisation	Unit of analysis: Collaborative Governance Regime/Collaborative Group	Unit of analysis: Target Goals
Level 1: Actions/Outputs	Efficiency	Efficacy	Equity
Level 2: Outcomes	Effectiveness	External legitimacy	Effectiveness
Level 3: Adaptation	Equilibrium	Viability	Sustainability

Source: Adapted from Emerson and Nabatchi (2015:723).

The three specific performance dimensions of productivity applicable to Participant Organisation (unit of analysis) are:

- a) Efficiency of actions/outputs: This dimension measures the performance of participant organisations in terms of the efficiencies they might create for individual organisational operations. It relates to the action/output performance level for a participant organisation unit of analysis (Emerson & Nabatchi, 2015:727).
- b) Effectiveness of outcomes: This dimension measures the effectiveness or quality of outcomes generated as a result of actions taken by individual stakeholders within the collaborative group. It relates to the performance level for outcomes at the participant organisation unit of analysis (Emerson & Nabatchi, 2015:728).
- c) Equilibrium of adaptation: A collaborative group is established to respond to conditions that cannot be adequately responded to by individual organisations. This

process leads to adaptation, not only in the external environment, but also within the collaborative group. The dimension of equilibrium of adaptation measures the extent to which participant organisations are able to adapt and remain stable within this changing environment. It relates to the performance level of adaptation at the participant organisation unit of analysis (Emerson & Nabatchi, 2015:727-728).

The three specific performance dimensions of productivity applicable to Collaborative Governance Regime (unit of analysis) are as follows:

- a) Efficacy of actions/outputs: It is important that the actions/outputs are aligned with the objectives of the collaborative group. This dimension therefore measures the capacity of the actions/outputs to produce results that are consistent with the objectives of the collaborative group. It relates to the performance level of actions/outputs at the CGR unit of analysis (Emerson & Nabatchi, 2015:729).
- b) Legitimacy of outcomes: A good reputation gained as a result of being regarded as legitimate by external funders, managers (leaders) or the public can hold significant benefits for a collaborative group. Fostering an external perception of legitimacy is therefore regarded as an important outcome for the collaborative group to be sustainable. This dimension measures the externally perceived legitimacy that the collaborative group enjoys in relation to its goals, structures, and process actions. It relates to the performance level of outcomes at the CGR unit of analysis (Emerson & Nabatchi, 2015:729-730).
- c) Viability and adaptation: This performance dimension refers to the capacity of a collaborative group to continue to achieve specific outcomes and therefore generate additional public value that cannot be achieved by individual stakeholders. It measures the capacity of the collaborative group to adapt successfully to evolving circumstances in order to continue achieving the desired outcomes. It relates to the performance level of adaptation at the CGR unit of analysis (Emerson & Nabatchi, 2015:730).

The three specific performance dimensions of productivity applicable to Target Goals (unit of analysis) are as follows:

- a) Equity of actions/outputs: It is important that the benefits generated by collaborative groups be distributed equally amongst the target population. It therefore relates to the actions/outputs performance level at target goals unit of analysis. This performance dimension requires the measurement of the actual distribution of benefits that result from actions taken by the collaborative group as well as the perceptions of beneficiaries relating to such equitable distribution (Emerson & Nabatchi, 2015:731).

- b) Effectiveness of outcomes: “Effectiveness is the primary performance dimension for outcomes at the target goals unit of analysis”. It refers to the extent to which the actions of the collaborative group produce the intended effect in achieving the target goals and therefore relates to the outcomes performance level at target goals unit of analysis (Emerson & Nabatchi, 2015:731).
- c) Sustainability of adaptation: The ability to continuously achieve the desired results over time is essential. The adaptive responses to outcomes therefore need to be robust and resilient despite external influences and the changing context. This performance dimension measures the capacity for sustainable results to be delivered in a changing environment. It relates to the adaptation performance level at the target goals’ unit of analysis (Emerson & Nabatchi, 2015:732).

#### 2.4.10.2 Evaluating the collaboration process

Emerson and Nabatchi (2015:741) emphasised the need to also evaluate the actual process of collaboration. Cradock-Henry (2013:2) concurred and proposed a set of criteria to be used in evaluating the success of the process of collaboration (See Table 2.4).

**Table 2.4: Criteria used to evaluate success of the process of collaboration**

Criterion	Definition
Voluntary participation and commitment	Affected or interested stakeholders participate voluntarily and are committed to the process
Self-design	The parties involved work together to design the process to suit the needs of the stakeholders
Clear ground rules	As the process is initiated, a comprehensive procedural framework is established that includes clear terms of reference, operating procedures, schedule, and protocols
Equal opportunity and resources	The process provides for equal and balanced opportunity for effective participation of all interested/affected stakeholders
Principled negotiation and respect	The process operates according to the conditions of principled negotiation including mutual respect, trust, and understanding
Accountability	The process and its participants are accountable to the broader public and their own constituencies
Flexible, adaptive, creative	Flexibility is designed into the process to allow for adaptation and creativity in problem-solving
High-quality information	The process incorporates high-quality information into decision-

Criterion	Definition
	making
Time limits	Realistic deadlines and milestones are established and managed throughout the process
Commitment to implementation and monitoring	The process and final agreement include commitments to implementation and monitoring
Effective process management	The collaborative process is managed and coordinated effectively and in a neutral manner
Independent facilitation	The process uses an independent facilitator throughout the process

Source: Cradock-Henry (2013:2).

Building such a capacity to generate feedback on the collaborative process into the evaluation mechanism will allow for the collaborative process to be re-designed if the feedback from stakeholders necessitates it (Cradock-Henry, 2013:1).

## 2.5 CONCLUSION

For the methamphetamine problem to be addressed at all its possible points of intervention as depicted in the Methamphetamine Causal Model (Figure 2.1), an integrated approach which addresses the problem holistically from all four perspectives, namely *social-based prevention*, *harm reduction*, *law enforcement*, and *crime prevention* will be required.

Addressing the methamphetamine problem holistically may result in an additional value being achieved, a value that is creative in nature and which cannot be realised by individual efforts of the different stakeholders. Achieving such an additional value is also the main objective of Collaborative Governance and the argument can therefore be made that Collaborative Governance aims to achieve the benefits that Holism can bring and that it in fact represents an important tool by means of which a holistic state can be realised. As a result, due consideration should be given to managing the methamphetamine problem in accordance to the principles of Collaborative Governance.

The rest of the study focuses on how *emerging properties* which may result from pursuing Holism can be achieved in efforts to manage the Western Cape Province's methamphetamine problem within the confines of the current situation and the legislative

mandates of public institutions within the province. The next chapter accordingly explores the feasibility for public institutions to approach this issue from the perspectives of *social-based prevention, harm reduction, law enforcement, and crime prevention*.

## CHAPTER 3: EFFECTIVE DRUG ABUSE MANAGEMENT STRATEGIES

### 3.1 INTRODUCTION

This chapter explores various drug abuse management strategies from a number of different approaches in an effort to identify strategies with a high potential for effectively addressing the methamphetamine problem. Chapter 2 concluded that the problem would be best addressed through a collaborative effort by all relevant role players and if approached holistically from all four perspectives, namely *social-based prevention*, *harm reduction*, *law enforcement*, and *crime prevention*.

To this end, the feasibility of managing the methamphetamine problem from these four perspectives is considered in this chapter. It should be noted that all the causal factors depicted in the Methamphetamine Causal Model (Figure 2.1) and therefore the possible points where public institutions can intervene in the methamphetamine problem, can be accommodated under these four perspectives. Specific strategies that have the potential to yield significant results are then described in more detail.

### 3.2 THE FOUR PERSPECTIVES FROM WHICH THE METHAMPHETAMINE PROBLEM CAN BE MANAGED

In considering the feasibility of approaching the study from the perspectives of *social-based prevention*, *harm reduction*, *law enforcement*, and *crime prevention*, the following need to be taken cognisance of.

#### 3.2.1 Managing the methamphetamine problem from a social-based prevention perspective

The primary objective of social-based substance abuse prevention is to prevent or at least delay the initiation of drug abuse or if a person has already started abusing a particular substance, to avoid the development of dependence and other disorders. The general aim of *social-based prevention* is, however, much broader and speaks to the development of children and youth through healthy and safe interventions to assist them in realising their full potential in contributing to their communities and society (UNODC, 2013:1).

Preventing drug abuse before it begins should be a primary goal of any national drug combating policy (USA, 2014a:7; INCB, 2014b:5). Drug abuse prevention is “a cost-effective and common-sense way to avoid the consequences of drug use” (USA, 2014a:7). Prevention efforts have the potential to be effective if they are comprehensive, focus on the unique challenges of communities and address risk factors. Other important factors are a focus on the strengthening of community norms, raising parental awareness and securing their involvement, and limiting access to illegal drugs (USA, 2014a:7).

A multitude of such programmes currently exist with a wide range of target areas. These include programmes that:

- a) target pregnant women who abuse substances;
- b) provide early childhood education;
- c) develop parenting skills;
- d) empower individuals with improved personal and social skills;
- e) focus on prevention education; and
- f) provide mentoring in respect of relationships (UNODC, 2013:12-26).

According to the UNODC (2004:10), those programmes that are based on the premise that people abuse drugs because they are unaware of the consequences and therefore aim to inform, are largely ineffective as they do not address the real cause of substance abuse. Programmes following the life skills approach that aims to provide social skills and are based on the premise that drug abuse results from inadequate social coping and inability to resist peer pressure do, however, show potential for positive results (UNODC, 2004:10).

Popular programmes proven to have had a positive impact in US schools include the following:

- a) Across Ages: Targets youth from ages 9 to 13 and aims to strengthen the relationship between adults and youth. It includes mentoring, training in social competence, community service and establishing a sense of personal responsibility.
- b) Early Risers: Skills for Success: Targets youth from ages 6 to 10 and aims to enhance the competency of children who are at risk of developing substance abuse and conduct problems.
- c) Families and Schools Together (FAST): This is a group intervention aimed at enhancing family functioning in order to prevent drug and other substance abuse by the child or other members of the family. A key factor of this programme is parent empowerment (Hanson, 2015:1).

Additional examples of such interventions are the Cape Town Metro Police's 2007 social crime prevention and awareness programmes that focused on drug abuse prevention, i.e. 'It's Up to You'; 'Me as I am – Living Free, Drug Free' and 'Sports Against Crime.' A review of these programmes by the University of Cape Town's Centre of Criminology, however, found them to be inadequate and not sustainable as they mainly focused on creating awareness through special events and media campaigns which loses momentum after a week or two (Van der Spuy, Dugmore & Rontsch, 2008:iv-vi). Care should therefore be taken that the development of such initiatives provide for the necessary focus and sustainability.

While the UNODC (2013:4) maintains that prevention science has contributed much to the identification of effective prevention strategies, it concedes that "many gaps" still exist in this field. For instance, most of the research originates from a few high-income countries in Europe, North America and Oceania and few studies have been done in poorer areas. Research results furthermore mainly stem from studies conducted in "well-resourced, small, controlled settings" and few studies attempted to measure the effectiveness of interventions in a real life environment. Studies are also often too few to conclusively identify the essential elements that make a particular intervention successful (UNODC, 2013:4).

The UNODC (2013:5) therefore emphasises the "strong and urgent need" for managing research efforts to fill these gaps and contribute to the knowledge base of substance abuse prevention. "What we have is a precious indication of where the right way lies". With more evaluation and research "we will be able to provide to policy makers the information they need to develop national prevention systems that are based on scientific evidence".

Therefore, despite the multitude of theories on drug abuse developed in recent years, as mentioned in Chapter 2, and the resulting maturity of this research domain, there is still no universally accepted theoretical basis that provides the level of clarity required for developing an effective social-based prevention programme. Given the limitations outlined in this and the previous chapter, the opinion is held that developing a management strategy for the methamphetamine problem from this extremely complex field without the guidance of a solid conceptual basis or sufficient evidentiary support from existing research will not be viable. In addition, as initiatives based on crime prevention through social development aim to prevent the development of individuals into criminals, they are necessarily long term in nature and it might for instance take years for a special educational programme to achieve the required results in the lives of young people growing up in a gang invested area. The impact of such programmes is also usually confined to the target group within the



community. The field of social-based prevention does, however, offer significant opportunities for further research and should certainly be regarded as an essential element of an integrated management strategy.

Governments will have to task their relevant public institutions with the responsibility to keep informed on any new developments and to actively promote and support much needed research in this field. This will be required if a truly holistic approach to managing the methamphetamine problem is to be developed.

### **3.2.2 Managing the methamphetamine problem from a harm reduction perspective**

*Harm reduction* includes addiction treatment, aftercare and re-integration programmes (RSA, 2013a:13). Efforts to treat the addiction, however, form the basis of approaching drug abuse from a harm reduction perspective. Addiction is a complex illness that is “characterised by intense, at times, uncontrollable drug craving, along with compulsive drug seeking and use that persist even in the face of devastating consequences” (National Institute on Drug Abuse (NIDA), 2012:1). It affects “brain function and behaviour” (NIDA, 2012:3) and its treatment includes a variety of behavioural therapies, specialised medications, psychiatric and psycho-social services or a combination of these (Temmingh & Myers, 2012:329; NIDA, 2012:8). Principles of effective addiction treatment developed by the US National Institute on Drug Abuse (NIDA, 2012:2-5) are as follows:

- a) Addiction is a complex illness that can be treated.
- b) Treatment that is effective for one person will not be appropriate for everyone.
- c) Availability of treatment is important.
- d) Treatments that are effective are those that attend to all the needs of the person, not just their abuse of substances.
- e) It is critical that the patient remain in treatment for the required period.
- f) Forms of substance abuse treatment that are most commonly used are behavioural therapies.
- g) Medications are an important part of an effective treatment programme for many patients.
- h) Regular assessment of the patient’s treatment plan is necessary in order to allow for it to be adapted to his/her changing needs.
- i) Many persons that are addicted to substances also suffer from other mental disorders.
- j) The detoxification stage of treatment is only the first stage and cannot be regarded as effective addiction treatment.

- k) Voluntary buy-in from the patient is not absolutely necessary to achieve results.
- l) Patients must be monitored for the possibility of abusing substances while on treatment.
- m) Patients should be tested for the presence of infectious diseases so that the required risk-reduction counselling can be provided and patients can be referred for the necessary treatment.

Walker (2009:131), however, disagreed with (k) above when she argued that “without the addict admitting the problem and having a real desire to rehabilitate”, chances are slim that treatment would be effective.

Behavioural therapy and medication are essential elements of effective treatment which often includes detoxification, easing of withdrawal symptoms and the prevention of relapse. Treatment should be a continuum of care that represents an individual regimen that includes the person’s mental and physical health needs as well as follow-up treatment options. It should, in fact, include all aspects of the person’s life (NIDA, 2012:2). It is, however, estimated that one in every six drug users around the world receives proper treatment for their conditions (INCB, 2014b:2).

### *3.2.2.1 Behavioural therapy*

Currently, the most effective way to treat methamphetamine addiction is through behavioural therapies, such as contingency-management and cognitive-behavioural interventions. A comprehensive behavioural treatment intervention that does show positive results in treating methamphetamine addiction is the Matrix Model which combines individual counselling, family education, effective support, drug testing and the encouragement to get involved in activities not related to drug abuse (NIDA, 2013:1). It was developed in the 1980s in the USA and has evolved into an intensive 16 week programme that combines group and individual sessions three times per week. It is then followed up with a continuous care and support programme for a period of 36 weeks. Research done on the effectiveness of the Matrix Model indicates significant success (University of California, Los Angeles (UCLA), 2015:1). From this description of the Matrix Model one can conclude that it succeeds in integrating the abovementioned principles of effective addiction treatment.

Contingency management interventions aim to provide incentives for undergoing treatment and maintaining abstinence can also be effective. Motivational Incentives for Enhancing Drug Abuse Recovery (MIEDAR) is such an incentive-based method which has shown

success in promoting abstinence in methamphetamine use (NIDA, 2013:1). Walker (2009:68), however, holds the view that such therapeutic treatments yield little long-term success as far as methamphetamine addiction is concerned.

### *3.2.2.2 Medication*

Despite the development of medications that proved to be effective in treating some addiction disorders, there “are currently no medications that counteract the specific effects of methamphetamine addiction or that prolong abstinence” from methamphetamine (NIDA, 2013:1). Therefore, no pharmacological treatment for methamphetamine addiction currently exists (Walker, 2009:68).

The development of medication that can safely reverse methamphetamine overdoses and reduce the psychotic symptoms and paranoia associated with methamphetamine use will add significant value to current treatment efforts (UCLA, 2015:2). It is therefore imperative that the integrated management of methamphetamine abuse includes ongoing pharmacological research.

### *3.2.2.3 Treating infants born to methamphetamine addicted mothers*

Methamphetamine use during pregnancy can put the development of the foetal brain and other organs at serious risk. Research into prenatal exposure to methamphetamine shows increased decay, bleeding and lesions on the brain. It can cause the temperature and blood pressure in the brain to rise rapidly, increasing the risk of a stroke or brain haemorrhage. Infants that were prenatally exposed to methamphetamine are also significantly smaller than infants that were not exposed. They also display higher levels of retardation, prematurity and intrauterine growth (Otero, Boles, Young & Dennis, 2006:7). Such infants therefore require a range of specialised medical treatments if they are to have any chance of experiencing a relatively normal life.

In later years, children that were prenatally exposed to methamphetamine can be expected to experience learning disabilities, and have cognitive defects and social adjustment problems (Otero *et al.*, 2006:7). These long-term effects will no doubt place additional strain on educational and social resources for years to come.

It is concluded that the many difficulties associated with methamphetamine addiction treatment which include the individual nature of treatment, the current success rate of treatment options and the absence of an effective pharmacological treatment, necessarily

require that this field not be regarded as the primary element of any methamphetamine management strategy. Addiction treatment should, however, form part of an integrated approach to manage the problem and governments will have to keep abreast of the latest developments as well as actively support and promote much needed research in this field if a truly holistic approach to the methamphetamine problem is to be developed.

### **3.2.3 Managing the methamphetamine problem from a law enforcement perspective**

Drug policing operations that are launched as a reaction to criminal activity include direct patrols in known hot-spots, raids, crackdowns and buy-bust operations (Mazerolle, Soole & Rombouts, 2006:410).

#### *3.2.3.1 Direct patrols in known hot-spot areas*

Hot-spots for drug dealing emerges due to the prevailing conditions which change from time to time. These can include the proximity of other undesirable activities like illegal gambling, prostitution and scams. Such “watering holes” for criminals inevitably involve drug dealing at some point and serious efforts should be made from the police to shut them down (Maple, 1999:45-47).

#### *3.2.3.2 Police crackdowns*

Police crackdowns entail a sudden increase in policing activity in the targeted area, thereby dramatically increasing the risk of arrest. This may include heightened police visibility with the deployment of additional police officers and more frequent patrols in targeted areas. Such measures can be generally expected to disrupt drug dealing activities and dissuade users and dealers to engage in criminal activities (Jacobson, 1999:9). Such operations are, however, extremely resource-intensive and therefore not sustainable in the long run. The benefits obtained as a result of the crackdown also quickly dissolve when police deployment numbers return to their normal levels (Jacobson, 1999:11).

#### *3.2.3.3 Buy-bust operations*

Buy-bust operations are also known as sting operations and involve police officers setting up a situation that offers the suspect an opportunity to commit a crime. It usually provides an enticement for the offender who is being targeted (Newman, 2007:2-3). As far as the policing of drug-related crime is concerned, it typically involves an undercover police officer posing as a client (Maple, 1999:175). The undercover police officer would normally do a number of test purchases from the dealer being targeted and in so doing, gather evidence against the

dealer. Once sufficient evidence is obtained, the dealer is arrested (Centre for Problem-Orientated Policing, 2005:1). It necessarily involves an element of deception on the part of the police and is therefore a complex operation that is generally conducted over a long period of time (Newman, 2007:5).

As law enforcement activity, by its very nature, depends on a well-functioning criminal justice system for its success, cognisance should be taken of the performance of a country's criminal justice system as well as the impact of police corruption when the suitability of such strategies is considered.

### **3.2.4 Managing the methamphetamine problem from a crime prevention perspective**

Sir Robert Peel (1788-1850), who is regarded as the founder of modern policing (Nazemi, 2009:1), established the Metropolitan Police of London in 1829. Shortly thereafter, he formulated his nine principles of modern policing which included his view that "the basic mission for which the police exist is to prevent crime and disorder" and that the "test of police efficiency is the absence of crime and disorder, not the visible evidence of police action in dealing with it" (MacLaughlan, 2010:1).

According to Burger (2007:12), defining *crime prevention* is a problematic issue as various different meanings are attached to the term. This results from what he calls "terminological confusion" when people describe the business of policing, using "crime prevention" interchangeably with 'crime control' and 'crime combating' (Burger, 2007:9-10). RSA (2000:4) explains that crime prevention "is about stopping crime from happening rather than waiting to respond once offences have been committed". This corresponds with the explanation offered by Stevens and Cloete (1996) quoted in Burger (2007:13): "Crime prevention in general means the removal of causes, and not merely the treatment of symptoms" and "the term 'crime prevention' refers to any activity designed to reduce the future incidence of criminal behaviour".

*Crime prevention* has, in recent years, developed from what was perceived to be a fairly limited function to be performed primarily by policing agencies, to a range of functions that requires the involvement of numerous sectors of society (UNODC, 2010:9), therefore necessitating an integrated public management approach. The holistic nature of this approach is characterised by its inclusion of social, environmental, situational and law enforcement aspects. According to UNODC (2010:9), crime prevention has increasingly become an important part of the safety and security strategies of countries around the world.

In 2002, the United Nations' Economic and Social Council adopted the UN Guidelines for the Prevention of Crime which provided "the conceptual frame of reference for crime prevention" (UNODC, 2010:9). These guidelines define crime prevention as "strategies and measures that seek to reduce the risk of crimes occurring, and their potential harmful effects on individuals and society, including fear of crime, intervening to influence their multiple causes" (United Nations (UN), 2002:2).

The UN guidelines group the numerous successful *crime prevention* practices that have been developed in recent years into four main categories (UNODC, 2010:12). These are: social crime prevention, community or locally-based crime prevention, reintegration programmes and situational crime prevention. Linden (2007:141) introduced specialised police programmes as a fifth category. These five categories are described next.

#### 3.2.4.1 *Social crime prevention*

This approach entails the implementation of a range of educational and social interventions (UNODC, 2010: 12) aimed at preventing criminal potential to be developed in individuals (Welsh & Farrington, 2010: 3). Such programmes can also be accommodated under the perspective of *social-based prevention* which has been discussed in detail in Section 3.2.1.

#### 3.2.4.2 *Community or locally-based crime prevention*

Strategies falling in this category aim to change the social conditions in a particular community that may be conducive to crime (Welsh & Farrington, 2010:3). They therefore target particular areas in which the prevailing circumstances are considered to be conducive to crime. Programmes of this nature aim to increase the residents' sense of safety and generally require a certain level of community participation (UNODC, 2010:13). Community or locally-based crime prevention strategies overlap with developmental and situational crime prevention (Welsh & Farrington, 2010:4). A case in point is that of neighbourhood watches which can certainly be classified as community-based crime prevention but which also overlaps with situational crime prevention under which heading it is described later on in this chapter.

#### *3.2.4.3 Reintegration programmes*

Such programmes are aimed at individuals already in the criminal justice system and usually include assistance for offenders in order to help them reintegrate into communities by providing training and support aimed at preventing re-offending (UNODC, 2010:14). Reintegration programmes only focus on a small section on the community and as such, exclude the majority of community members involved in the illegal methamphetamine trade. In addition, Welsh and Farrington (2010:4) informed that there is growing consensus that the success of this approach is fairly limited.

#### *3.2.4.4 Police programmes*

Such strategies entail proactive police work aimed at preventing crime and include high visibility patrols (Linden, 2007:141) and problem-orientated/neighbourhood policing.

Introduced by Herman Goldstein in 1979 (Marongiu & Newman, 1997:116), “problem-oriented policing seeks to identify crime problems, to analyse the social and situational factors contributing to these problems, to develop appropriate responses to directly eliminate or reduce the seriousness of identified problems, and then to assess the effectiveness of these strategies” (Mazerolle, Ready, Terrill & Waring, 2000:130-131).

In respect of drug-related crime, this strategy might include partnerships being forged by police with local businesses, city inspectors and residents to close down suspected drug houses (Mazerolle *et al.*, 2006:409). A case in point is the High Point Drug Market Intervention Strategy which was aimed at eliminating drug markets throughout the City of High Point, North Carolina. This entailed the families of drug dealers, local communities and police working together in attempting to get drug dealers to desist and forceful law enforcement steps only being taken where such attempts failed (Kennedy & Wong, 2012:15).

#### *3.2.4.5 Situational crime prevention*

This approach is aimed at the reduction of opportunities to commit crime, to increase the risks and costs associated with committing a crime and to minimise the benefits of committing the crime (UNODC, 2010:13).

According to Linden (2007:140), much stronger empirical support exists for the situational perspective of crime prevention than for any of the other strategies. Situational crime prevention strategies are designed to bring about immediate changes in the environment in which specific criminal activities occur, changes that attach a greater risk to the crime or make it less profitable. As a result, such strategies have the potential for immediate and significant results. The next section will present a detailed description of selected drug abuse reduction strategies.

### **3.3 DETAILED DESCRIPTION OF DRUG ABUSE REDUCTION STRATEGIES**

It was concluded in Chapter 2 that the methamphetamine problem would be best addressed by means of a holistic approach that includes strategies approaching the problem from all four of the identified perspectives. At this stage of this dissertation, it is appropriate to provide a more detailed description of proven drug abuse reduction strategies that have been successfully applied in practice. However, due to the sheer number of such strategies that resort under the four perspectives of *social-based prevention*, *harm reduction*, *law enforcement*, and *crime prevention*, it would be impractical to provide the appropriate level of detail in respect of strategies that resort under all four perspectives.

The arguments presented in this chapter so far as well as those that will be presented in Chapter 5 which relate to the current limitations of the South African criminal justice system, point to the fact that the strategies from the *crime prevention* perspective and more specifically, situational crime prevention, might yield the most cost effective and sustainable results as far as the methamphetamine problem is concerned. The *crime prevention* approach also addresses all four types of drug related crime i.e. drug manufacturing, drug trafficking, drug dealing and drug abuse. This is not the case with any of the other three perspectives. In addition, strategies from the crime prevention perspective seem to offer greater opportunity for a collaborative management approach as envisaged in Chapter 2. As a result, a more detailed description of only situational crime prevention as it relates to drug abuse reduction is presented here. The mentioned conclusions reached in Chapter 2 regarding the need for a holistic management approach, however, still remain unanswered and will be a constant theme throughout the dissertation.

### **3.4 REDUCING DRUG-RELATED CRIME WITH SITUATIONAL CRIME PREVENTION**

A detailed description of situational crime prevention and its applications in respect of drug-related crime is provided in this section. It will be evident from this section that situational



crime prevention can be used to address all four types of drug related crime i.e. manufacturing, trafficking, dealing and using.

### **3.4.1 Definition and framework of situational crime prevention**

Situational crime prevention departs significantly from the mainstream orientations in criminology in that it (a) focuses on the immediate physical environment rather than on the criminal offenders; (b) aims to prevent a criminal act instead of trying to identify and sanction the criminal offender; (c) aims to reduce opportunities for crime rather than eliminating criminal or delinquent behaviour; and (d) does not rely heavily on the criminal justice system but rather on various other role players who can potentially influence the environment in which crime occurs (Felson & Clarke, 1997:197).

By analysing the circumstances that lead to specific crimes, “it introduces discrete managerial and environmental changes to reduce the opportunity for those crimes to occur.” It is therefore focused on the crime setting and not on the persons committing the criminal acts. Its main objective is to make criminal activities less attractive to criminals and therefore does not concern itself with the social causes of crime (Clarke, 2009:259). Practitioners of situational crime prevention will therefore attempt to alter the circumstances surrounding a particular situation in an effort to make it more difficult for an offender to commit a crime (Newman, 1997:9).

Clarke (1997:4) defined situational crime prevention as “opportunity-reducing measures that (1) are directed at highly specific forms of crime, (2) involve the management, design or manipulation of the immediate environment in as systematic and permanent way as possible, (3) make crime more difficult and risky, or less rewarding and excusable as judged by a wide range of offenders.”

Many of the activities required under this definition involve intensive problem-solving efforts by a number of public and private institutions. As a result, Clarke (1997:6) deemed it necessary to develop a framework in which knowledge can be consolidated and lessons learnt from specialised interventions aimed at specific crimes, can be more broadly generalised. The framework consists of the following four components which are also briefly discussed:

- a) A theoretical foundation.
- b) A standard methodology.
- c) A set of opportunity-reducing techniques.

d) A body of evaluated practice (Clarke, 1997:6).

#### *3.4.1.1 The theoretical foundation of situational crime prevention*

Situational crime prevention is built on a theoretical framework that emphasises the importance of the existence of an opportunity to commit crime (Clarke, 2009:261). According to Tunstall (2013:3), the critical choice theories which were developed from the mid-1960s to the late-1980s, played a significant part in changing the way in which US law enforcement agencies operate and how they develop crime reduction strategies. Such perspectives include the rational choice theory, routine activity theory and crime pattern theory (Australian Institute of Criminology (AIC), 2009:1). Felson and Clarke (1998:4) described these as “the new opportunity theories” and concluded that although each of these theories approaches crime opportunities from a different perspective, “they arrive at the same place”. Bullock, Clarke and Tilley (2012:1) asserted that situational crime prevention is underpinned by the rational choice theory, draws on the routine activity theory and is also informed by crime pattern analysis.

The rational choice theory is based on the fundamental premise that an individual’s choice is made in accordance with what would be most advantageous to them achieving their objective under prevailing circumstances (Green, 2002:4). It highlights the fact that a choice is made as purposeful behaviour (Oppenheimer, 2008:2). Criminals (drug manufacturers, traffickers, dealers and users in the case of drug related crime) are thus regarded as rational decision makers who compare the risks associated with a potential criminal act with the expected benefits and base their decisions on an analysis of this comparison (Gul, 2009:37). The rational choice perspective is based on the assumption that offenders are goal-orientated, that they are capable of some level of rationality and therefore, to a certain extent, able to consider the potential costs and benefits of the intended criminal activity that would allow them to act in their best interest (Gul, 2009:38). Simply put, “offenders make a rational choice to commit crimes based on their expected costs and rewards” (Linden, 2007:139). It therefore focuses on the offender’s decision-making and assumes that offending is purposive in nature and based on deriving a perceived benefit for the offender (Felson & Clarke 1998:7). Therefore, in respect of drug-related crime, it can be argued that the rational choice is applicable to the criminal acts perpetrated by drug manufacturers, traffickers and dealers. Drug users on the other hand, are more often than not, incapable of making a rational choice as far as the act of abusing drugs is concerned, especially if the user is already addicted to the narcotic substance.

The second theory, namely the routine activity theory, is based on the premise that offenders come into contact with potential targets and victims through day-to-day routine activities such as recreational activities, the running of errands and going to work (Cohen, Lawrence & Felson, 2010:4). It assumes that for a crime to occur, three elements must be present to converge in time and space, i.e. “a likely offender, a suitable target, and the absence of a capable guardian”. This approach requires that the presence of a person with the inclination to offend (e.g. a drug dealer) be regarded as a given and that the focus be on the identification of a suitable target or victim (e.g. a troubled youth) and the presence of someone who is capable of intervening with or preventing the offence (e.g. an observant teacher or neighbourhood watch member). In other words, a likely offender will commit a crime if he can find a suitable target where there is no one present who is capable to interfere with the criminal act. It therefore follows that crime can increase without there being more offenders present, as long as there are more targets. It also means that circumstances can change to create more opportunities for crime without an increase in the motivation of criminals (Felson & Clarke, 1998:4 - 5).

The third theory, namely the crime pattern theory, “considers how people and things involved in crime move about in space and time”. It comprises three concepts, namely nodes, paths and edges. Nodes have to do with how and where people travel to and from. Paths refer to the fact that the paths that people take in going about their day-to-day activities are strongly linked to where they become victims of crime. The boundaries where people live, work, and play represent the “edges” where some crimes are more likely to occur as people from different areas, who do not know each other, come together (Felson & Clarke, 1998:6).

These three theories of crime opportunity all assert that opportunities for crime actually generate crime. When all three are considered together, it becomes evident that locality and society can change the opportunity for crime to occur, while the potential offender responds to these changes by making decisions accordingly. Any success achieved by employing any method aimed at reducing crime opportunities, therefore points to the fact that opportunity is indeed a cause of crime (Felson & Clarke, 1998:8).

#### *3.4.1.2 Standard methodology*

Using a standard methodology is the second component of situational crime prevention and Clark (1997:15) proposed that the action research model be used as standard methodology. This model is essentially the same methodology used in problem-orientated policing and involves the following five stages:

- a) Collecting data about a specific crime problem.
- b) Analysing the situational conditions that contribute to these crimes.
- c) Undertaking a systematic study on how the existing opportunities for committing such crimes can be limited.
- d) Implementation of measures that have the highest potential for success.
- e) Monitoring and evaluation (Clarke, 1997:15).

#### 3.4.1.3 Opportunity-reducing techniques

Opportunity-reducing techniques which form the third component of situational crime prevention, lie at the heart of this perspective. These techniques were developed for purposes of identifying different ways in which opportunities or risks for crime could be reduced (Shukla & Bartgis, 2009:341). This component of situational crime prevention can, as a result of the development of theory, practice and technology as it relates to opportunities for crime, be expected to evolve on a continuous basis (Clarke, 1997:15). Reviewing literature on situational crime prevention that shows how the classification of opportunity-reducing techniques developed from an original 12 in 1992 (Shukla & Bartgis, 2009:341) to 16 in 1997 (Clarke, 1997:15-25) and in 2003, Cornish and Clarke (2003:90) listed 25 such techniques. Table 3.1 provides a number of examples of crime prevention measures applicable to each of the 25 opportunity-reducing techniques with practices and categorises these in terms of five possible objectives to be achieved, i.e. increasing the effort the potential offender (manufacturer, trafficker, dealer or user in the case of drug related crime) will have to undergo to achieve his/her goal; increasing the risk that the offender will have to take; reducing the potential rewards for the offender; reducing the prevalence of factors that may provoke an offence; and removing factors that may be used as excuses to commit an offence. It was adapted from Cornish and Clarke (2003:90), Clarke (2009:267), and Bullock *et al.* (2012:3-4) to include more examples of drug-related crime and therefore to be more applicable to this study (See the entries in bold print).

#### 3.4.1.4 The body of evaluated practice

The fourth component of situational crime prevention, namely its practice, is represented by the examples mentioned in the description of opportunity-reducing techniques listed in Table 3.1. Numerous studies have been undertaken in recent years to illustrate the successful application of situational techniques to a wide range of criminal activities, including drug related crime (Bullock *et al.*, 2012:5).

Today, there is a growing body of knowledge on the situational approach (Marongiu & Newman, 1997:115) and the notion that crime can be substantially reduced by reducing the opportunities for crime; this is also supported by empirical evidence (Marongiu & Newman, 1997:117). Situational crime prevention now forms part of official crime prevention policies in a number of countries, including Holland, Sweden and Britain (Marongiu & Newman, 1997:115) and in fact, represents “the primary government policy interests in crime in most Western societies” (Bullock *et al.*, 2012:5).

**Table 3.1: 25 Opportunity-reducing techniques with practices**

Increase the effort	Increase the risk	Reduce the rewards	Reduce provocations	Remove excuses
<p>1. <i>Target harden</i></p> <ul style="list-style-type: none"> <li>- Steering column locks and immobilisers</li> <li>- Anti-robbery screens</li> <li>- <b>Tamper proof packaging of precursor chemicals</b></li> </ul>	<p>6. <i>Extend guardianship</i></p> <ul style="list-style-type: none"> <li>- Take routine precautions: go out in group, leave signs of occupancy, carry phone</li> <li>- <b>Empower neighbourhood watch</b></li> </ul>	<p>11. <i>Conceal targets</i></p> <ul style="list-style-type: none"> <li>- Off-street parking</li> <li>- Gender-neutral phone directories</li> <li>- Unmarked bullion trucks</li> <li>- <b>New regulations for transporting precursor chemicals</b></li> </ul>	<p>16. <i>Reduced frustrations and stress</i></p> <ul style="list-style-type: none"> <li>- Efficient queues and polite service</li> <li>- Expanded seating</li> <li>- Soothing music/muted lights</li> </ul>	<p>21. <i>Set rules</i></p> <ul style="list-style-type: none"> <li>- Rental agreements</li> <li>- Harassment codes</li> <li>- <b>Hotel registration</b></li> <li>- <b>Regulating precursor chemicals</b></li> </ul>
<p>2. <i>Control access to facilities</i></p> <ul style="list-style-type: none"> <li>- Entry phones</li> <li>- Electronic card access</li> <li>- <b>Baggage screening</b></li> </ul>	<p>7. <i>Assist natural surveillance</i></p> <ul style="list-style-type: none"> <li>- <b>Improved street lighting</b></li> <li>- <b>Defensible space design</b></li> <li>- <b>Support whistle blowers</b></li> </ul>	<p>12. <i>Remove targets</i></p> <ul style="list-style-type: none"> <li>- Removable car radio</li> <li>- Women's refuges</li> <li>- Pre-paid phone cards for pay phones</li> <li>- <b>Require certain medication to be stored securely</b></li> </ul>	<p>17. <i>Avoid disputes</i></p> <ul style="list-style-type: none"> <li>- Separate enclosures for rival soccer fans</li> <li>- Reduce crowding in pubs</li> <li>- Fixed cab fares</li> </ul>	<p>22. <i>Post instructions</i></p> <ul style="list-style-type: none"> <li>- "No parking"</li> <li>- "Private property"</li> <li>- Extinguish camp fires"</li> </ul>
<p>3. <i>Screen exits</i></p> <ul style="list-style-type: none"> <li>- Ticket needed to exit</li> <li>- <b>Export documents</b></li> <li>- Electronic merchandise tags</li> </ul>	<p>8. <i>Reduce anonymity</i></p> <ul style="list-style-type: none"> <li>- Taxi driver IDs</li> <li>- "How's my driving?" decals</li> <li>- <b>Place management</b></li> <li>- <b>Require ID for purchasing of medication containing ephedrine</b></li> </ul>	<p>13. <i>Identify property</i></p> <ul style="list-style-type: none"> <li>- Property marking</li> <li>- Vehicle licensing and parts marking</li> <li>- Cattle branding</li> <li>- <b>Regulations requiring paper trail of precursor transactions</b></li> </ul>	<p>18. <i>Reduce emotional arousal</i></p> <ul style="list-style-type: none"> <li>- Controls on violent pornography</li> <li>- Enforce good behaviour on soccer field</li> <li>- Prohibit racial slurs</li> </ul>	<p>23. <i>Alert conscience</i></p> <ul style="list-style-type: none"> <li>- Roadside speed display boards</li> <li>- Signatures for customs declarations</li> <li>- "Shoplifting is stealing"</li> <li>- <b>Shock tactics</b></li> </ul>
<p>4. <i>Deflect offenders</i></p> <ul style="list-style-type: none"> <li>- Street closures</li> <li>- Separate bathrooms for women</li> <li>- <b>Disperse nightclubs</b></li> <li>- <b>Police crackdowns</b></li> </ul>	<p>9. <i>Utilise place managers</i></p> <ul style="list-style-type: none"> <li>- <b>CCTV for double-deck buses</b></li> <li>- Two clerks for convenience stores</li> <li>- <b>Reward vigilance</b></li> </ul>	<p>14. <i>Disrupt markets</i></p> <ul style="list-style-type: none"> <li>- Monitor pawn shops</li> <li>- Controls on classified ads</li> <li>- <b>License street vendors</b></li> <li>- <b>Police crackdowns</b></li> </ul>	<p>19. <i>Neutralise peer pressure</i></p> <ul style="list-style-type: none"> <li>- "Idiots drink and drive"</li> <li>- Disperse troublemakers</li> <li>- <b>Shock tactics</b></li> </ul>	<p>24. <i>Assist compliance</i></p> <ul style="list-style-type: none"> <li>- Easy library check-out</li> <li>- Public lavatories</li> <li>- Litter bins</li> </ul>
<p>5. <i>Control tools/weapons</i></p> <ul style="list-style-type: none"> <li>- Disabling stolen cell phones</li> <li>- Restrict spray paint sales to juveniles</li> <li>- <b>Legislation to control precursor chemicals</b></li> </ul>	<p>10. <i>Strengthen formal surveillance</i></p> <ul style="list-style-type: none"> <li>- Red light cameras</li> <li>- Burglar bards</li> <li>- Security guards</li> <li>- <b>CCTV directed at known drug hotspots</b></li> </ul>	<p>15. <i>Deny benefit</i></p> <ul style="list-style-type: none"> <li>- Ink merchandise tags</li> <li>- Graffiti cleaning</li> <li>- Speed humps</li> <li>- <b>Asset forfeiture on convicted drug traffickers</b></li> </ul>	<p>20. <i>Discourage imitation</i></p> <ul style="list-style-type: none"> <li>- Rapid repair of vandalism</li> <li>- V-chips in TVs</li> <li>- Censor details of modus operandi</li> </ul>	<p>25. <i>Control drugs and alcohol</i></p> <ul style="list-style-type: none"> <li>- <b>Breathalysers in pubs</b></li> <li>- <b>Server intervention</b></li> <li>- <b>Alcohol-free events</b></li> </ul>

Source: Adapted from Cornish and Clarke (2003:90) and Clarke (2009:267) and Bullock et al. (2012:3-4)

### **3.4.2 Selected situational practices to prevent drug-related crime**

A number of tried and tested drug-related prevention practices that fit into the framework of situational crime prevention, are now described. All of these practices have the potential to contribute significantly to the effective management of the methamphetamine problem and should ideally form part of an integrated management strategy.

#### *3.4.2.1 Police crackdowns*

Police crackdowns were described in Section 3.2.3 as a law enforcement practice. Jacobson (1999:9), however, argued that the intensification of policing action is frequently associated with situational crime prevention as a management approach at drug market locations as it involves a number of factors that inhibit drug transactions. Crackdowns can, in terms of Cornish and Clarke's 25 Techniques of Situational Crime Prevention (see Table 3.1), be classified under technique numbers *4. Deflect offenders*, *6. Extend guardianship*, *10. Strengthen formal surveillance*, and *14. Disrupt markets*.

#### *3.4.2.2 Place management*

Another drug crime prevention practice that focuses on the physical features of areas with a high concentration of drug markets in order to make it less attractive for drug users and dealers, is place management. It typically involves a multi-agency approach aimed at identifying and eradicating those social and physical characteristics of drug markets that make them 'attractive' places for drug dealers and users to meet. It emphasises the importance of a partnership that includes the police, local authority, landlords, residents, local business and other role players (Jacobson, 1999:15).

A well-known place management strategy came about in response to the high crime levels in public housing projects in the USA. Oscar Newman published his 'defensible space' thesis in 1972 (Felson & Clarke, 1997:197). The purpose of defensible space programmes is to alter the layout of the physical environment in which communities reside in order to allow them to control these areas (Newman, 1996:9). Ray Jeffery's crime prevention through environmental design (CPTED) shares similarities with the defensible space theory but extends to all forms of buildings and public open spaces (Lens, 2013:353). CPTED can be defined as "the design or re-design of an environment to reduce crime opportunity and fear of crime through natural, mechanical, and procedural means". It is best achieved by means

of a multi-disciplinary managerial approach which includes planners, designers, law enforcement personnel, and local residents (Sorensen, 2012:2).

Such strategies can, in terms of Cornish and Clarke's 25 Techniques of Situational Crime Prevention (see Table 3.1), be classified under technique numbers 7. *Assist natural surveillance*, 8. *Reduce anonymity*, 9. *Utilise place managers*, 14. *Disrupt markets*, and 21. *Set rules*.

#### 3.4.2.3 Shock tactics

A good example is the Faces of Meth Campaign that originated in Montana, in the USA. This initiative is an awareness programme, showing the before and after pictures of methamphetamine users, thereby documenting their physical deterioration in shocking detail. The aim of this practice is to discourage methamphetamine abuse (Bennion, 2011:1). Also known as the Montana Meth Project, it has been proven to significantly reduce methamphetamine use and methamphetamine-related crime (Siebel & Mange, 2009:413). A replicable model of the Faces of Meth Campaign has also been developed, making it easier for other US states (or other countries) to adopt similar programmes (Siebel & Mange, 2009:415). The South African Medical Research Council, however, argues in their "audit of prevention programmes targeting substance use among young people in the greater Cape Town metropole", that shock tactics rarely have a positive influence on behaviour (Harker, Myers & Parry, 2008:25).

This practice can, in terms of Cornish and Clarke's 25 Techniques of Situational Crime Prevention (see Table 3.1), be classified under technique number 19. *Neutralise peer pressure*. It can be used by a number of stakeholders, including law enforcement, health care practitioners and social development facilitators.

#### 3.4.2.4 Supply reduction

Numerous situational crime prevention initiatives can be employed towards the reduction in the availability of illicit drugs. The logical starting point for any country wishing to reduce the availability of illicit drugs on its streets would be to work towards effective border control to ensure that illicit substances cannot be brought into the country with impunity. A second logical step would be to prevent the local manufacturing of illicit drugs. Both these practices are discussed briefly next.



- *Preventing the importation of illicit drugs*

A significant risk to public safety is created if a country's borders are not adequately secured. It is important that drug trafficking and other serious criminal activities be effectively disrupted at points of entry (USA, 2014b:1).

Securing the national borders should be the top priority of any country that wants to protect its citizens from all possible harm, including the harm that can be caused by the illegal importation of large shipments of methamphetamine. Situational crime prevention measures that can be employed to safeguard land or sea borders include the presence of an effective security service, the use of advanced technology and the introduction and enforcement of strict security regulations. Such a practice can, in terms of Cornish and Clark's 25 Techniques of Situational Crime Prevention (see Table 3.1), potentially be classified under technique numbers 1. *Target harden*, 3. *Screen exits*, 5. *Control tools/weapons*, 8. *Reduce anonymity*, and 21. *Set rules*. Potential stakeholders include law enforcement, the military, immigration control and those responsible for revenue collection.

- *Preventing the local manufacturing of drugs*

The prevention of the diversion of chemicals used in the manufacturing of methamphetamine from legitimate uses to the illegal drug manufacturing has become an important practice in combatting methamphetamine abuse (McKetin, Sutherland, Bright & Norberg, 2011:1911). Methamphetamine is a synthetic drug that is manufactured from readily available chemicals that can be found in common household products (Sanchez & Harrison, 2004:1). These chemicals are necessary components of methamphetamine which means that if the availability of such chemicals could be effectively reduced, it will have a limiting effect on the amount of methamphetamine that can be produced and distributed. Governments and law enforcement agencies around the world have realised the importance of preventing the diversion of chemicals used in the manufacturing of illicit drugs and are increasingly focused on methods of diversion prevention (Sevick, 1993:15). This approach aimed at depriving illicit drug manufacturers of the necessary ingredients for their products (Sevick, 1993:7), has also been promoted by the United Nations which has been supporting member states with such efforts over two decades already (INCB, 2012a:iii). Potential stakeholders include law enforcement, public health services and the chemical industry.

As will be indicated in later chapters, numerous studies have reported on the effectiveness of methamphetamine precursor chemical restrictions in reducing the availability and use of the drug. Several of these studies found that declines experienced in the number of

methamphetamine users admitted to hospitals or treatment centres or the declining number of methamphetamine-related arrests, were associated with the implementation of precursor control regulations (National Association of Model State Drug Laws (NAMSDL), 2011:2). Freeman and Talbert (2012:27) for instance, reported that the US State of Oregon experienced the largest decrease in US crime statistics after the 2006 introduction of legislation that succeeded in reducing the availability of chemicals used in the manufacturing of methamphetamine.

Although the success of the situational crime prevention approach is well documented regarding street-level drug dealing (Unal, 2009:9), little research has been done on the control of methamphetamine precursor chemicals from the situational perspective. Such a practice can, in terms of Cornish and Clark's 25 Techniques of Situational Crime Prevention (see Table 3.1), potentially be classified under technique numbers 1. *Target harden*, 3. *Screen exits*, 5. *Control tools/weapons*, 8. *Reduce anonymity*, and 21. *Set rules*.

### 3.5 CONCLUSION

Although the development of an effective methamphetamine management strategy can best be achieved if it is approached holistically, the four perspectives from which the problem can be approached (i.e. *social-based prevention*, *harm reduction*, *law enforcement*, and *crime prevention*) do not offer the same value for securing a successful outcome. It therefore follows that not all the points of intervention identified in the Methamphetamine Causal Model (Figure 2.1) can be addressed with the same level of potential for success and an effective management strategy will have to weigh up the value that each of these perspectives can bring.

However, as indicated in Chapter 2, an outcome with additional value which is certainly required when managing a serious societal problem like the methamphetamine problem can only result from Holism being achieved. It therefore follows that the methamphetamine problem needs to be addressed from all four perspectives if sustainable progress is to be made. The following two chapters will provide an indication as to the extent to which the problem is being addressed from all four perspectives, internationally as well as locally (within South Africa).

## **CHAPTER 4: THE INTERNATIONAL MANAGEMENT OF THE METHAMPHETAMINE PROBLEM**

### **4.1 INTRODUCTION**

This chapter addresses the international response to the global drug problem with specific reference to the combating of methamphetamine. The chapter provides a brief overview of the international drug control system and then specifically describes how the United States of America and Thailand are approaching this problem. The US response is presented as that country is widely regarded to be the global leader in managing the drug problem which efforts also span the globe. Thailand's response is also described due to the widespread belief that the Thai methamphetamine problem is the worst in the world.

### **4.2 THE INTERNATIONAL DRUG CONTROL SYSTEM**

The United Nations' International Narcotics Control Board (INCB) monitors the compliance of member states to the provisions of international drug control treaties. As at 1 November 2013, the number of countries that adopted these treaties, were as follows:

- a) The Single Convention on Narcotic Drugs of 1961 – 186 states.
- b) The Convention on Psychotropic Substances of 1971 – 183 states.
- c) The United Nations Convention against Illegal Traffic in Narcotic Drugs and Psychotropic Substances of 1988 – 187 states (INCB, 2014b:7).

The INCB reviews the drug control situation in various countries on a regular basis and maintains ongoing dialogue with the governments of member states in an effort to assist them in complying with the prescripts of these treaties (INCB, 2014b:7). Both the INCB and the United Nations Office for Drugs and Crime (UNODC) recognise the need for a collaborative approach in managing the global drug problem. As such, the INCB (2012b:6) maintains that drug abuse can only be effectively addressed by means of a multidisciplinary approach that effectively involves all relevant stakeholders. The UNODC (2013:43) likewise recognises the value that partnerships and collaboration can bring to the development of a national drug abuse prevention system.

### **4.3 MANAGING DRUG ABUSE IN THE UNITED STATES OF AMERICA**

It is estimated that the annual cost of drug abuse in the USA exceeds \$200 billion. Seventy-one percent of this estimated cost relates to the loss in productivity, twenty percent goes for expenses relating to the criminal justice system and nine percent is spent on health care (Dobkin, Nicosia & Weinberg, 2014:2). Reducing the levels of substance abuse and curbing its adverse impact on public health and generating crime, therefore represents an important policy objective in the US. Of particular concern is the growth of methamphetamine abuse and the belief that this is accompanied by increased levels of crime (Dobkin & Nicosia, 2009:324).

The last decade has seen a gradual shift in the US Government's policy on managing drug abuse to a more comprehensive approach (Sacco, 2014:15). It has also moved away from using the outdated term "war on drugs" (Sacco & Finklea, 2014:14). Policies, priorities and objectives in respect of managing drug abuse are set by the Office of National Drug Control Policy (ONDCP) which is located in the Executive Office of the President (Sacco & Finklea, 2014:1). The primary responsibilities of the ONDCP are to:

- a) develop a National Drug Control Strategy (NDCS) for purposes of directing all efforts to manage drug abuse;
- b) compiling and overseeing the budget for National Drug Control in order to ensure implementation of the NDCS; and
- c) monitoring and evaluating the implementation of the NDCS and the various federal drug abuse management policies (Sacco & Finklea, 2014:1).

#### **4.3.1 The National Drug Control Strategy**

The US National Drug Control Strategy aims to bring about a reduction in drug abuse by striking a balance between considerations for public health and those for public safety (INCB, 2014b:50). It follows an evidence-based approach that includes prevention programmes, addiction treatment, early intervention, effective law enforcement, reforming the criminal justice system and international cooperation (USA, 2014a:4). The NDCS represents a government-wide approach of unprecedented scale that is aimed at the reduction of drug abuse and its consequences (Sacco, 2014:15). In developing the strategy, the ONDCP consults with federal agencies, the Congress, foreign governments, states, local authorities, tribal offices and the private sector (Sacco & Finklea, 2014:2). The focus areas of the NDCS are as follows:

#### *4.3.1.1 Prevention of drug abuse within communities*

Preventing drug abuse before it begins is a primary policy goal of the US Government (USA, 2014a:7) and is to be achieved through the following:

- a) All prevention efforts must be grounded in community level and states must collaborate with communities in order to support them.
- b) Prevention efforts are to be set in the environment in which young people grow up.
- c) Research and reporting of information on drug use by the youth as well as informing the youth of issues pertaining to drug abuse.
- d) Collaboration between prevention organisations and law enforcement agencies (USA, 2014a:8 - 12).

#### *4.3.1.2 Seek early health care intervention*

The early identification of drug use is crucial to managing the drug use problem and its consequences (USA, 2014a:15). This is to be achieved by the following:

- a) Expanding the screening for drug abuse to all health care facilities.
- b) Developing the skills of those conducting drug screening and briefings.
- c) Additional training to be provided in respect of evidence-based practices and drug abuse assessments (USA, 2014a:16 - 17).

#### *4.3.1.3 Integration of treatment services with existing health care*

Recovering from drug abuse can be a long process that requires the effective integration of health care services such as social workers, counsellors, medical practitioners, peer support counsellors and others (USA, 2014a:19). The National Drug Control Strategy therefore requires the following:

- a) Addiction treatment must be an accessible and integrated part of health care. This involves the expansion of addiction speciality services offered by health centres and enhanced insurance coverage of addiction treatment.
- b) High-quality care should be provided to drug users and their families. This involves the integration of drug abuse disorder services under the Affordable Care Act and the setting of national quality standards for addiction treatment.
- c) The recovery from addiction should be celebrated and supported (USA, 2014a:20 - 23).

#### *4.3.1.4 Breaking the cycle of drug use, crime, delinquency, and incarceration*

In order to break this cycle, the strategy focuses also on the following:

- a) Developing the capacity of communities to prevent drug-related crime e.g. organising community wide efforts to address drug dealing and engaging faith-based organisations in the prevention of drug-related crime (USA, 2014a:25 - 26).
- b) The promotion of alternatives to incarceration when it is appropriate e.g. promoting diversion strategies and supporting specialised problem-solving courts (USA, 2014a:27).
- c) Community correction programmes should be used to support and monitor offenders of drug-related crimes where appropriate.
- d) The creation of supportive communities who can support the re-entry of offenders into society.
- e) Improved treatment for offenders (USA, 2014a:31 - 34).

#### *4.3.1.5 Disrupting drug trafficking and manufacturing*

The importance of such interventions has been highlighted throughout the study. The NDCS aims to achieve this through the following:

- a) The proper coordination of federal enforcement initiatives with state and tribal stakeholders by means of improved intelligence sharing, the promotion of collaboration among law enforcement agencies and assisting tribal authorities to combat trafficking (USA, 2014a:35 - 38).
- b) The securing of US borders through the coordination of efforts, the disruption of surveillance operations of drug traffickers and denying the use of ports of entry (USA, 2014a:39 - 40).
- c) Focusing efforts on specific drug problems, e.g. the domestic production of methamphetamine, the identification of interior corridors of drug trafficking, the disruption of criminal financial networks and the establishment of an interagency task force (USA, 2014a:41 - 45).

#### *4.3.1.6 Strengthening international collaboration in an effort to reduce the availability of drugs produced in other countries*

The US Government is involved in a number of international partnerships that are central to its efforts in reducing drug abuse and its consequences (USA, 2014a:49). The objectives of such efforts include:

- a) Collaborating with international partners, e.g. conducting joint counterdrug operations, working with other nations to strengthen counterdrug institutions, working with global partners to prevent precursor chemical diversion, and addressing the international production of new synthetic drugs (USA, 2014a:50 – 53).
- b) Supporting the drug control efforts of other countries, e.g. building the Afghan economy, strengthening partnerships with Mexico, and building law enforcement capacity in other countries (USA, 2014a:54 - 56).
- c) Attacking key vulnerabilities of international criminal organisations, e.g. targeting illicit finances and targeting cartel leadership (USA, 2014a:58 - 59).

#### *4.3.1.7 The improvement of information systems for purposes of analysis, assessment and the local management of drug abuse*

The development of effective programmes in support of the NDCS is dependent on the quality of the methods used to gather and analyse data. This is important for understanding the scope of the problem as well as for producing evidence by means of which the success of the different programmes attached to the NDCS can be evaluated (USA, 2014a:61). The following objectives are therefore set:

- a) The enhancement of the existing federal data systems, e.g. the enhancement of the drug abuse warning network which gathers data from health care facilities.
- b) The development and implementation of new analytical methods and data systems which could foster a common understanding of the global drug markets and improve cooperation with international partners (USA, 2014a:63 - 65).

#### **4.3.2 The role of US law enforcement agencies**

Despite the holistic nature of the NDCS, Sacco (2014:15) noted that approximately 60 percent of federal funds earmarked for the management of drug abuse are dedicated to enforcement-related functions. The Drug Enforcement Administration (DEA) is the federal law enforcement agency primarily responsible for the enforcement of US laws and regulations that pertain to controlled substances and to bring those who grow, manufacture or distribute such substances before the criminal justice system. The DEA is also responsible for non-enforcement initiatives aimed at reducing the availability of controlled substances domestically as well as internationally (USA, 2014c:1). The organisation “has 222 Domestic Offices in 21 Divisions throughout the US, and 86 Foreign Offices in 67 countries” (USA, 2014d:1). It for instance has a Country Office in Pretoria, South Africa and maintains the West African Regional Training Center (WARTC) in Accra, Ghana (Yauger,

2015:1-2). To this end, policing personnel of the City of Cape Town were invited to attend training courses in advanced drug enforcement, financial investigations and basic clandestine laboratory management during January and February 2016 (Yauger, 2015:1). Four DEA instructors also visited Cape Town during February 2016 to present a specialised officer safety and survival course to 40 staff members of the City's Safety and Security Directorate (Yauger, 2016:1).

Also at the forefront of efforts to target, disrupt and dismantle organised criminal networks involved in the drug trade, is the Federal Bureau of Investigation (FBI), US Immigration and Customs Enforcement (ICE) and US Customs and Border Protection (CBP) (Perkins & Placido, 2010:1). Other important role players are the Internal Revenue Service (for detecting money laundering operations of drug traffickers), the US Coast Guard, the US Marshals Service, the US Department of Justice's Criminal and Tax Division and numerous State and local law enforcement agencies (USA, 2014e:1).

#### **4.4 MANAGING THE IMPLEMENTATION OF FOUR SELECTED CRIME PREVENTION STRATEGIES IN THE UNITED STATES**

Throughout this study, an argument has been made for the importance of addressing the methamphetamine problem holistically and this is also evident in the description of the US National Drug Control Strategy presented in Section 4.3. However, providing a proper description of the various strategies used in combating drug abuse from all four perspectives of *social-based prevention*, *harm reduction*, *law enforcement*, and *crime prevention*, would be a major undertaking and not be feasible due to the sheer volume of work to be covered. As a result, the researcher decided that it would be prudent to select a specific section of one of the four perspectives and provide an in-depth description thereof. Whilst conducting the research, the question arose how to determine what section of what perspective might be of most relevance to the subject of this study.

In previous chapters, emphasis was placed on the unique political and social situation in the Western Cape, the Provincial Government's limited influence on policing resources and the severity of the methamphetamine problem in the province. The difficulties with approaching the problem from the perspectives of *social-based prevention* and *harm reduction* were also highlighted. In addition, the next chapter will point to the overall poor performance of the South African criminal justice system and the prevailing levels of police corruption. Given these factors, it was concluded that the *crime prevention* approach might yield the most cost effective and sustainable results regarding the Western Cape's methamphetamine problem.



Therefore, although the study promotes the argument that Holism is essential for the effective and efficient management of the methamphetamine problem, this chapter provides an in-depth description of how certain areas of intervention that can to a large extent be addressed with *crime prevention* strategies, are being managed in the US.

The following four strategies that are discussed here have been identified in Chapter 3 as strategies that, given the prevailing situation in the Western Cape, require proper implementation:

- a) Preventing the illicit importation of methamphetamine: Securing the national borders.
- b) Preventing local manufacturing of methamphetamine.
- c) Securing public housing.
- d) Strengthening neighbourhood watches.

In order to ensure continuity in the study, implementation of the same four strategies by the US government are described here.

#### **4.4.1 Preventing the illicit importation of methamphetamine: Securing the national borders**

Border-related crime poses a “significant risk to public safety and national security”. It is therefore important for law enforcement agencies to effectively disrupt criminal activities that are associated with drug trafficking, money laundering, weapons trafficking, human trafficking and other serious offences (USA, 2014b:1).

One can reasonably assume that the securing of national borders would be the first priority of any country that wants to protect its citizens from all possible harm, including the harm that can be caused by the illegal importation of large shipments of methamphetamine. The situational crime prevention measures implemented for the protection of US borders are discussed here within the context of what is applicable to Western Cape geographical features. Therefore, as the Western Cape does not have any international land borders, this aspect is not described here. Many of the aspects that are described here in respect of sea port security are also applicable to airports and airfields. However, to also provide a detailed description of security aspects relevant to airports and airfields and the related security concerns is impractical due to the volume of additional information that would be required. This section therefore only focuses on US seaport security.

According to Eski (2011:418), the international drug trade has been associated with the maritime environment for decades. “The globalisation of the economy, markets and trade,

have symbolically and literally created trans-ocean lanes for the drug trade to flourish". Seaports appeal to drug traffickers as ideal gateways through which to smuggle their products and have in fact, become "hubs of smuggling operations".

The US has more than 300 sea and river ports and more than 1000 harbour channels (Frittelli, 2005:2). Drug combating efforts at US ports include a host of law enforcement activities that are mainly conducted in a collaborative fashion by a number of different agencies. These include, the High Intensity Drug Trafficking Area Task Force, the Organised Crime Drug Enforcement Task Force and the Border Enforcement Security Task Force (USA, 2014b:1-2).

As indicated in Chapter 3 (Section 3.4.2.4), the main situational crime prevention measures are the presence of an effective security service, the use of advanced technology and the introduction of effective security regulations.

#### *4.4.1.1 The presence of an effective security service*

The US Coast Guard "provide a persistent presence" at ports and on the high seas. It is the only military service within the Department of Homeland Security (USA, 2013:1). Its security presence mainly takes the form of harbour patrols and vessel escorts (Caldwell, 2007:5). The Coast Guard is designated under the National Drug Control Strategy to lead maritime interdiction efforts and has broad law enforcement powers which enable it to board vessels, make enquiries, conduct searches, launch inspections and examinations, conduct seizures and effect arrests. It therefore plays an important role in defending the US maritime borders against illicit drugs and other contraband (USA, 2014f:11-12). The Coast Guard has over 43 000 active duty members, over 8000 reserve members and more than 30 000 volunteer workers. Its achievements for 2012 include the seizure of 107 metric tons of cocaine destined for the US as well as the screening of over 472 000 vessels and 29 million crew members and passengers prior to their arrival in US ports (USA, 2013:1-2).

In addition, port authorities are required to employ "facility personnel with security duties" with these duties including the physical screening of persons, baggage, and cargo (USA, 2008:1-15). Some port authorities like the Port Authority of New York & New Jersey have their own police forces which supplement the efforts of other law enforcement agencies (Port Authority of New York & New Jersey (ANYNJ), 2014:1).

#### *4.4.1.2 The use of advanced technology*

The US Customs and Border Protection Agency uses large scale X-ray and gamma ray machines to screen cargo containers. It also has 200 large scale non-intrusive devices which they use to examine the cargo (American Association of Port Authorities (AAPA), 2006:2) and detect traces of chemical substances (City of Cape Town, 2012a:4).

The Research and Development Centre of the U.S. Coast Guard is continuously working on enhancing technology that can increase port security. Current projects include an underwater imaging system which can be used to investigate piers and ports in order to detect illicit activity as well as a sensor management system designed to track and predict vessel movement in a dense seaport environment (Marcario, 2011:36-37).

#### *4.4.1.3 The introduction of security regulations*

The terrorist attacks on the US on 11 September 2001 resulted in a global drive to secure ports and vital transport nodes (Transnet National Port Authorities (TNPA), 2009:1). This drive for improved global port security was spearheaded by the US and resulted in a significant number of nations adopting new regulations designed to improve security at ports (Organization of American States, 2002:1). The first of these US regulations was the Maritime Transportation Security Act, 2002 (No 109-58 of 2002) (MTSA) which created a US maritime security system that prescribed numerous steps to be taken by federal agencies, port authorities and owners of vessels to upgrade security (Frittelli, 2005:13). In implementing these new regulations, US ports invested millions in enhancing perimeter security, credential systems, access control, communications technology, waterside security and the training of security staff (American Association of Port Authorities (AAPA), 2006:1). The MTSA also placed an additional responsibility on the US Coast Guard to develop maritime transportation security plans (Frittelli, 2005:13) as well as to routinely inspect and assess the security at port facilities and the vessels using these facilities (AAPA, 2006:1). It also authorised the Customs and Border Protection Agency to receive cargo manifest information electronically before arrival or departure of shipments (Frittelli, 2005:13). “The MTSA strengthened and standardised security measures at US ports and authorised the creation of Coast Guard Maritime Safety and Security Teams” (AAPA, 2006:1).

The Coast Guard and Maritime Transportation Act, 2004 (No 108-293 of 2004) introduced additional provisions to tighten up security at US ports. These include the requirement for the Department of Homeland Security to draft a plan for the implementation of a maritime

intelligence system and the requirement for the Department of Transport to investigate the use of sensors that can be used to track cargo containers throughout the supply chain process and detect hazardous materials within containers (Frittelli, 2005:14).

The Security and Accountability for Every Port Act (SAFE Act), 2006 (No 109-347 of 2006) is an effort to further enhance security at US ports (Caldwell, 2007:1-2). The wide range of additional security requirements prescribed by the SAFE Act include:

- a) the development of port facility security plans;
- b) unannounced inspection of such facilities;
- c) the long-range tracking of vessels;
- d) enhanced crew member identification;
- e) notice of foreign vessels arriving on the Outer Continental Shelf;
- f) random searches of cargo containers;
- g) the screening of port truck drivers;
- h) the setting of cargo container security standards;
- i) the screening and scanning of containers; and
- j) the assessment of foreign ports (USA, SAFE Act, 2006:1-2).

The SAFE Act of 2006 specifically identifies methamphetamine and its precursor chemicals as a threat. It accordingly requires the Commissioner of the U.S. Customs and Border Protection to develop and adopt performance indicators that relate to the seizure of methamphetamine and its precursor chemicals as part of the organisation's performance evaluation. It also requires the Commissioner to continuously monitor the import of methamphetamine and its precursor chemicals into the US with specific reference to the entry of such substances through the ports, the origin of such shipments and the identification of emerging trends in methamphetamine smuggling (USA, SAFE ACT, 2006: Section 707).

The US Coast Guard Regulations 33 CFR which came into effect in 2008 impose comprehensive measures for securing port facilities. These include:

- a) record keeping requirements;
- b) communications;
- c) interfacing with vessels;
- d) security declarations;
- e) access control;
- f) restricted areas;
- g) handling of cargo;

- h) incident procedures;
- i) facility security assessments; and
- j) facility security plans (USA, 2008:1-15).

In addition, some US states introduced statutes that further tightened up security at seaports, e.g. section 311:12 of the Florida Statutes (Florida State, 2013) and individual port authorities introduced their own security policies, e.g. the Alabama State Port Authority Access Policy (Alabama State Port Authority (ASPA), 2007:1).

Major achievements of additional security regulations being implemented in the US include the screening of all cargo before it arrives in the US, the inspection of high-risk cargo containers at foreign seaports prior to the containers being loaded onto vessels destined for the US, and the requirement that cargo manifest information be provided to the CBP 24 hours before the cargo containers are loaded onto US bound vessels (AAPA, 2006:2).

Apart from these comprehensive regulatory efforts implemented in the US, the Assembly of the International Maritime Organization (IMO), also developed “new measures relating to the security of ships and of port facilities” and the Safety of Lives at Sea Convention (SOLAS) has accordingly been amended to provide for the International Ship and Port Facility Security Code (ISPS Code) (International Maritime Organization (IMO), 2003:5; Van der Merwe, 2003:1).

The objectives of the Code are:

- a) “to establish an international framework involving co-operation among Contracting Governments, Government agencies, local administrations and the shipping and port industries to detect/assess security threats and take preventative measures against security incidents affecting ships or port facilities used in international trade;
- b) to establish the respective roles and responsibilities of all these parties concerned, at the national and international level, for ensuring maritime security; to ensure the early and efficient collation and exchange of security related information;
- c) to provide a methodology of security assessments so as to have in place plans and procedures to react to changing security levels; and
- d) to ensure confidence that adequate and proportionate maritime security measures are in place” (IMO, 2003:7).

In order to achieve these objectives, the Code stipulates a number of functional requirements that need to be met by all parties. These include:

- a) gathering and analysing information regarding security threats and sharing this information with the appropriate governments;
- b) communication protocols that must be maintained by ships and ports;
- c) preventing unauthorised access to ships and port facilities as well as any restricted areas within the port;
- d) preventing the introduction of explosives, unauthorised weapons or incendiary devices to ships or port facilities;
- e) enable raising the alarm in the event of a security threat or incident;
- f) security plans that are based on assessments to be in place for ships and port facilities; and
- g) appropriate training and exercises to be introduced to ensure personnel are familiar with plans and procedures (IMO, 2003:7).

Recent years have indeed seen significant improvements in safeguarding port facilities in the US (AAPA, 2006:1).

#### **4.4.2 Controlling the availability of chemicals used in the manufacturing of methamphetamine**

Narcotic drugs are chemical compounds which are manufactured by means of similar processes as the legal processes used in the manufacturing of other chemical products. The availability of these so-called precursor and essential chemicals is a necessary requirement for the manufacturing of illicit drugs like methamphetamine (Sevick, 1993:7) and regulating chemicals necessary for methamphetamine manufacture therefore became an important strategy in combatting methamphetamine abuse (McKetin *et al.*, 2011:1911). Law enforcement agencies around the world have accordingly, become more aware of the potential benefits of preventing the diversion of chemicals used in the manufacturing of illicit drugs. As a result they have in recent years, focused increasingly on methods of diversion prevention (Sevick, 1993:15). This section introduces the reader to the specific precursor chemicals that are used in the manufacturing of methamphetamine. It also provides an overview of the practical application of precursor chemical control measures with specific reference to the United States.

##### *4.4.2.1 Precursor chemicals used in the manufacturing of methamphetamine*

As indicated in Chapter 1, methamphetamine is mainly produced from ephedrine or pseudoephedrine. Both these substances are also amongst those identified in the 1988 UN

Convention that are the most commonly traded internationally and there are frequent reports of these substances being diverted for illicit use. The INCB for instance estimates that a minimum of 96 tons of ephedrine and pseudoephedrine are diverted worldwide every year for the illicit manufacture of methamphetamine (INCB, 2014a:8-10).

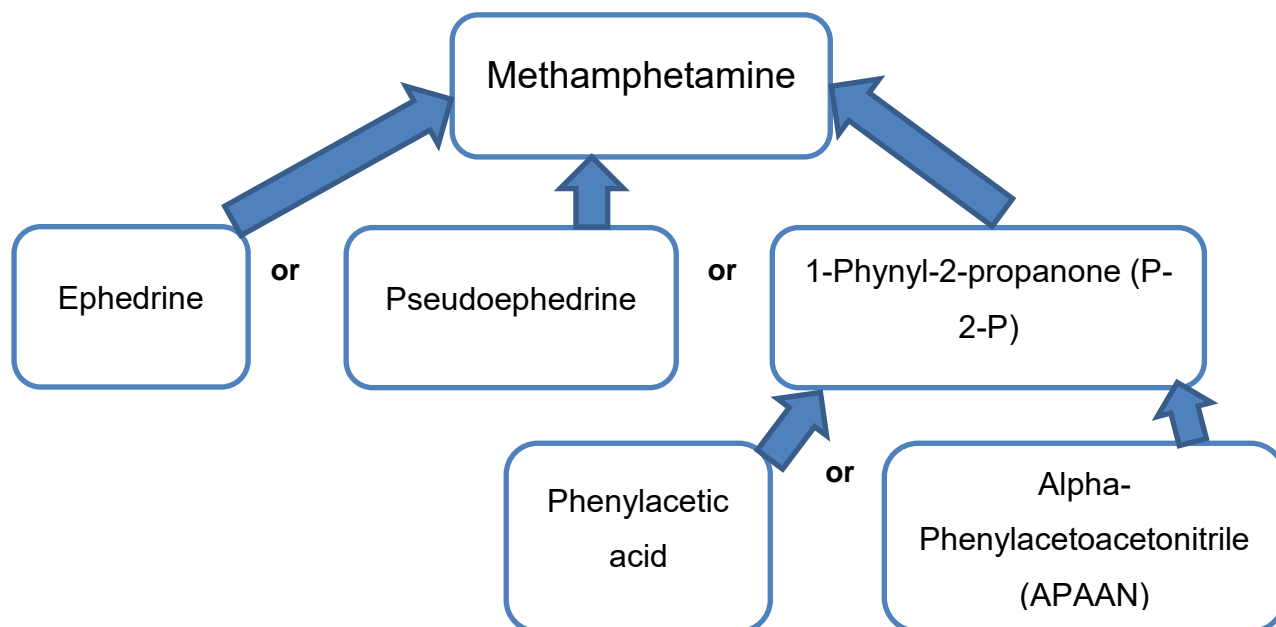
While the large scale diversion of ephedrine and pseudoephedrine continue to be a significant problem in major methamphetamine manufacturing regions, reliance upon these substances has decreased as alternatives are increasingly being used to manufacture methamphetamine (INCB, 2014a:9). This is due to tightened legislative and administrative controls being introduced to prevent chemical diversion and traffickers are thus looking at alternative methods to manufacture the drug, using precursor chemicals that are more easily obtainable (USA, 2014g:48). Such alternatives include the following (See Figure 4.1):

1-Phenyl-2-propanone (P-2-P) and phenylacetic acid: P-2-P can be used in the illicit manufacture of methamphetamine and “can be synthesized from phenylacetic acid and its esters”. While international trade in P-2-P is limited, significant volumes of phenylacetic acid is traded worldwide (INCB, 2014a:14). P-2-P methods are being used increasingly for the manufacturing of methamphetamine in Mexico since 2010 (INCB, 2014a:14-15) when ephedrine and pseudoephedrine were banned from that country (McKetin *et al.*, 2011:1919). The INCB (2014a:15) reported that more than 90 percent of methamphetamine seized in Mexico has been manufactured by means of the P-2-P method. Seizures of ephedrine and pseudoephedrine have accordingly declined as drug manufacturers switched to the P-2-P method.

Alpha-Phenylacetoacetonitrile (APAAN): P-2-P can also quite easily be synthesised from APAAN which was until recently a non-scheduled substance in terms of the 1988 UN Convention. The INCB (2014a:17) reported numerous incidents involving suspected diversion of APAAN. In some instances, the substance could not be seized as the relevant countries did not have enabling legislation in place. The INCB began the scheduling process for APAAN in February 2013, and the Commission on Narcotic Drugs resolved on 19 March 2014 to include APAAN on Table 1 of the schedule to the 1988 UN Convention (Commission on Narcotic Drugs (CND), 2014:1).

Ephedra: The INCB indicated that it is aware of instances where ephedrine alkaloids have been extracted from Ephedra plants and used in the illicit manufacture of methamphetamine. It, however, regards these finds as “unusual” and stated that it accounts for a small portion of substances found at methamphetamine laboratories (INCB, 2014a:14).

The main precursor chemicals necessary for the manufacture of methamphetamine and their relationship with one another can therefore be depicted as in Figure 4.1.



**Figure 4.1: Manufacturing methamphetamine: Necessary chemical substances**

Source: Adapted from INCB (2012a:50)

#### 4.4.2.2 The practical application of precursor chemical control legislation

The disruption of transactions relating to precursor chemicals has become a major law enforcement objective (USA, 2003b:166) and the prevention of precursor chemical diversion is now an important element of the United States' national strategy against the illicit drug trade (Sevick, 1993:7). This approach is also followed by numerous other states, especially since the adoption of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (INCB, 2012a:1). The 1988 Convention "provides for measures to prevent the diversion of precursor and essential chemicals into the illicit manufacture of drugs (INCB, 2012a:1)". Section 1 of Article 12 of the 1988 Convention, for example requires parties to "take the measures they deem appropriate to prevent diversion" of such substances and Section 8 specifically refers to measures deemed "appropriate to monitor the manufacture and distribution of substances" (UNODC, 1988:12). A total of 184 states are party to this convention and South Africa is one of them (INCB, 2012a:1).

Numerous countries have already introduced tight control measures to protect their citizens from the end result of chemical diversion. These efforts include the following:



- a) Chemical Diversion & Trafficking Act, 1989 (No 100-690 of 1989) – USA.
- b) Domestic Chemical Diversion Control Act, 1995 (No 103-200 of 1995) – USA.
- c) Comprehensive Methamphetamine Control Act, 1996 (No 104-237 of 1996) – USA.
- d) Methamphetamine Anti-Proliferation Act, 2001 (No 106-310 of 2001) – USA (McKetin *et al.*, 2011:1919).
- e) Combat Methamphetamine Epidemic Act, 2005 (No 109-177 of 2005) – USA (O'Connor, Chriqui & McBride, 2006:1166).
- f) Controlled Substances Regulations 2000 made under the Controlled Substances Act of 1984 – Australia (South Australia Police, 2009:2).
- g) Illicit Drugs Control Act, 2004 (No 9 of 2004) – Fiji.
- h) Illicit Drugs Control Act, 2003 (No 7 of 2003) – Tonga (McCusker, 2008:29-30).
- i) The Controlled Drugs Regulations 2008 – UK (UK, Home Office, 2011:1).
- j) Precursor Chemicals Act, 2008 (No 2 of 2008) – Bahamas (Commonwealth of the Bahamas, 2008:1).

It is, however, important to note that successful prevention of precursor chemical diversion also requires governments and law enforcement agencies to partner with the chemical supply industry, manufacturers of scientific equipment, and the pharmaceutical industry (Webster & Ransley, 2011:34).

Areas generally addressed in drug precursor chemical controls are:

- a) raising awareness of illicit precursor chemical diversion amongst employees of producers and distributors of such substances;
- b) improved labelling that will aid in the prevention and investigation of such offences;
- c) the establishment of proper procedures that prevent smuggling;
- d) requiring the chemical and pharmaceutical industries to establish the identity of their customers;
- e) requiring special authorisation and notification for certain shipments of chemical products;
- f) the suspension of identified shipments and seizure of suspect chemical substances;
- g) the introduction of effective control measures in respect of free trade zones;
- h) international cooperation amongst law enforcement agencies (Sevick, 1993:20);
- i) proper regulation at the point of import and export;
- j) proper regulation of the disposal and recycling process of precursor chemicals (McCusker, 2008:25-26);
- k) proper record keeping;
- l) customer identification; and

m) improved international cooperation (Sevick, 1993:20).

In the United States, the increased number of methamphetamine laboratories detected during recent years has created a sense of urgency in addressing the problem. This sense of urgency results from the fact that methamphetamine manufacturing poses serious health and environmental risks as well as the fact that public awareness of the extent of illicit drug use has been raised due to the physical and undeniable evidence that comes to light when such laboratories are discovered (Weisheit & White, 2009:115). The United States followed a number of approaches to limit the availability of precursor chemicals. Initially, the focus was on the wholesale distribution of bulk chemicals and in later years, additional legislation was also introduced for purposes of imposing restrictions aimed at controlling precursors for methamphetamine sold by retail outlets, including pharmacies and grocery stores (Freeman & Talbert, 2012:4).

In their attempts to address methamphetamine abuse in the United States through the prevention of chemical diversion, federal and state agencies have followed numerous approaches (Freeman & Talbert, 2012:4). The diversion of ephedrine and pseudoephedrine for the purpose of the illegal manufacture of methamphetamine came to the attention of the DEA in the early 1990s. Since then, the Agency has allocated considerable resources to the diversion prevention initiatives which are supported by recent federal legislation (Dobkin & Nicosia, 2009:328). According to McKetin *et al.* (2011:1914), a number of US regulations implemented since then were successful in controlling precursor chemicals. These regulations were comprehensive, managed to close loopholes, included measures which enabled enforcement and “were embedded within broader drug control frameworks that increased law enforcement capability to intervene in cases of precursor diversion”. Initially, these regulations focused on controlling the wholesale distribution of bulk precursor chemicals (Freeman & Talbert, 2012:4).

The federal government’s first major attempt to control precursor chemicals used in the manufacturing of methamphetamine was the 1988 passing of the *Chemical Diversion and Trafficking Act, 1988 (No 100-690)* (CDTA), which was aimed at the regulation of bulk ephedrine and pseudoephedrine. This Act introduced requirements regarding the keeping of proper records, reporting and notifications of ephedrine and pseudoephedrine imports and exports (Freeman & Talbert, 2012:5). All sales of products containing these two chemicals in finished form, such as cold medication and diet pills, were exempted from the provisions of the Act.

At the time, the US Congress was of the opinion that the large scale production of methamphetamine would at least be limited with the new regulations imposed on bulk sales of ephedrine and pseudoephedrine. This was despite warnings that the two substances could still be extracted from finished products which presented a major loophole for drug manufacturers to continue acquiring these chemicals without leaving a paper trail (NAMSDL, 2011:4). As a result of the CDTA empowering authorities to successfully clamp down on the diversion of bulk methamphetamine precursor chemicals, criminals quickly adapted and within a month the first ephedrine tablets which were not subject to the provisions of the Act, were found at a clandestine methamphetamine laboratory (Weisheit & White, 2009:126). The CDTA was, however, initially effective as it resulted in an increase in the price of methamphetamine on the streets and a decrease in its purity, both indicators of a reduced availability of the drug (McKetin *et al.*, 2011:1914).

The *Domestic Chemical Diversion Control Act, 1993 (No 103-200 of 1993)* (DCDCA) implemented in 1994 and 1995 (Dobkin & Nicosia, 2009:329) introduced a substantial tightening of regulations pertaining to the wholesale and import/export of methamphetamine precursors (McKetin *et al.*, 2011:1914). It removed the reporting and record keeping exemptions that previously existed for single-entity ephedrine products (Dobkin & Nicosia, 2009:329). It also required importers/exporters and distributors to register with the DEA and authorised the DEA to revoke such registration without proof of criminal intent (Freeman & Talbert, 2012:5). However, under pressure of industry advocates, Congress decided that pseudoephedrine pills that were sold in pre-formed plastic packaging would be exempt from the provisions of the Act as it was argued that the time consuming task of extracting the pills from such packaging would not appeal to drug manufacturers (NAMSDL, 2011:4).

The DCDCA enabled the DEA to achieve major law enforcement results. In May 1995 the Agency raided tablet manufacturer, Clifton Pharmaceuticals in Pennsylvania, and seized 25 metric tons of ephedrine and pseudoephedrine, enough to manufacture 16 tons of methamphetamine. Later that month, the DEA raided the mail order distributor X-Pressive Looks and “seized 500 cases of pseudoephedrine”. It was determined that this company had distributed 830 million pseudoephedrine tablets between April 1994 and August 1995, enough to manufacture 13 metric tons of methamphetamine. These two supply disruption operations were exceptional achievements (Dobkin & Nicosia, 2009:329).

As a result, implementation of the DCDCA also translated in an increase in price and decrease in the purity of methamphetamine (McKetin *et al.*, 2011:1914). “The price of methamphetamine tripled and purity declined from 90% to 20%. Simultaneously,

amphetamine related hospital and treatment admissions dropped 50% and 35%, respectively". Methamphetamine use among arrestees showed a 50 percent decline (Dobkin & Nicosia, 2009:324).

However, within four months, methamphetamine prices returned to their original level and within 18 months the purity of the drug as well as hospital admissions and arrests returned to their previous levels. This relatively rapid market recovery suggests that manufacturers were able to adapt and find suitable substitute sources (Dobkin & Nicosia, 2009:326). NAMSDL (2011:5) ascribed this market recovery to the fact that pseudoephedrine pills in pre-formed plastic packaging were exempted from the provisions of the Act and drug manufacturers simply started using these.

The *Comprehensive Methamphetamine Control Act, 1996 (No 104-237 of 1996)* (MCA) was aimed at regulating retail and pharmaceutical products that contained ephedrine and pseudoephedrine as it became evident that such products were increasingly used in the clandestine manufacturing of methamphetamine (McKetin *et al.*, 2011:1914). It added chemicals containing ephedrine, pseudoephedrine (PSE) and phenylpropanolamine (PPA) to Schedule II of the *Controlled Substances Act, 1970 (No 91-513)* (Freeman & Talbert, 2012:5). It also increased penalties for the manufacture and trafficking of chemicals related to methamphetamine (Freeman & Talbert, 2012:6). Implementation of the MCA also managed to increase the price of the drug and reduce its purity (McKetin *et al.*, 2011:1919).

The *Methamphetamine Anti-Proliferation Act, 2000 (No 106-310 of 2000)* (MAPA) addressed the problem of 'over the counter' (OTC) medication that contain methamphetamine precursor chemicals, being diverted from the retail sector. This Act established thresholds of 9 grams per transaction for single purchases of such medicines and introduced the requirement that the medicines be packaged in containers that will allow no more than 3 grams of an ephedrine, PSE or PPA based chemical (Freeman & Talbert, 2012:6). According to McKetin *et al.* (2011:1919), studies found MAPA to have had little impact due to "lax" regulations which were easily circumvented by drug traffickers who organised 'smurfers' to buy unregulated quantities at numerous pharmacies.

In addition, the introduction of MAPA was followed by a rise in methamphetamine purities and a decrease in price which is the opposite of what would be expected to result from a successful control measure. These disappointing results might also have been due to an increased flow of the finished drug from international sources and increase in domestic use (Freeman & Talbert, 2012:14).

With methamphetamine abuse on the rise again in 2005, the US Congress again took steps to regulate the drug's precursor chemicals and decided on "the most comprehensive national approach on individual sales of medications that contained the chemicals" (NAMSDL, 2011:5).

*The Combat Methamphetamine Epidemic Act, 2005 (No 109-177 of 2005)* (CMEA) which was included in the USA PATRIOT Improvement and Reauthorization Act, 2005 (No 109-177 of 2005) represents "the strongest federal anti-methamphetamine legislation passed to date" (Grau, 2007:4). Its main objective was to stop domestic methamphetamine production by "mom-and-pop labs" which depended on purchases of over-the-counter medications containing ephedrine and PSE (Weisheit & White, 2009:127). Motivated by the success of certain state laws, the CMEA replicates some of the key provisions contained in these laws and as a result, contains provisions that require the following (Grau, 2007:5):

- a) Pharmacies must place medication containing ephedrine, PSE and PPA behind the counter or locked in a cabinet.
- b) Individuals are limited to purchases of no more than 3.6 grams during a 24-hour period.
- c) Records have to be kept of the name and address of all persons purchasing such products (NAMSDL, 2011:5).
- d) The person making the purchase has to produce a government-issued photo ID, to sign for the purchase and provide their name and address.
- e) Mail-order sales are limited to 7.5 grams per month.
- f) Employees of retail establishments have to be trained on the statutory and regulatory provisions of the CMEA.
- g) Appropriate measures have to be taken to prevent theft by employees or other forms of diversion of products containing methamphetamine precursor chemicals.
- h) The retail establishment's logbooks should display a warning that any false statements are punishable by imprisonment or a fine of up to \$250 000 for an individual (Freeman & Talbert, 2012:6).

In addition, the CMEA introduced tougher penalties for the production and distribution of methamphetamine. An additional twenty years of imprisonment could for instance be imposed on a methamphetamine manufacturer if the drug is produced in the presence of a child (Grau, 2007:5).

Most recently, the enactment of the *Combat Methamphetamine Enhancement Act, 2010* (No 111-268 of 2010) placed additional restrictions on distributors and retailers. It requires retailers to certify that they comply with regulations that prescribe the quantities of products containing precursor chemicals that may be sold. It also requires distributors to only sell their products to retailers who have been registered with the DEA (Freeman & Talbert, 2012:7).

Apart from these federal laws, a number of US states have introduced additional control measures to further prevent the diversion of certain chemicals. Oklahoma led the way and in 2004 it was the first state to implement restrictions at the point of sale. In 2006, Oklahoma became the first state to implement an electronic tracking system for ephedrine and pseudoephedrine which requires that all sales of these two chemicals as well as detailed identifying information of the purchaser be logged on a central database (NAMSDL, 2011:5). This e-tracking system known as MethCheck (Loving, 2012:1) or the National Precursor Log Exchange (NPLEx) is funded by the chemical industry and has since been implemented by a number of US states. The system is a real time tool that works across state borders and aims to identify where individuals attempt to purchase more medicines containing pseudoephedrine than is allowed in terms of the CMEA (Consumer Healthcare Products Association (CHPA), 2010:1). Prior to the introduction of the system, a person wanting to obtain more products containing PSE than what is allowed, could easily go from pharmacy to pharmacy making a number of purchases that are all in line with what is allowed by the CMEA and therefore without raising suspicion. With the e-tracking system, however, a person's driver licence or other form of identification is scanned at the point of sale and the transaction is entered into the system. This information is stored centrally and shared among pharmacies, other retail outlets and the state which means that once the person's legal limit on PSE purchases has been reached, the sale can be blocked. In cases where the seller might feel threatened and does not want to deny the sale out of fear for personal safety, a manual override can be used and in such cases the system will inform law enforcement of what transpired (Freeman & Talbert, 2012:10). The electronic tracking system therefore "provides law enforcement with an effective tool to stop methamphetamine production" (CHPA, 2010:1).

A far more limiting approach was followed by Oregon and Mississippi who passed legislation that would allow ephedrine or PSE to be made available by prescription only (NAMSDL, 2011:5). This approach has resulted in significant success for Oregon which saw a continued reduction in the number of methamphetamine laboratories found since implementation of the new policy (NAMSDL, 2011:11). Most significantly was the 2009 drop

in Oregon's crime rate to its lowest level since 1969 (NAMSDL, 2011:15). Millions of US citizens, however, rely on over the counter medications containing ephedrine and pseudoephedrine which means that implementation of the prescription only policy came with considerable discomfort for consumers which poses significant challenges for others who consider similar policies (NAMSDL, 2011:11). As a result, the chemical industry in the US is urging states to first implement the free e-tracking system and evaluate the results before opting for the prescription only approach with its widespread implications to both the industry and consumers (CHPA, 2010:1).

In 2010, Oklahoma passed legislation that requires all persons that have been convicted of possession, manufacture or trafficking methamphetamine, to register with state authorities. This central registry can be accessed by pharmacies, retail outlets and law enforcement agencies. This enables pharmacies and retail outlets to block purchases of PSE to persons with previous methamphetamine-related convictions at the point of sale regardless of the quantity in question (Freeman & Talbert, 2012:12).

The impact that these control measures have had on the production of methamphetamine in the US has varied. McKetin, *et al.* (2011) assessed the impact of, amongst others, the aforementioned federal regulations up to the year 2000 by following a methodology which required the identification of previous, similar studies in accordance with a predetermined set of inclusion criteria and that the findings of these studies be analysed. Ten studies which were all done in North America were identified which evaluated 15 chemical diversion prevention interventions. The study found that regulations aimed at preventing the diversion of chemicals, can indeed reduce the levels of supply and use of methamphetamine. However, not all the interventions examined proved to be successful. The findings in respect of the regulations described earlier in this chapter are presented in Table 4.1.

**Table 4.1: Effectiveness of US federal precursor chemical controls**

<b>Intervention</b>	<b>Type of intervention</b>	<b>Effective</b>	<b>Effect size</b>
Chemical Diversion and Trafficking Act of 1989	Import/export and wholesale	Yes	Moderate
Domestic Chemical Diversion Control Act of 1995	Import/export and wholesale	Yes	Large
Action against rogue pharmaceutical companies and	Enforcement	Yes	Large

Intervention	Type of intervention	Effective	Effect size
large scale seizures – 1995			
Comprehensive Methamphetamine Control Act of 1996 – Regulating ephedrine	Retail	No	
Comprehensive Methamphetamine Control Act of 1996 – Regulating pseudoephedrine	Retail	Yes	Large
Methamphetamine Anti-Proliferation Act of 2000	Retail	No	

Source: Adapted from McKetin *et al.* (2011:1919)

The comprehensive research conducted by Dobkin *et al.* (2014) on specifically the impact of precursor control legislation that was introduced by US states and targeted over-the-counter medicine, found that these interventions were successful in disrupting local methamphetamine production with a 36 percent decline achieved in the number of clandestine laboratories. Overall, such laboratories were not able to recover within the first year after the intervention. Despite the significant reduction in local methamphetamine production, there was no evidence that purity or consumption of the drug or the number of suspects arrested have also been reduced. The large reduction in local manufacture is, however, regarded as a benefit to society due to the damage methamphetamine production imposes on the environment through pollution caused by the toxic waste thus produced (Dobkin *et al.*, 2014:21). Cognisance should, however, be taken of the fact that state regulations targeting over-the-counter medicine places a heavy burden on consumers and retailers of cold and flu medicine and that the full implications of this burden must still be determined (Dobkin *et al.*, 2014:22).

McKetin *et al.* (2011:1922) concluded that proper regulations can indeed have a significant impact. The effectiveness of such regulations, however, can be undermined when drug traffickers change tactics and start to focus on importing methamphetamine and its precursor chemicals. “As precursor chemicals become more tightly regulated in many developed nations, criminal syndicates are increasingly taking advantage of weak precursor regulations and limited policing capacity in developing countries to undertake large-scale clandestine methamphetamine production” (McKetin *et al.*, 2011:1921).



#### 4.4.3 Securing public housing

Public housing is often associated with poverty, urban decay and high crime levels, including drug related crime. Such perceptions are usually supported by actual crime statistics that show a generally higher crime rate in public housing developments than other areas (Mazerolle, Ready, Terrill & Waring, 2000:129).

Crime and drugs were rampant in US public housing projects during the 1970s and 1980s (Ross, 2009:500-501; and Popkin, Gwiasda, Rosenbaum, Amendolia, Johnson & Olson, 1999:521). Drug dealing and abuse had become an epidemic and gangs dominated social interaction on these premises. Acts of extreme violence were the order of the day and residents were overwhelmed by this state of affairs (Popkin *et al.*, 1999:521). The problem was so severe that during the 1980s the federal government launched an enquiry for purposes of identifying “the causes of this plague that was paralysing public housing.” At the time, the Senate Permanent Subcommittee on Investigation of the Committee on Governmental Affairs, expressed shock over the state of affairs at public housing and declared that the federal government had a national duty to provide safe and drug-free public housing to residents. The enquiry led to Congress enacting the Anti-Drug Abuse Act, 1988 (No 100-690 of 1988) thereby acknowledging the government’s failure to, as landlord, provide adequate security for residents of public housing units (Ross, 2009:500-501).

In the years that followed, this state of affairs at public housing in the US dominated discussions on public policy and led to the implementation of numerous programmes aimed at controlling and preventing crime in public housing developments (Mazerolle *et al.*, 2000:13), e.g. the Public Housing Drug Elimination Program (Ross, 2009:499) and the Chicago Housing Authority’s Anti-Drug Initiative (Popkin *et al.*, 1999:520). These successful anti-crime programmes contain elements of a number of specific strategies including aggressive policing, resident participation, security improvements, the provision of social services and improvements in the managing of social housing developments (Popkin *et al.*, 1999:528). Specific crime prevention strategies forming part of successful public housing anti-crime programmes include the following:

##### 4.4.3.1 Environmental design

In response to the high crime levels in public housing projects in the USA, Oscar Newman published his ‘defensible space’ thesis in 1972 already (Felson & Clarke, 1997:197). Newman drafted his 1996 publication on request of the U.S. Department of Housing and

Urban Development. The publication served as an official guide to the Department for managing crime in public housing (Newman, 1996:2).

The purpose of the defensible space programmes recommended in this publication of Newman is to alter the layout of the physical environment in which communities reside in order to allow them to control these areas. This includes the streets adjacent to their buildings and the outside grounds, as well as lobbies and corridors inside the buildings. It depends on the involvement of residents instead of government intervention and is therefore not dependent on government support. Defensible space brings people from different backgrounds together in common purpose and aims to reduce the presence of criminals (drug manufacturers, traffickers, dealers and users as far as drug related crime is concerned) and the levels of crime (Newman, 1996:9).

From this defensible space perspective, Newman (1996:13) studied high rise buildings occupied by middle-income people which are usually well maintained as opposed to low-income public housing and realised that the difference lies in the fact that middle-income group have funds to employ people to watch over and maintain the common areas of the property which is not the case in lower income buildings. As a result, he promoted the idea of designing “public housing without any interior public areas and to have all the grounds assigned to individual families”. Defensible spaces created in this way are continuously utilised and monitored by the residents and can be easily patrolled by both residents and the police (Harang, 2003:3). Newman’s Defensible Space was influential as can be seen from the US Department of Housing and Urban Development’s 1993 decision to demolish 86 000 distressed public housing units (Lens, 2013:352).

The INCB (2014b:6) acknowledges the value of this approach and recommends that public housing schemes should be designed in such a manner that they prevent the physical attributes of buildings and other structures from protecting drug dealers. They concede that such measures might be expensive but maintain that it will yield significant benefits in the long run.

#### 4.4.3.2 Fixing “broken windows”

Policing and crime prevention efforts based on the broken windows theory proved to be effective in maintaining order in urban environments (Popkin *et al.*, 1999:526). The theory is based on the following analogy: If a window in a building is broken and not repaired, it will over time signal to passers-by that no one cares, that there is no one looking after the

building and that there will be no consequences for breaking other windows in the building. This will in turn invite further destruction which will lead to serious decay of the building and eventually will have a spillover effect on the surrounding area. In practice it means that if seemingly insignificant offences are left unpunished and there is no reason for the perpetrators to fear action being taken by authorities, it will signal to other potential perpetrators that disorder is tolerated in the particular area which will invite further disorder and eventually more serious crime (Wilson & Kelling, 1982:1) e.g. drug dealing.

Strategies based on the broken windows theory have been targeted efforts by police to arrest perpetrators of minor offences as well as authorities focusing on removing signs of physical disorder such as litter, graffiti, and abandoned vehicles (Popkin *et al.*, 1999:526-527).

#### *4.4.3.3 Community involvement*

According to Popkin *et al.* (1999:527), by the late 1980s researchers, policy makers and public managers agreed that collaboration among residents, the public housing authority and law enforcement is essential for the success of anti-crime efforts in public housing units. They argued that the active participation of residents in crime prevention programmes is essential because the residents “have the largest stake in keeping developments safe”. Increased community involvement can, for instance, be expected to lead to a cleaner and tidier environment which in turn will alert drug dealers to the fact that residents are less likely to tolerate their illicit activities.

#### *4.4.3.4 Introducing more effective management practices*

This strategy includes the screening of potential residents by doing criminal database and credit checks on them. Some US housing authorities have also introduced the compulsory wearing of resident identification cards, deployed 24-hour security, enforced strict visitation rules, and removed unauthorised people from the premises, thereby limiting access to public housing buildings. The Chicago Housing Authority’s Operation Clean Sweep also included door-to-door inspections of the different units to direct maintenance and repair efforts (Popkin *et al.*, 1999:528-529).

#### 4.4.3.5 *Problem-orientated policing*

As indicated in Chapter 3, problem-oriented policing seeks to identify problems that lead to crime (e.g. environmental factors that are conducive to drug dealing or social factors that may foster a culture of drug abuse), analyse the factors that contribute thereto, develop appropriate solutions to these problems and to assess the effectiveness of such solutions (Mazerolle *et al.*, 2000:130-131).

Research conducted by Mazerolle *et al.* (2000:154) at six public housing developments in Jersey City indicated that “large quantities of problem-oriented policing activities, performed collectively by site teams comprising police, public housing officers, and social service liaison officers, can significantly reduce serious crime”. This supports the conclusion reached in Chapter 2 that drug abuse can be effectively addressed by means of a collaborative approach.

#### 4.4.3.6 *Eviction of residents involved in criminal activity*

The so-called One-Strike policy was implemented in 1996 in an attempt to address drug and other crime-related problems in public housing developments. This policy was regarded as a zero tolerance approach to punishing public housing residents who involve themselves in criminal activity such as drug dealing and abuse by means of expedited eviction (Ross, 2009:508-509). Evictions are widely regarded as an effective remedy to drug dealing and other crime in public housing developments. There are, however, numerous arguments against this aggressive tactic which include criticism that the policy punishes innocent tenants when for instance, elderly people are evicted for the criminal activity of their children. It is also argued that the policy does not deal with non-residents who enter the property on a regular basis to commit crime and that it therefore fails to recognise all role players contributing to the drug problem (Ross, 2009:512). Courts are furthermore reluctant to fully embrace this policy as they realise that public housing is more often than not the last resort for families that are severely disadvantaged (Mazerolle *et al.*, 2000:134).

#### 4.4.3.7 *Tenant patrols*

Tenant patrols were originally introduced for the purpose of creating a tool by means of which residents could partner with law enforcement in an effort to make their living environments safer. Residents taking part in this initiative would become the eyes and ears

of the police and assist in strengthening relationships between residents and the police (Ross, 2009:510).

#### 4.4.3.8 Denying drug dealers access to the premises

As a large percentage of crime committed in public housing developments can be attributed to drug dealing and abuse, denying known dealers access to such premises proved to be a successful strategy. In 2004, the New York City Housing Authority introduced a ban on all people arrested for dealing in drugs on public housing grounds and has since then enforced it aggressively (New York City, 2004:2).

#### 4.4.4 Empowering neighbourhood watches

A neighbourhood watch can be defined as a group of residents living in the same area who collaborate with one another as well as with law enforcement towards improved safety and quality of life. The neighbourhood watch concept is one of the oldest and best known crime prevention initiatives in the US (National Sheriff's Association (NSA), 2005:1) with an established successful track record (National Crime Prevention Council (NCPC), 2006a:1). As part of a movement that promoted greater citizen involvement (Bennett, Holloway & Farrington, 2006:437), it was introduced in 1972 when the National Sheriffs' Association (NSA) created the National Neighbourhood Watch Program in response to rising crime levels (NSA, 2005:1). Since then, the concept has expanded significantly across the USA with an estimated 41 percent of the population living in areas that are patrolled by a neighbourhood watch (Bennett *et al.*, 2006:437).

A neighbourhood watch might also be known in a specific area as "crime watch," "block watch" or "business watch" (NSA, 2005:2). Some cover only a specific housing block whilst others might cover thousands of households (Bennett *et al.*, 2006:439).

Neighbourhood watch is based on the argument that visible surveillance will deter drug offenders as the potential offenders will realise that someone might be watching and be willing to report on suspicious activity (Bennett *et al.*, 2006:438). It therefore represents a capable guardian as required by the routine activity theory discussed in Chapter 3.

A neighbourhood watch can act as the "eyes and ears" of local law enforcement and can be effective in preventing crime, including drug-related crime. Neighbourhood watches have succeeded in reducing drug dealing by disrupting open-air drug markets with targeted

patrols, assisting law enforcement in shutting down methamphetamine labs (NCPC, 2006a:1-5) as well as by reclaiming public spaces from drug dealers (NCPC, 2006b:3).

#### **4.5 ADDRESSING THE METHAMPHETAMINE PROBLEM IN THAILAND**

Thailand is also a signatory to the three main United Nations Conventions on drug control mentioned earlier in this chapter (Office of the Narcotics Control Board (ONCB), 2013:1) and according to the Thai Government, it has been implementing the prescripts of these Conventions as required (Nitisiri, 2014:1). The country has been struggling with a severe methamphetamine problem for more than a decade now and has employed a number of vastly different strategies in its many attempts to effectively deal with it.

##### **4.5.1 Background**

The 1990s saw an explosion of methamphetamine use in Southeast Asia (Winn, 2012:1) and the drug continues to be a major threat to countries in this region (UNODC, 2012:1). In Thailand, methamphetamine is known as “Yaba” which means “crazy pills”. It is popular among the Thai working class as it enables users to work harder and be more productive, making long shifts more tolerable and enabling them to earn more (Winn, 2012:2). It is estimated that nine million people have become addicted to the drug in recent years (Scherker, 2013:1) and that five percent of the Thai population use it on a regular basis. This means that Thailand has the worst methamphetamine problem in the world (Spillius, 2003:2).

Thailand is a major trafficking destination for methamphetamine which mainly originates from neighbouring Myanmar and is trafficked over the 1 800km border the two countries share (IRIN Asia, 2014:2). Traffickers in Myanmar produce significant amounts of the drug on an annual basis for export to other countries in the region with a substantial portion destined for Thailand (USA, 2014g:295). Myanmar is, in fact, the main source of illicit methamphetamine manufacture in East and South-East Asia (UNODC, 2012:1). A major Myanmar-based methamphetamine manufacturer is believed to be the United Wa State Army which is a heavily armed militia (Winn, 2012:2). This militia is said to be in control of the Myanmar town of Mong Yawn which serves as the centre of the drug trade. Myanmar’s military regime is, however, believed to be turning a blind eye to the drug production and trafficking in an effort to promote peace amongst the country’s different ethnic groups (Gorski, 2003:1). In addition, methamphetamine continues to enter Thailand from Iranian and African sources (USA, 2014g:295).

#### 4.5.2 The government's initial response

In an effort to deal with this growing threat, Prime Minister Thaksin Shinawatra in early 2003, announced an ambitious plan to eradicate the drug in Thailand (StoptheDrugWar.org, 2003:1). In making this announcement, Shinawatra, according to Gorski (2003:1), stated that Thailand needed “a special strategy to tackle the drug problem” and “we have to think that this is the vital mission of the country and it is a war”. This new strategy would focus on reducing the supply of drugs (prevention strategy) by employing aggressive military and police tactics (Gorski, 2003:1). Branigan (2011:2) reported that Shinawatra, at the time, instructed that a blacklist of suspected drug dealers be drawn up and ordered the police to “act decisively and without mercy”.

It quickly became clear that the Thai government was serious in implementing the new strategy and the first two weeks of the campaign saw a total of 596 alleged drug dealers being killed (StoptheDrugWar.org, 2003:1). By the end of February 2003, it was reported by the Thai Interior Ministry that 993 people were killed during the first 24 days of the campaign that targeted producers and traffickers. The Ministry claimed that 977 people were killed by other gang members who feared that the victims might inform on them. The government only admitted to having killed 22 suspected drug dealers. They also claimed that a total of 8 745 suspected drug dealers were arrested by police at that early stage of the campaign (Spillius, 2003:1). It is estimated that more than 2500 people died after three months of this popular campaign (Branigan, 2011:2).

Amnesty International and Human Rights Watch as well as local human rights organisations have, however, expressed concern about the dramatic death toll associated with the campaign which also started to eradicate public support for the government clampdown (StoptheDrugWar.org, 2003:1). According to these groups, compelling evidence existed that a significant number of the killings were extra-judicial in nature (Branigan, 2011:2).

These strict tactics resulted in a staggering arrest rate, the introduction of stiff penalties and a heightened stigmatisation of drug users. However, a decade later the Thai supply and demand for methamphetamine is still on the rise and it is evident that the government's aggressive methamphetamine strategy failed to achieve sustainable results (IRIN Asia, 2014:1). The Thai Office of the Narcotics Control Board reported for instance that 2013 saw an estimated 50 000 more arrests for drug-related crime than 2012 and 40 million more methamphetamine pills were seized in 2013 than in 2012. This is due to an increased

availability of methamphetamine on the streets and these drastic efforts to control the Thai drug market were therefore regarded as “a complete and utter disaster” (IRIN Asia, 2014:2).

#### **4.5.3 Introduction of the new national drug control policy**

According to the Thai Minister of Justice, Mr. Chaikasem Nitisiri, the combating of illicit drugs remains a top priority for the Government (Nitisiri, 2014:2). Prime Minister Yingluck Shinawatra announced the Thai government’s new drug combating policy on 11 August 2011 and called on all sectors of society to collaborate in overcoming the Thai drug problem. This national drug control policy is called “the Kingdom’s Unity for Victory over Drugs” and is comprised of four main elements. Firstly, drug abusers will be regarded as patients who have a right to be treated properly and supported to reintegrate into society. Secondly, all segments of the Thai population are to be encouraged to unite against drug abuse in an effort to protect vulnerable groups. Thirdly, the rule of law will be upheld in dealing with drug traffickers, dealers and other offenders. Lastly, international cooperation on the control of illicit drugs and precursor chemicals will be sought to manage the drug threat proactively (ASEAN Inter-Parliamentary Assembly (AIPA), 2012:1-2).

The policy is to be implemented in accordance with the following seven identified plans that are intended to provide the necessary guidance:

Plan 1: The empowerment of communities: This plan focuses mainly on creating awareness of the dangers associated with drug use.

Plan 2: Demand reduction and treatment: The emphasis here is to make sure that drug users and addicts are treated humanely. They are accordingly being regarded as patients who are suffering from health problems (AIPA, 2012:2). Addicts are encouraged to undergo treatment on a voluntary basis and treatment services include access to effective aftercare services (Nitisiri, 2014:3). Since the introduction of the new policy in 2011 over 700 000 addicts have been accommodated in treatment programmes (USA, 2014g:295).

Plan 3: Potential demand reduction: This plan focuses on the strengthening of vulnerable groups in order to discourage getting involved in drug abuse.

Plan 4: Supply reduction: Initiatives underpinning this plan focus on disrupting the activities of drug manufacturers, traffickers, and dealers. It involves the stepping up of law enforcement activities under strict adherence to the principles of the rule of law. Such activities include investigations, the freezing and confiscation of assets and prosecutions of major drug offenders. This plan also requires the strengthening of the national drug intelligence centre, a clamp down on corrupt state officials and the improvement of the judicial system (AIPA, 2012:3). Since implementation, police have seized large quantities of



illicit drugs and maintain a high level of arrests for drug-related crime (Nitisiri, 2014:2). Thailand has severe penalties for drug-related offences and can include the death penalty for drug dealers, a penalty last imposed in 2009 (USA, 2014g:295).

Plan 5: International drug control cooperation: This in particular refers to cooperation with neighbouring countries towards the sharing of intelligence, the control of precursor chemicals used in the manufacturing of drugs and joint border interdictions.

Plan 6: Border interdiction: This plan is specifically aimed at preventing the inflow of drugs from neighbouring countries (AIPA, 2012:3) and includes enhanced security at ports of entry to detect illicit drug and precursor chemical smuggling (Nitisiri, 2014:2).

Plan 7: Integrative management: This plan sees to the establishment of management mechanisms at all levels of government. It requires the reorganisation of personnel, budget, structures and mechanisms so as to be able to respond effectively to the unique challenges posed by Thailand's methamphetamine problem (AIPA, 2012:4).

Unfortunately, the adoption of this policy largely remains a theoretical exercise as in practice Thailand retains its hard-line approach to addressing drug abuse. This is especially evident in the way Thailand continues to treat those addicted to drugs. As in the past, little compassion is shown towards addicts and they are often arrested and incarcerated in an effort to force abstinence (Windle, 2016:12).

#### **4.6 CONCLUSION**

Methamphetamine is a worldwide problem that, given the right circumstances, can have devastating consequences for a country. Thailand is a case in point and now struggles with the consequences of not effectively addressing the threat when it first emerged. The US on the other hand has been meeting the challenges of methamphetamine for years now and has developed a holistic approach which is based on multi-disciplinary collaboration. A similar approach also underpins the efforts of the UN's International Narcotics Control Board. It is encouraging to see that the Thai Government's policy shift in recent years also promotes a more holistic approach to managing its methamphetamine problem. Concerns, however, still exist with regard to Thailand's will to fully commit to this new policy direction.

The main aspects relating to the management of drug abuse by South African public institutions will be presented in the next chapter.

## **CHAPTER 5: MANAGING DRUG ABUSE IN SOUTH AFRICA**

### **5.1 INTRODUCTION**

In South Africa, drug abuse represents a significant social problem that translates into a major health challenge and is associated with enormous negative consequences on a personal, social, and economic level.

Public institutions in the Western Cape (the Provincial Government and the City of Cape Town) are making at least some progress in the fight against illicit drug abuse. Such progress is visible in the areas of providing addiction treatment, enforcing the law and promoting social development. Current public sector efforts, however, fall far short of achieving any significant results in addressing the Western Cape's methamphetamine problem.

This chapter firstly describes the legislative framework within which drug abuse reduction efforts are to be managed in South Africa. Secondly, it describes the response of the South African public sector to the challenges of drug abuse, especially as it relates to the methamphetamine problem in the Western Cape Province. Lastly, a more detailed description is provided on how the four areas of intervention that were identified in previous chapters, namely preventing illicit importation, preventing local manufacture, securing public housing, and empowering neighbourhood watches, are being managed by the public sector.

### **5.2 LEGISLATIVE FRAMEWORK FOR MANAGING DRUG ABUSE IN SOUTH AFRICA**

Efforts to manage drug abuse in South Africa are done within a comprehensive legislative and strategic framework. The following Acts are key legislation in managing drug abuse in South Africa and govern the response of public institutions to this problem.

*The Medicines and Related Substances Act, 1965 (No 101 of 1965):* This Act provides for the registration of medicines, the establishment of a Medicines Control Council and the control of medicines, and scheduled substances. It also provides for the control of medicine manufacturers, distributors, and wholesalers. This Act contains important prescripts that relate to the management of chemical substances used in the manufacturing of drugs which is described in Section 5.5.2.

*The Criminal Procedure Act, 1977 (No 51 of 1977)*: This Act prescribes the procedures to be followed in respect of matters that relate to criminal cases. The Act, *inter alia*, describes the procedures to be followed in executing search warrants, the entering of premises, arrests, summonses to appear in court, bail applications, and release. Section 252(A) of this Act sets out the procedure to be followed in the authorisation and execution of undercover trap operations or stings which are used on a regular basis to target drug dealers.

*The Prevention and Treatment of Drug Dependency Act, 1992 (No 20 of 1992)*: This Act requires the establishment of the Central Drug Authority (CDA) and sets out the powers of the CDA. It regulates the establishment and abolition of treatment centres and prescribes procedures for the day-to-day management of such centres, including registration, inspection, and committal of persons dependant on drugs to centres, detention of persons in centres and transfer of patients.

*The Drugs and Drug Trafficking Act, 1992 (No 140 of 1992)*: The aim of this Act is to address drug abuse and drug trafficking. In terms of this Act, it is illegal to use or be in possession of drugs, deal in drugs, manufacture drugs or to, in certain cases, supply substances that are related to the drug trade. The Act also defines the role of the police and sets out the police's powers as they relate to addressing drug offences, i.e. entry, search, seizure, detention and the recovery of the proceeds of drug trafficking. In addition, the Act contains important prescripts that relate to the management of chemical substances used in the manufacturing of drugs, which is described in Section 5.5.2.

*The South African Police Service Act, 1995 (No 68 of 1995)*: This Act governs the establishment and composition of the SAPS and the appointment of the National and Provincial Commissioners. It determines the powers, duties and functions of members of the SAPS and Municipal Police Services and regulates the prevention and investigation of crime (including drug manufacturing, trafficking, dealing and using), the establishment of Community Police Forums and Boards as well as the establishment of an Independent Complaints Directorate.

*The Immigration Control Act, 2002 (No 13 of 2002)*: The aim of this Act is to ensure the implementation of a system of immigration control that regulates the admission of foreigners to South Africa. It stipulates the functions of immigration control, the powers of the Department of Home Affairs, and the procedures to follow in respect temporary residence applications, permanent residence applications and the enforcement and monitoring of illegal foreigners which include deportation and detention of foreigners. The relevance of this

Act to the study lies in the fact that poor immigration control can be exploited by drug and precursor chemical traffickers.

*The International Trade Administration Act, 2002 (No 71 of 2002):* The purpose of this Act is to provide for the establishment of the International Trade Administration Commission, to regulate the procedures of the commission, to control the import and export of goods and to amend customs duties. This Act contains important prescripts that relate to the management of chemical substances used in the manufacturing of drugs, which is described in Section 5.5.2.

*The Prevention of and Treatment for Substance Abuse Act, 2008 (No 70 of 2008):* This Act regulates the norms and standards applicable to a wide range of prevention- and treatment-related services and initiatives. It also regulates the registration and management of community-based drug abuse prevention services, treatment centres and halfway houses, the establishment of aftercare services, the admission to treatment centres and the maintenance of discipline at such facilities. It reinforces the Prevention and Treatment of Drug Dependency Act, 1992 (No 20 of 1992) requirement for the establishment of the Central Drug Authority (CDA) and expands on the prescribed composition of this structure. In addition, the Act requires the establishment of Provincial Substance Abuse Forums and Local Drug Action Committees and sets out the functions of these forums and committees. The Act furthermore recognises the need to manage drug abuse from a holistic perspective, directs the adoption of a National Drug Master Plan (MDMP) and explicitly calls for the establishment of integrated programmes aimed at preventing drug abuse.

*The Western Cape Community Safety Act, 2013 (No 3 of 2013):* This Provincial Act provides for improved cooperation with the Civilian Secretariat and the Provincial Secretariat of the SAPS, directives that would govern the establishment of community police forums and boards, the accreditation of organisations and associations as neighbourhood watches, improved partnerships with community organisations, the establishment and maintenance of an integrated information system and a database of organisations and the establishment of the Office of the Western Cape Provincial Police Ombudsman to investigate complaints against the police.

*The Public Administration Management Act, 2014 (No 11 of 2014):* This Act provides for human resources capacity development and training in order to promote the realisation of public administration values and principles. It requires the establishment of a unit to oversee matters relating to ethics, integrity and discipline which will cooperate with other organs of

state and institutions to fulfil its function. It provides for the setting of minimum standards for public administration and the establishment of a mechanism to ensure compliance to such standards. It also prescribes the use of information and communication technologies in public administration. The Act therefore creates an environment which is conducive to inter-agency collaboration.

### **5.3 STRATEGIC FRAMEWORK FOR MANAGING DRUG ABUSE IN SOUTH AFRICA**

On an international level, South Africa is party to all three of the drug control treaties, namely the Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. The South African government is therefore required to comply with the provisions of these treaties (USA, 2012:392).

An overview of the prevailing strategic framework in South Africa on national, provincial and local government level is presented here. The description of the provincial strategic framework only focuses on the Western Cape Province due to it being the only province relevant to this study. The description of the local government strategic framework only focuses on the strategies of the City of Cape Town as it is the only Metro in the province with its geographical area spanning more than half of that of the province.

#### **5.3.1 National Government strategic framework**

On a national level, the development of the National Crime Prevention Strategy (NCPS) of 1996 is regarded as a major national crime combating initiative that could have had a significant impact on drug-related crime. The NCPS initially represented an ideal framework for addressing crime holistically in South Africa (Kruger, 2014). However, inadequate attempts to implement both the NCPS and the 1998 White Paper on Safety and Security resulted in poor integration of the required stakeholders and therefore failure in the establishment of joint accountability. For crime to be effectively addressed in South Africa, a collective and synergised approach is required (Holtmann & Domingo-Swarts, 2008:105). The National Government, however, failed to establish an integrated organisational structure with the capacity to implement the NCPS with the result that the strategy was never fully implemented (PGWC, 2014a:4-5).

Another significant development for South Africa has been the drafting of the National Drug Master Plan (NDMP) which was adopted in 1999 (Lund & Hewana, 2012:367) and which

identifies the roles and responsibilities of various public institutions in the combating of drug abuse (RSA, 2013a:9-10). It represents the National Government's efforts to implement the Prevention of and Treatment of Substance Abuse Act, 2008 (No 70 of 2008) (USA, 2014g:285). The NDMP was adopted for purposes of uniting all stakeholders for "joint action" in combating drug abuse (Lund & Hewana, 2012:367).

The revised NDMP for 2013 to 2017 was approved by Parliament on 26 June 2013 (RSA, 2015a:1) and has to be implemented by the Central Drug Authority. It was developed by the Central Drug Authority in terms of the Prevention and Treatment of Drug Dependence Act, 1992 (No 20 of 1992) as well as the Prevention of and Treatment for Substance Abuse Act, 2008 (No 70 of 2008) (RSA, 2013a:9).

#### *5.3.1.1 Key strategic objectives of the NDMP*

The NDMP follows "a balanced approach that uses an integrated combination of strategies". As such, it rests on the following three pillars:

Demand reduction: Reducing the need for illegal substances by making the use of these substances culturally undesirable though educating potential users.

Supply reduction: Reducing the availability of illegal substances.

Harm reduction: Ameliorating the damage done to individual users or communities caught up in the cycle of substance abuse (RSA, 2013a:13).

The key specific outcomes to be achieved with implementation of the plan are as follows:

- a) Reducing the economic and bio-psycho-social impact of drug abuse on the population.
- b) Strengthening the ability of all people in South Africa to deal with problems related to substance abuse within communities.
- c) Developing recreational facilities and diversion programmes that prevent vulnerable populations from becoming substance abusers/dependents.
- d) Reducing availability of dependence-forming substances/drugs, including alcoholic beverages.
- e) Development and implementation of multi-disciplinary and multi-modal protocols and practices for integrated diagnosis and treatment of substance dependence and co-occurring disorders and for funding such diagnosis and treatments.
- f) Harmonisation and enforcement of laws and policies to facilitate effective governance of supply chain with regard to alcohol and other drugs.
- g) Creation of job opportunities in the field of combating substance abuse (RSA, 2013a:14).

### *5.3.1.2 Key challenges from the 2006-2011 NDMP*

In reviewing the key challenges from the 2006 – 2011 NDMP, the new Plan highlights the importance of re-aligning its underlying strategy to meet the implications of changing patterns of substance abuse in South African communities. It also calls for proactive efforts to identify and combat changing threats of substance abuse (RSA, 2013a:13). Also important to note is that an essential element of the 2006 to 2011 NDMP was the creation of a national database of narcotic-related crimes which are used to effectively track such crimes (USA, 2012:392). The new plan identifies this matter as a challenge that still needs to be dealt with (RSA, 2013a:13).

### *5.3.1.3 Implementation of the NDMP*

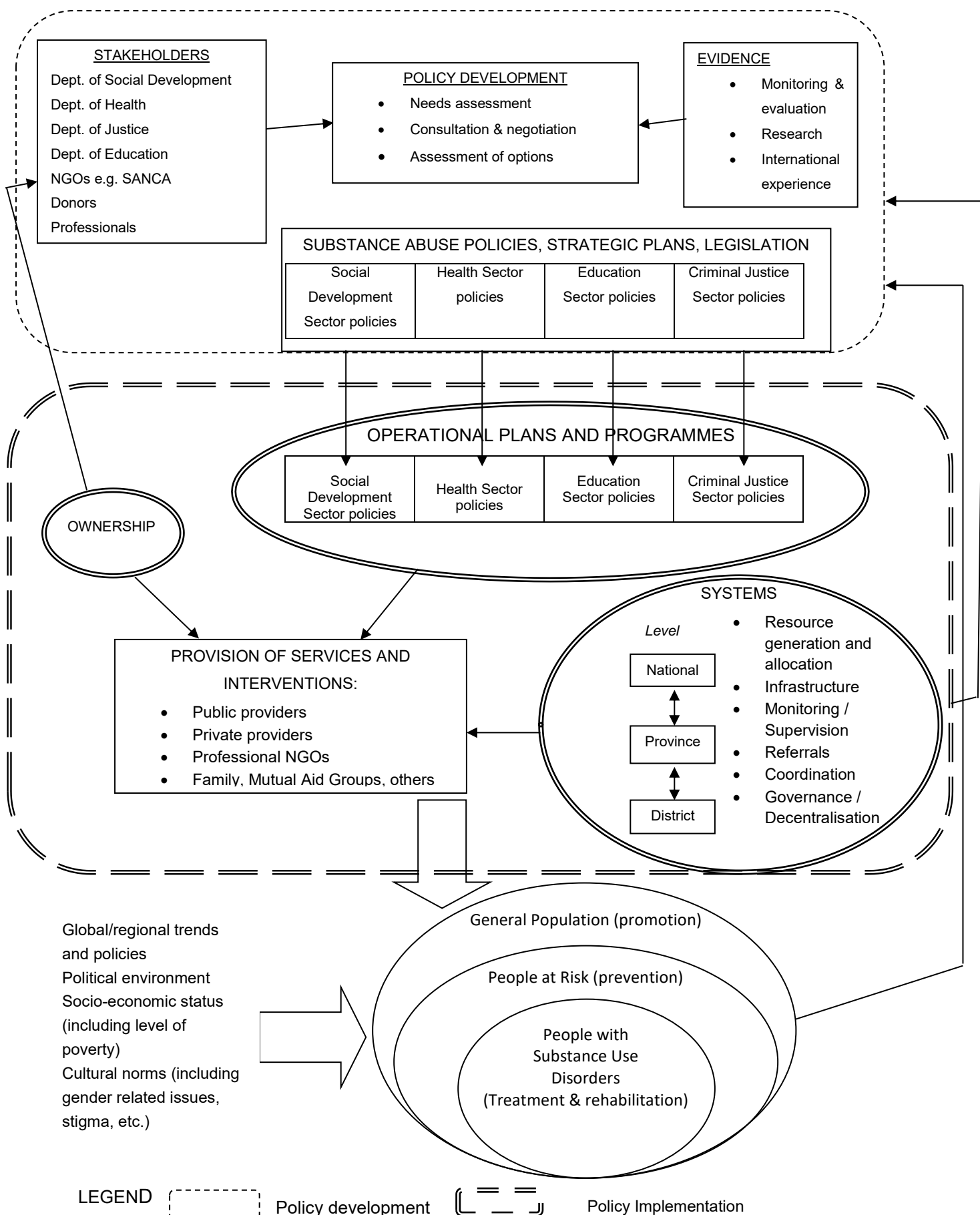
The establishment of a Central Drug Authority (CDA) is a statutory requirement (RSA, 2013b:7) in terms of the Prevention and Treatment of Drug Dependence Act, 1992 (No 20 of 1992) as well as the Prevention of and Treatment for Substance Abuse Act, 2008 (No 70 of 2008) and is required by these two Acts to “direct, guide and oversee” the implementation of the NDMP (RSA, 2013a:9). It comprises representatives of a wide range of governmental and non-governmental stakeholders (Lund & Hewana, 2012:371). In terms of Section 53(2) of the Prevention of and Treatment for Substance Abuse Act, 2008 (No 70 of 2008), the CDA should comprise representatives from the following national entities:

- a) Department of Social Development
- b) Department of Justice and Constitutional Development
- c) South African Police Service
- d) Department of Health
- e) Department of Education
- f) Department of Home Affairs
- g) Department of Foreign Affairs
- h) Department of Trade and Industry
- i) South African Revenue Service
- j) Department of Correctional Services
- k) Department of Labour
- l) National Treasury
- m) Department of Arts and Culture
- n) Department of Sport and Recreation
- o) Department of Agriculture

- p) Department of Transport
- q) Department of Provincial and Local Government
- r) National Youth Commission
- s) Medicines Control Council
- t) National Prosecuting Authority
- u) 13 additional members who are persons with knowledge or experience in the management of drug abuse and who can be expected to make a substantial contribution to such efforts.

The CDA's mandate requires it to coordinate the drug combating efforts of all national and provincial departments (RSA, 2013a:11) and to facilitate the integration of all these efforts (RSA, 2013b:7). In addition to the NDMP, a number of government departments are required to draft operational plans for delivery of the NDMP in line with their core functions (RSA, 2014b:1). Representatives of these national and provincial departments serving on the CDA are expected to lead the development of their departmental Drug Master Plans and to guide and coordinate the activities of these departments to achieve the objectives of their plan (RSA, 2013a:12). Figure 5.1 depicts the interaction of the various stakeholders involved in the development of the NDMP which, according to Lund and Hewana (2012:371), represents a holistic approach to reducing the availability of drugs and minimising the consequences of drug use.





**Figure 5.1: Substance abuse policy in South Africa**  
 Source: Lund & Hewana (2012:369)

### 5.3.2 Provincial Government strategic framework

On provincial level, drug abuse is primarily managed in terms of the Provincial Government of the Western Cape's Blueprint: Prevention and Treatment of Alcohol and Drug Use. The purpose of the blueprint is to arrive at a comprehensive strategy for the prevention and treatment of drugs and other substance abuse and to produce a viable implementation framework for such a strategy (PGWC, 2010a:11). It mainly focuses on treatment, early intervention, and awareness programmes to be implemented by the Provincial Departments of Social Development, Health and Education (PGWC, 2010a:19-26). The Provincial Department of Community Safety, however, is required to implement supply reduction measures which include the development of neighbourhood watches towards maximising "community involvement in grassroots efforts to address drug supply and demand" (PGWC, 2010a:26).

Various departments of the Western Cape Provincial Government also implement drug abuse prevention initiatives in support of the National Drug Master Plan (PGWC, 2010a:15). The Provincial Government spends in the region of R100 million per annum on projects and programmes aimed at addressing substance abuse across the province. Within the Provincial Government, the Department of Social Development is leading drug abuse prevention and treatment efforts. It coordinates a Provincial Substance Abuse Forum in line with the National Drug Master Plan (PGWC, 2010a:15), i.e. the Western Cape Substance Abuse Forum (WCSAF). This forum is required to include all stakeholders responsible for education, community participation, treatment, policing, policymaking, and legislation (RSA, 2013a:60). In terms of Section 57 of the Prevention of and Treatment for Substance Abuse Act, 2008 (No 70 of 2008), Provincial Substance Abuse Forums are to comprise representatives from the following:

- a) Relevant provincial departments.
- b) Community action groups.
- c) Treatment institutions.
- d) Law enforcement entities.
- e) Research institutions.
- f) Business sector.
- g) Non-governmental institutions.
- h) Other structures that are considered relevant.

### 5.3.3 Local Government strategic framework

On local government level, The City of Cape Town's Integrated Development Plan (IDP) provides an overarching strategic framework on how the City's Safety & Security, Health and Social Development Directorates are to address this problem (City of Cape Town, 2013a:57, 59 and 80).

Aligned with the IDP is the City's Alcohol and Other Drug Strategy for the period 2014 to 2017 (City of Cape Town, 2014d:12). The overriding goal of this strategy is "to reduce the health, economic and social burden caused by alcohol and other drug (AOD) abuse in Cape Town, through the provision of targeted actions and support by the City Directorate's" and in so doing to support the implementation of the National Drug Master Plan (City of Cape Town, 2014d:5). The strategy approaches the drug abuse problem from the following perspectives:

- a) Prevention: Socio-economic prevention initiatives, education, infrastructural design, and targeting high risk individuals.
- b) Intervention: Focusing on addiction treatment and aftercare.
- c) Co-ordination: Intergovernmental coordination and collaboration as well as research.
- d) Suppression: Law enforcement and intelligence interventions (City of Cape Town, 2014d:6).

A widely publicised element of this strategy is the "I have a drug problem" campaign that was launched in 2014 and is aimed at urging "all those who are affected by substance abuse, including the family and friends of substance abusers" to reach out for assistance (City of Cape Town, 2014e:1).

Prevention initiatives implemented by the City in support of the National Drug Master Plan (PGWC, 2010a:15) aim to achieve abstinence and include the following:

- a) The creation of 40 recreational hubs throughout the City to support youth at risk.
- b) Awareness programmes in public libraries.
- c) Strengthening families programme implementation which is aimed at improving communication within the family.
- d) Holiday programmes in various targeted areas aimed at drawing youth off the streets and presenting them with alternative means to pass the time (City of Cape Town, 2014f:2).

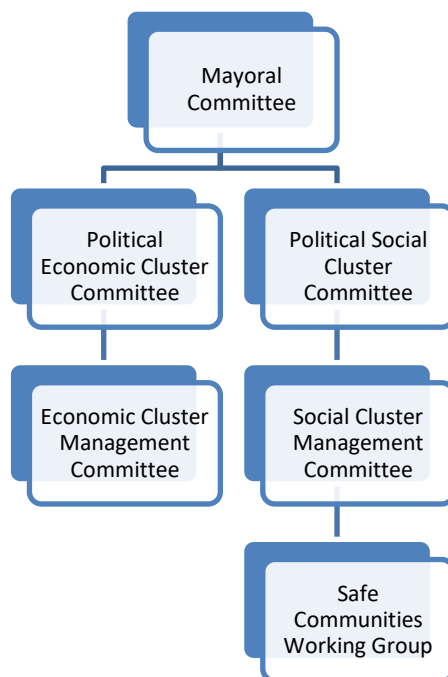
Addiction treatment services delivered in terms of the Alcohol and Other Drug Strategy include a 16-week outpatient Matrix treatment programme at a number of dedicated facilities across the metropolitan area (City of Cape Town, 2014e:1). This intensive programme is designed to provide a framework within which drug abusers can cease using drugs, receive ongoing support, learn critical issues pertaining to drug abuse, get involved in self-help initiatives and receive monitoring (NIDA, 2013:1).

Implementation of the City's Alcohol and Other Drug Strategy is coordinated by the Cape Town Alcohol and Drug Action Committee (CTADAC) (City of Cape Town, 2014d:12). The CTADAC, which is a Local Drug Action Committee as prescribed by Section 60 of the Prevention of and Treatment for Substance Abuse Act, 2008 (No 70 of 2008), is required to be inclusive and should according to RSA (2013a:60) include all stakeholders that are involved in drug abuse and related problems. In terms of Section 60(3) of the Prevention of and Treatment for Substance Abuse Act, 2008 (No. 70 of 2008), Local Drug Action Committees are to comprise representatives from the following:

- a) Officials from government departments.
- b) The South African Police Service.
- c) Correctional services.
- d) An education institution.
- e) Prevention, treatment and aftercare services.
- f) The local health authority.
- g) The local business sector.
- h) A legal professional from the local community.
- i) The local traditional authority.

In managing drug abuse in the Western Cape, cognisance also needs to be taken of the City of Cape Town's Transversal Management System which aims to ensure that the different directorates of the city collaborate in service delivery. This system is regarded as work-in-progress and was designed to be flexible so that it can adapt to changing circumstances (City of Cape Town, 2014g:3). The system, which is depicted in Figure 5.2 comprises two cluster group of portfolios i.e. social and economic. Political cluster committees exist for each of these two clusters for purposes of providing oversight and strategic guidance. These committees comprise the Mayor, Deputy Mayor, as well as relevant Mayoral Committee members, Portfolio Committee chairpersons and Executive Directors (City of Cape Town, 2014g:8). Reporting to these political clusters are two Cluster Management Committees which oversee a number of working groups and comprise relevant Executive Directors and additional officials as determined by the City Manager (City of Cape Town, 2014g:9).

Different Working Groups are established around specific issues that require a transversal approach and comprise relevant officials from various city departments (City of Cape Town, 2014g:10). One of these is the Safe Communities Working Group which drives a number of social and crime prevention programmes and receives updates on the work of the CTADAC (City of Cape Town, 2015a:1).



**Figure 5.2: Structure of the City of Cape Town's Transversal Management System**

Source: Adapted from City of Cape Town (2014g:5)

#### 5.3.4 Collaboration: A requirement of the South African strategic framework

Stein, Ellis, Meintjes and Thomas (2012:7) are encouraged with the efforts to address drug abuse in South Africa and the fact that there “is evidence of multidisciplinary collaboration to further this work”. Such efforts include initiatives that focus on treating drug abuse disorders as well as those aimed at preventing the occurrence of drug abuse (Stein *et al.*, 2012:7). For purposes of addressing substance abuse, integrated management should enable the inclusion of policy makers at national level, policy makers and other agencies at local level, NGOs, community leaders, universities and other research institutions (UNODC, 2013:43), teachers, police, health care workers, counsellors and correctional services staff (Lund & Hewana, 2012:368). The NDMP accordingly advocates integration of efforts and as mentioned earlier, the CDA is required to facilitate the integration of all these efforts. At a later stage in the dissertation, the author determines whether the CDA does indeed possess

the required capacity to ensure joint action as required by the Emerson model discussed in Chapter 2.

The Provincial Government's Blueprint: Prevention and Treatment of Alcohol and Drug Use also provides for integrated management when it calls for the establishment of "a transversal organisational management structure" that would ensure the necessary level of priority being given to the implementation of the strategy by departments of the Provincial Government. This management structure would also ensure that the coordination and monitoring of the project be centralised in the Office of the Premier through the Western Cape Substance Abuse Forum. In addition, it will enable proper coordination with other relevant governmental and non-governmental stakeholders (PGWC, 2010a:11). A well-functioning judiciary and police service will be important elements of any of these collaboration efforts and it is therefore necessary to take cognisance of the particular challenges associated with the South African criminal justice system.

#### **5.4 CHALLENGES ASSOCIATED WITH THE SOUTH AFRICAN CRIMINAL JUSTICE SYSTEM**

The South African criminal justice system is unfortunately not contributing to the creation of an environment that is conducive to combating drug-related crime. The inability to effectively prosecute offenders (especially drug manufacturers and dealers), widespread corruption and police inefficiency represents serious challenges in effectively addressing the Western Cape's drug problem.

##### **5.4.1 Successful prosecutions for drug-related crime**

Despite claims to the contrary, general concern exists regarding the criminal justice system's level of success in securing proper convictions. It is common for the Department of Justice to claim a staggering conviction rate without explaining to the public that the high conviction rate only refers to the percentage of finalised cases that have been successfully prosecuted. These cases often represent less than one percent of the total number of crimes reported to police (Hartley, 2012:1). Rasmusen, Raghav and Ramseyer (2008:1) accordingly warned that using only conviction rates as a means of measuring a prosecuting authority's performance will necessarily result in a skewed picture simply because they can choose which cases to prosecute. If they choose only strong cases to prosecute, their conviction rate will obviously point to better performance. They therefore argued that any system that

only looks at conviction rates as opposed to the number of convictions achieved against the number of persons arrested can be easily abused.

Having access to information that can point to the number of reported cases which resulted in convictions is critical if one is to assess the ultimate success of the criminal justice system in combating illicit drugs (Lancaster, 2012:1). Both Gould (2013:2) and Lancaster (2012:1), however, pointed to the fact that despite a substantial investment made by the National Government to establish an integrated criminal justice information system, the tracking of individual offenders and progress with drug related cases through the criminal justice system is still not possible.

The Provincial Government of the Western Cape's blueprint for the prevention and treatment of alcohol and drugs (PGWC, 2010a:16-17) lists the following as reasons for what is believed to be a very low rate of reported drug-related cases that resulted in convictions:

- a) The sheer number of drug-related cases being opened. A backlog of up to 30 000 cases exists on court rolls in the Western Cape at any given time.
- b) Forensic reports not being available for some cases. Samples of drugs confiscated need to be analysed and results presented if convictions of drug dealers are to be secured.
- c) Wealthy drug dealers have the means to appoint skilled legal representatives which results in court cases being delayed.
- d) Arrest of drug dealers is hampered by the challenges the SAPS faces, i.e. shortage of skilled detectives and drug dealers being well organised.

#### **5.4.2 The impact of police corruption**

Further difficulty exists when the prevailing levels of police corruption in South Africa are considered. Henda (2010:2) regards police corruption as the most critical shortcoming in the Western Cape's drug combating efforts. Reports of policemen being actively complicit with drug dealers or simply being paid off by drug dealers in exchange for looking the other way abounds (Henda, 2010:2). In a personal interview with a police informant who has been selling drugs on the streets of Cape Town since 2003, this practice was confirmed to be widespread. The informant also highlighted the ease with which potentially corrupt policemen could be identified and mutually beneficial agreements could be reached (Confidential Informant, Interview:2014).

### **5.4.3 Police inefficiency**

Serious deficiencies in policing in the Western Cape have also been highlighted in the report of the Khayelitsha Commission (2014). These include ineffective visible policing, failure to properly investigate crimes, failure to provide feedback to complainants, and serious problems with the gathering of crime intelligence and the management of crime scenes in the Province (Khayelitsha Commission, 2014:354-377). In addition, the Western Cape's Department of Community Safety conducted a so-called Watching Brief exercise during the 2014/15 financial year for purposes of monitoring the progress of 144 criminal cases through the criminal justice system. The results of this Watching Brief indicate that 74 of these cases were removed from the court rolls simply because the investigating officer failed to finalise the investigation within a reasonable time frame, 54 cases were withdrawn due to the investigating officer's failure to bring the case docket to court, 15 cases were removed from the court rolls due to the investigating officer's failure to subpoena witnesses to attend court (Gerber, 2015:1-5).

This state of affairs no doubt contributes to an environment in which drug trafficking and dealing can flourish. In addition, cognisance should be taken of the fact that the Western Cape Provincial Government can do little to improve the performance of the SAPS and the Department of Justice as these are National Government Departments.

## **5.5 THE CURRENT MANAGEMENT OF THE IMPLEMENTATION OF FOUR SELECTED DRUG ABUSE REDUCTION STRATEGIES IN SOUTH AFRICA**

An explanation was provided in Chapter 4 (Section 4.4.) for the decision to provide a detailed description of current management practices relating to only four drug abuse prevention strategies. This description as far as it relates to the Western Cape Province, is presented here.

### **5.5.1 Preventing the illicit importation of methamphetamine: Securing the national borders**

A major contributing factor to drug trafficking in South Africa is the fact that the country experiences significant border protection challenges. It has ten international airports, eight major sea ports and some 4 862 km of border that is shared with six countries, to protect (USA, 2012:392). After the first democratic election in South Africa in 1994, the country was exposed to international trends of economic, social and political nature. It was, however, also



to a far greater extent than previously exposed to transnational crime which includes drug trafficking, influx of illegal immigrants and smuggling in firearms and other contraband (Minnaar, 2003:23). According to Ward (2012:290), the advent of democracy in South Africa resulted in weakened border controls which in turn enabled local gangs to link up with foreign organised crime groups to boost their drug trafficking operations. South African sea ports therefore, continue to be targeted by drug traffickers as possible entry and exit points for their products (INCB, 2014b:41).

#### *5.5.1.1 Port control situation and efforts to strengthen security*

Section 200(2) of the Constitution of the Republic of South Africa, 1996 (previously known as Act No 108 of 1996 now only referred to as The Constitution) places the responsibility of border protection with the SANDF:

*“The primary objective of the defence force is to defend and protect the Republic, its territorial integrity and its people in accordance with the Constitution and the principles of international law regulating the use of force”.*

In reality, however, policing of the country's borders is the prime responsibility of the SAPS (Minnaar, 2003:23), although it's constitutional mandate does not include border control (Democratic Alliance (DA), 2008:3). Section 205(3) of the Constitution, sets out the SAPS' mandate as follows:

*“The objects of the police service are to prevent, combat and investigate crime, to maintain public order, to protect and secure the inhabitants of the Republic and their property, and to uphold and enforce the law”.*

The SAPS is therefore fulfilling the border control function without legal mandate (DA, 2008:3). It fulfils this function in cooperation with other relevant government departments, i.e. Customs and Excise within the South African Revenue Service which has the responsibility of providing for the levy of customs and excise duties, and the Department of Home Affairs which is responsible for controlling admissions of persons into South Africa (Minnaar, 2003:23).

Since 1994, many initiatives have been launched to deal with the increased criminal activity at South African ports. Most of these efforts focused on improved security controls at ports of entry and the coordination of inter-departmental efforts. Following a damning report submitted by a US team after their assessment of existing controls at ports, the RSA Government in May 1997 approved the establishment of a National Interdepartmental

Structure (NIDS) for Border Control. The NIDS represented a collaborative approach between the SAPS, Department of Home Affairs (Immigration Branch) and SARS (Customs & Excise) and was at the time regarded as the only viable strategy for effective border control (Minnaar, 2003:24).

In commencing with its task, the NIDS commissioned a comprehensive analysis of border control measures and found that border control was “exercised within an ad hoc or reactive environment, with decisions made as the need arose”. The NIDS realised that existing border control measures had to be completely reformulated and launched a number of initiatives to achieve this goal. The first of these initiatives was the establishment of Mobile Detective Units (MDUs) which were to comprise SAPS members as well as immigration and customs and excise personnel (Minnaar, 2003:25-26). Other initiatives include the acquisition of new technology and operational reorganisation at ports of entry (Minnaar, 2003:27).

The NIDS’ collective approach was implemented between 1997 and 2000 and saw significant improvements to border control at international ports of entry, especially at the Johannesburg International Airport and Durban Harbour where all the new control systems were tested (Minnaar, 2003:27-28). In a bid to strengthen the NIDS’ collective approach towards border control, the Government in October 2001, formed a Border Control Operational Coordinating Committee (BCOCC) which besides the SAPS, Home Affairs and SARS, also comprises other relevant departments (Minnaar, 2003:29). In the Western Cape, these include the SANDF, the Department of Agriculture, Forestry and Fisheries (because of their responsibility to inspect fishing vessels), the State Security Agency, the City of Cape Town and Transnet National Ports Authority (TNPA) (Border Control Operational Coordinating Committee (BCOCC), 2011:1-2).

#### *5.5.1.2 Complying with international requirements*

South Africa is also required to abide by the International Ship and Port Facility Security Code (ISPS Code) (Van der Merwe, 2003:1) that was briefly discussed in the previous chapter. In its Status Report on Port Security in South Africa – 2009, Transnet stated that all seven of the country’s commercial ports are compliant with the ISPS Code (Transnet National Ports Authority (TNPA), 2009:12).

The TNPA has accordingly invested a substantial amount of money and time into upgrading the security at ports. Such security upgrading initiatives include the drawing up of

assessment plans, training of security personnel, installation of proper fencing, the relocation of guard houses and in some cases the installation of closed-circuit television (CCTV) and Automatic Identification System that enables the remote identification of vessels (TNPA, 2007:1).

#### *5.5.1.3 Security challenges at harbours in the Western Cape*

According to Minnaar (2003:25), a 1996 US assessment of South African sea ports found serious security challenges, with their main concerns being: (a) a general absence of security personnel; (b) with the exception of the SAPS, the other agencies responsible for border control were not located inside the harbour area; (c) officials had to rely on private companies and parastatals for necessary facilities and accommodation; and (d) a general lack of security contributed to harbours being vulnerable to smuggling of goods, people, weapons and drugs. Despite the South African Government's efforts to increase security at sea ports as outlined in this chapter, little seems to have changed from the 1996 US assessment findings, especially concerning sea ports in the Western Cape.

To this end, a 2008 report by the Democratic Alliance (DA) on the state of border security (DA, 2008:5) argued that the SAPS cannot even cope with its core functions and is also clearly unable to maintain the territorial integrity of the country's borders. As far as the introduction of the BCOCC is concerned, it states that this structure "has no complete overall strategic plan relating to borderline policing, as well as no divisional policy relating to borderline operations".

In addition, a high level security threat assessment of Cape Town's sea ports that was done towards the end of 2012 reveals a number of serious challenges. Apart from the Cape Town Harbour, there are a number of smaller sea ports within the area of jurisdiction of the city which include: Gaansekraal, Royal Cape Yacht Club, Oceana Powerboat Club, Three Anchor Bay, Hout Bay, Kommetjie, Millers Point, Kalk Bay, Simons Town and Gordon's Bay (City of Cape Town, 2012a:1).

In regard to the Cape Town Harbour, the assessment (City of Cape Town, 2012a:3) reports that the Table Bay Harbour SAPS provide a police presence and act on intelligence received which leads to the occasional opening of cargo containers. Police resources are, however, inadequate as there are only eight members tasked with shipping-related functions. They are required to cover the area from Saldanha harbour all the way around the coast to Mossel Bay and they mainly focus on copper and scrap metal that is leaving the country without the proper registration and export taxes paid. Shipping containers are only targeted for

inspection when their labels suggest that a closer look is required and in such cases, the container will be opened and a few boxes nearby will be opened and inspected. Without advanced technology, it is impossible to properly inspect all shipping containers. As a result, drugs, firearms, ammunition, explosives and chemicals used in the manufacturing of drugs can be smuggled into the country through Cape Town Harbour, “easily and without fear of detection”. A number of criminal gangs (including foreigners) are also extremely active at this sea port (City of Cape Town, 2012a:3).

The Government’s decision to establish a multi-disciplinary facility in Cape Town Harbour that would comprise dedicated representatives from all relevant departments and which is widely expected to drastically improve turnaround times for imports and exports as well as security in the area, is also mentioned (City of Cape Town, 2012a:5). This initiative which is described as a “one-stop shop for border control” was indeed launched on 2 May 2014 (Geldenhuys & Legg, 2014:1). The facility houses the Department of Home Affairs’ Immigration Branch, the State Security Agency, SARS, the Department of Agriculture, Forestry and Fisheries and the Department of Health (Buthelezi, 2014:1). It is equipped with advanced technology for establishing a shared information database which is expected to enable better cooperation among these departments (Geldenhuys & Legg, 2014:1). The facility is expected to promote trade and tourism while tightening up on security to protect the country from illicit goods and illegal immigrants. It is the Government’s intention to implement the same measures at the other nine maritime ports of entry in the country as well (Geldenhuys & Legg, 2014:1).

However, even more alarming than the situation at Cape Town Harbour is that the high level security threat assessment referred to earlier found the situation at smaller sea ports to be worse with criminals taking advantage of the fact that there are no security control measures or any police presence at most of these sea ports (City of Cape Town, 2012a:3). An on-site inspection by the researcher of Hout Bay Harbour confirmed this situation (Observation:5 March 2015). The report singles Hout Bay out and describes it as “a hub of criminal activity” which requires urgent intervention to restore law and order (City of Cape Town, 2012a:3).

A major concern identified is that of smaller boats meeting up with larger vessels offshore to upload contraband. This is believed to be happening at all sea ports in Cape Town and the assessment indicates that the last time the comings and goings of smaller boats were properly regulated in South Africa was almost 20 years ago. Anyone can therefore leave on a day trip with a small boat, meet up with another vessel offshore to upload illicit items and simply bring the items back into the harbour and onto the City streets without fear of

detection (City of Cape Town, 2012a:3-4). According to the assessment, the situation is “so dire that it can only be described as a major security threat” to the nation (City of Cape Town, 2012a:1).

### **5.5.2 Preventing local manufacturing of methamphetamine**

As indicated in Chapter 3, the prevention of local methamphetamine manufacture can be best achieved by controlling or preventing the availability of chemicals used in the manufacturing of the drug.

#### *5.5.2.1 The extent of chemical diversion in South Africa*

According to UNODC (2011:73), ephedrine and pseudoephedrine, which are the main precursor chemicals used in the manufacturing of methamphetamine, are being imported by South Africa on a significant scale. The country also serves as a major transshipment point for such chemicals (UNODC, 2011:73) as well as amphetamine-type substances and other narcotic drugs (RSA, 2013a:20). South Africa is in fact, “one of the world’s largest importers of licit ephedrine and pseudoephedrine” (RSA, 2013a:20).

As indicated earlier, South Africa experiences significant border protection challenges. This, together with the fact that the country has efficient financial and transportation infrastructures in place, makes it an ideal location for precursor chemical smugglers and drug traffickers to store their contraband and from where it can be shipped off to other destinations (UNODC, 2011:73).

This trend has been confirmed by the US Bureau for International Narcotics and Law Enforcement Affairs (USA, 2012:392) which stated that significant quantities of amphetamine type stimulants including methaqualone (Mandrax), methcathinone (Khat) and methamphetamine, are being manufactured in South Africa (USA, 2012:392). There are also regular reports of clandestine laboratories being found in the country and some of these are of significant size (INCB, 2012b:50). According to the INCB (2014b:43), illicitly manufactured methamphetamine and other amphetamine type stimulants in South Africa are also being exported and recent reports indicate South African methamphetamine manufacturers are making use of couriers to traffic their products through airports in the Gulf region to Asia and Australia.

Furthermore, the INCB (2012b:50) states that “in South Africa, large quantities of legally imported ephedrine and pseudoephedrine are diverted to be used for the illicit manufacture of methamphetamine”. The SAPS, however, only reports an annual average of 11 clandestine methamphetamine laboratories being detected in the country. It therefore follows that the bulk of methamphetamine manufacturing operations within South Africa, goes undetected (PGWC, 2012:2). Pluddemann *et al.* (2007:2) accordingly advised that methamphetamine interdiction strategies for South Africa should include the introduction of legislation that would govern the sale of methamphetamine precursor chemicals as well as harsh penalties for chemical companies found to be selling their products to drug manufacturers.

Criminal groups in Southern Africa are also believed to be increasingly involved in the online sale of illicit drugs (INCB, 2014b:40). The INCB has, for several years now, been drawing the attention of governments to the “phenomenon of illegal internet pharmacies and the need to better protect the public against the illegal distribution of preparations containing internationally controlled substances”. The INCB has accordingly developed ‘Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the internet’ for purposes of assisting member states in the formulation of legislation that would govern the use of the internet to purchase, sell, import or export internationally controlled substances (INCB, 2014b:34). Attempts to determine whether these guidelines are used by the South African Government were unsuccessful although it was determined that no such efforts have been undertaken by the Provincial Government of the Western Cape or the City of Cape Town.

#### *5.5.2.2 Existing precursor chemical control in South Africa*

In an effort to meet the country’s obligations under the United Nations Convention against Illegal Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (hereafter referred to as the 1988 UN Convention), the SAPS introduced the Chemical Monitoring Programme in 1994. This initiative monitors the 23 precursor chemicals listed under article 12 of the 1988 UN Convention as well as an additional 96 that are also used in the manufacturing of illicit drugs (RSA, 2004:foreword). The objectives of the Chemical Monitoring Programme are to restrict the availability of illicitly manufactured drugs by identifying illicit drug laboratories and prosecuting the perpetrators as well as to reduce the diversion of chemicals by monitoring the importation, manufacturing, and distribution of such chemicals (RSA, 2004:Annexure 1).

The National Department of Social Development (RSA, 2013a:20) and the South African Police Service (RSA, 2004:11-14) identify Section 3 of the Drugs and Drug Trafficking Act, 1992 (No 140 of 1992) and Section 6 of the International Trade Administration Act, 2002 (No 71 of 2002) as applicable legislation in respect of chemical monitoring. Certain sections of the Medicines and Related Substances Act, 1965 (No 101 of 1965) as well as recent additions to the Drugs and Drug Trafficking Act, 1992 (No 140 of 1992) can also be regarded as applicable legislation to the field of chemical monitoring. It is deemed appropriate that the relevant sections of these Acts be described here:

*The Drugs and Drug Trafficking Act, 1992 (No 140 of 1992):* Section 3 of the Act makes it a criminal offence to manufacture or supply any chemical, knowing or suspecting that the chemical will be used in the manufacturing of illicit drugs. Schedule 1 to the Act refers to “substances useful for the manufacture of drugs” and includes Ephedrine, Pseudoephedrine and 1-phenyl-2-propanone in Part I and Phenylacetic acid in Part II. It therefore follows that anyone who manufactures or supplies any of these four substances while knowing or suspecting that it will be used in the manufacture of illicit drugs will be committing a criminal offence.

On 28 March 2014, the Drugs and Drug Trafficking Act, 1992 (No 140 of 1992) was reportedly strengthened (SAPA, 2014:1) with the amendment of schedules 1 and 2 of the Act. The amendment allows the conviction of those found to be in possession of a substance that has a similar structure to that of a substance that is listed in Schedule 1 of the Act (RSA, 2014c:4). The primary motivation for this amendment to the Act was to enable authorities to clamp down on dealers of the drug “Nyaope” which is a cocktail of dagga, heroin, antiretroviral medication and rat poison. Dagga and heroin are scheduled in the Drugs and Drug Trafficking Act, 1992 (No 140 of 1992) as undesirable, dependence producing substances and Nyaope will therefore have similar structures as that of these two listed substances which will enable prosecution in terms of the abovementioned new amendment to the Act (SAPA, 2013:1).

As far as methamphetamine is concerned, the new addition to the Drugs and Drug Trafficking Act, 1992 (No 140 of 1992) will make it possible to convict a person for use, possession of and dealing in the chemical substance ephedrine if that person has been using, been in possession of or has been dealing in illicit drugs. This is because of the fact that ephedrine has a similar chemical structure to that of methamphetamine.

*The International Trade Administration Act, 2002 (No 71 of 2002)*: With regard to the import and export of precursor chemicals, the Chemical Monitoring Programme functioned on a basis of voluntary compliance by the local chemical industry until the introduction of the International Trade Administration Act, 2002 (No 71 of 2002).

According to (RSA, 2004:4), Section 6 of this Act regulates the importation and exportation of goods “in accordance with Article 12 of the 1988 UN Convention”. This section sets out the powers of the Minister of Trade and Industry with regard to the regulation of imports and exports. The introduction of this legislation made it a criminal offence to import or export any of the substances under the 1988 UN Convention without being in possession of a permit issued by the Department of Trade and Industry (RSA, 2004: Annexure 1). Anyone who wishes to import such chemical substances into South Africa needs to first obtain a letter of recommendation from the SAPS and then apply to the International Trade Administration Commission (ITAC) for a permit to be issued (RSA, 2014d:1).

Ephedrine, pseudoephedrine, P-2-P, and phenylacetic acid are all scheduled substances in terms of Article 12 of the 1988 UN Convention (INCB, 2012a:50). The Commission on Narcotic Drugs resolved at its 57th session on 19 March 2014 to also include APAAN on Table 1 of the schedule (Commission on Narcotic Drugs (CND), 2014:1).

*The Medicines and Related Substances Act, 1965 (No 101 of 1965)*: Methamphetamine precursors, ephedrine and pseudoephedrine are both listed in Schedule 6 of the Medicines and Related Substances Act, 1965 (No 101 of 1965). Schedule 6 substances are to be provided by prescription only as these substances have a low to moderate potential for abuse or dependence and therefore require strict medical management and control over supply. P-2-P, Phenylacetic acid and APAAN are not yet scheduled in terms of the Act. The reason for this could not be determined. Section 22A of the Act which appears under the heading “Control of medicines and scheduled substances” states under Subsection (1) that: *“no person shall sell, have in his or her possession or manufacture any medicine or Scheduled substance, except in accordance with the prescribed conditions”*.

In respect of Schedule 6 substances, these conditions require that such substances may only be sold by a pharmacist (including intern or assistant) upon a written prescription, a manufacturer of or wholesale dealer in pharmaceutical products, a medical practitioner or dentist, a veterinarian or a practitioner, nurse or other duly registered person under certain conditions.



Subsections 6 and 7 of Section 22A set out the conditions under which such sales are permitted which include that:

- a) the particulars of sales be recorded in the prescribed manner;
- b) the issuing of a prescription is required for such substances to be dispensed; and
- c) sales by a manufacturer or wholesale dealer are required to be recorded in a prescribed manner and the register needs to be balanced so that it clearly shows the available stock levels.

Regarding manufacturing, Subsection 9(a) states that no Schedule 6 substance may be manufactured unless a permit authorising it has been obtained from the Director-General of the Department of Health. It also prohibits the manufacturing, use or supply of any Schedule 6 substance for any other purpose than medicinal purposes unless the person has obtained a permit from the Director-General that authorises such action. Subsection 11 furthermore prohibits the import or export of any Schedule 6 substance unless a permit has been secured from the Director-General.

An investigation into existing case law to determine how South African courts have punished persons found guilty of contravening the provisions of Section 22A shows only a few cases. In one of the cases, a person was sentenced to a fine of R50 or imprisonment of 20 days for failing to keep an adequate register in 1982. In another case in 1991, three doctors found guilty were required to pay the following fines respectively: R432 for 144 counts, R1 464 for 488 counts and R342 for 114 counts. The investigation found that the fines imposed are “shockingly low” and that such fines do not act as deterrent to offenders. It found that the penalty clause was last amended in 1997 and suggested that it needs to be amended to provide for stiffer fines and longer periods of imprisonment that would serve as deterrent to potential offenders (PGWC, 2012:1-2).

- *South African compliance to international requirements*

The South African Government also, “continues to strengthen legislation and reporting measures to prevent chemical diversion” (UNODC, 2011:73). Ephedrine and pseudoephedrine can for instance, only be imported or exported when the prescribed permit has been secured. The sale of pharmaceutical products that contain these precursor chemicals is furthermore, strictly controlled (UNODC, 2011:73) and the 2008 rescheduling of medicines containing ephedrine and pseudoephedrine in terms of the Medicines and Related Substances Act, 1965 (No 101 of 1965) was largely the result of the increased availability of methamphetamine (RSA, 2008b:1).

The International Narcotics Control Board's (INCB) 2013 Report on Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances is an annual report on the work of the INCB as it pertains to the implementation of article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 which has been adopted by South Africa. Article 12 specifically relates to the global control of precursor chemicals and places certain obligations on member states. The report provides an overview of the INCB's efforts to assess and monitor the compliance of the 187 governments which are signatories to the Convention, with their obligations under article 12 (INCB, 2014a:1-2).

With regard to South Africa, the report states that the Government is not submitting the required annual reports on substances frequently used in the manufacturing of drugs and have not done so since 2009 (INCB, 2014a:61). This information which is to be submitted on prescribed form D includes seizures of precursor chemicals, methods of diversion used, shipments stopped and the illicit manufacture of drugs. The information is critical in the identification of global and regional patterns and completion and submission of form D is an obligation under the 1988 UN Convention (INCB, 2014a:2).

Parties to the 1988 UN Convention are also required to report on their legitimate trade in the scheduled substances, indicating what it will be used for as well as their requirements. This information assists the INCB to monitor legitimate international trade and therefore enables them to identify patterns of illicit activity (INCB, 2014a:4). South Africa has not complied with this requirement since 2009 (INCB, 2014a:103) and the reason for this could not be determined.

South Africa is invoking its right to be notified of all exports of precursor chemicals destined for its shores in terms of Article 12, paragraph 10(a) of the 1988 UN Convention (INCB, 2014a:4). The report recommends that governments should make sure that they are informed of precursor chemical exports and therefore be able to submit pre-export notifications to other countries. Although the report makes it clear that governments who have invoked this right are obliged to notify the importing country of the pending shipment prior to departure, it does not indicate whether South Africa complies with this requirement. It does, however, state that the country is registered with the INCB's Pre-Export Notification (PEN) Online System which enables governments to share information on the international trade in precursor chemicals. More than 2000 of these pre-export notifications are transmitted through the PEN Online System every month (INCB, 2014a:4-6).

Member states have also been requested to provide the INCB with annual estimates of what their legitimate requirements would be for importing four (4) substances that are frequently used in the manufacturing of amphetamine type stimulants, i.e. 3,4-MDP-2-P, pseudoephedrine, ephedrine and P-2-P (INCB, 2014a:4). The South African Government does comply with this requirement concerning ephedrine and pseudoephedrine (INCB, 2014a:49).

A further initiative from the INCB to combat the diversion of precursor chemicals was the introduction of the Precursor Incident Communication System (PICS) in March 2012. PICS provide a secure communication platform for national law enforcement and regulatory agencies where they can share real-time intelligence on chemical diversion incidents, diversion attempts, suspicious shipment and seizures of clandestine laboratories. It also enables the launching of investigations into such matters without delay. The INCB encourages member states to actively use the system in order to enhance intelligence-sharing on suspected chemical diversion (INCB, 2014a:7). The South African Government has registered with the PICS and has accessed it between two and 20 times during the first year of its existence (INCB, 2014a:8).

In its 2013 report on precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, the INCB (2014a:33) indicated its concern that there are “significant weaknesses” in precursor controls of many countries on national level and called for greater emphasis to be placed on the domestic market of controlled chemicals and on the strengthening of such control measures at national level. It accordingly stated that it “therefore encourages governments to identify where weaknesses exist and take remedial action to comply with their treaty obligations and responsibility vis-à-vis other members of the international community, in order to prevent substances from reaching illicit markets” (INCB, 2014a:33).

The INCB (2012a:32) also recommends that governments ensure that domestic precursor control measures are focused on “the beginning of the chemical supply chain, starting with the verification of the bona fides of all new companies entering business”. It furthermore recommends that governments introduce measures that can effectively control ephedrine and pseudoephedrine as it is present in pharmaceutical preparations. In addition, the INCB (2014b:43) calls upon governments “to improve their existing control and reporting mechanisms for substances under international control in order to reduce attempts to divert chemical substances for the illicit manufacturing of drugs”. The SAPS’ Chemical Monitoring

Programme in South Africa is, however, still primarily reliant on the voluntary cooperation of the chemical industry as far as the domestic situation is concerned (RSA, 2004:foreword).

### **5.5.3 Securing public housing**

The City of Cape Town's public housing developments serve as a breeding ground for drug-related crime (City of Cape Town, 2014h:1-3) and this section describes the City's attempts at managing this problem.

#### *5.5.3.1 Current status of public housing in Cape Town*

"The City of Cape Town is the largest public housing landlord in the country" (City of Cape Town, 2003:3) and its Housing Directorate administrate the rental of 43 500 residential units (City of Cape Town, 2014h:3). These include 1, 2 and 3 room units in double and triple storey blocks as well as cottages and maisonettes (Blauw, 2014:1) with an average occupancy of seven people per unit (Amos, 2014:1). In addition, the Directorate administrates the rental of 21 000 hostel beds (City of Cape Town, 2003:3).

#### *5.5.3.2 Public housing and drug-related crime in Cape Town*

The City's public housing rental stock is a significant generator of anti-social behaviour and crime, especially drug- and gang-related crime (City of Cape Town, 2014h:1-3). All of the City's pending applications for eviction orders on 26 June 2014 were reported to be emanating from drug dealing in public housing units (City of Cape Town, 2014h:2).

A notorious case is that of "Little House on the Prairie", a well-known drug house and shebeen that was situated on the corner of Robert Sobukwe Drive and Stellenbosch Arterial. The tenants conducted their illegal activities for years and only after an almost eight-year court battle, was the City able to secure an eviction order which was executed on 1 November 2013 (Job, 2013:1).

#### *5.5.3.3 Institutional arrangements to manage public housing security in Cape Town*

In an effort to coordinate law enforcement activities that relate to its public housing units, the City introduced a Housing Task Team which is chaired by a member of the Safety and Security Portfolio Committee and comprises members of the City's Law Enforcement and Metro Police Departments as well as officials from the Housing Directorate (City of Cape

Town, 2014h:1). The Task Team focuses on the handling of complaints received from members of the public, mainly about drug dealing and anti-social behaviour at public housing units as well as attempts to evict problem tenants (City of Cape Town, 2014h:1-3). The proper functioning of the Task Team is, however, inhibited by a lack of commitment by various role players (City of Cape Town, 2014i:1-2) and poor cooperation from the SAPS (City of Cape Town, 2014h:2).

The policing resources allocated to address disorder in the city's public housing units across the metropolitan area are 27 members of the Law Enforcement Department (24 officers, two senior inspectors and one regional inspector). This Housing Safety Unit is expected to enforce the City's by-laws as well as the conditions of lease agreements (City of Cape Town, 2013b:2).

#### **5.5.4 Empowering neighbourhood watches**

Section 6(1) of the Western Cape Community Safety Act, 2013 (No 3 of 2013) defines a neighbourhood watch as:

*“Any organisation or association that –*

- (a) operates not for gain as a voluntary organisation or association;*
- (b) comprises members who are residents, tenants or owners of immovable property or with any other relevant interest in the area where the organisation or association operates; and*
- (c) has the purpose of safeguarding its members, their immovable and other property against crime and other safety concerns in the area where the organisation or association operates”.*

The efforts of the Western Cape Provincial Government as well as that of the City of Cape Town to strengthen neighbourhood watches are presented next. In addition, attempts by both these spheres of government at managing the strengthening of neighbourhood watches in an integrated manner are described.

##### *5.5.4.1 Management interventions of the Provincial Government*

The Western Cape Provincial Department of Community Safety (DCS) has, in recent years, managed to mobilise neighbourhood watch members in mass to strengthen the efforts of Community Police Forums (CPFs) and to act as a force multiplier to the police. To this end,

the department provided basic community patrol training to thousands of neighbourhood watch members (PGWC, 2009b:4).

The Western Cape Community Safety Act, 2013 (No 3 of 2013) was enacted to enable the Provincial Government to *inter alia* effectively monitor police conduct and efficiency, to promote a healthy relationship between the police and community, to establish partnerships and to strengthen CPFs (Section 3). The Act also provides for the accreditation of neighbourhood watches (Section 6 (5)) and for the possible funding, training, and resourcing of neighbourhood watches (Section 6 (8)). It also requires registered neighbourhood watches to report to the Provincial Minister of Community Safety on the safety concerns they may have, their activities, and other matters that may be required to determine policing priorities and police efficiency.

#### *5.5.4.2 Management interventions of Local Government*

The City of Cape Town's Neighbourhood Watch Support Programme (NWSP) was launched by Helen Zille, the City's Executive Mayor in 2008 (City of Cape Town, 2014j:2) in response to numerous complaints about the lack of resources (patrol equipment) provided to neighbourhood watches by the Provincial Government as well as the conduct of and lack of support by Community Police Forums (CPF's) (City of Cape Town, 2011:1). The programme was entrenched in the City's Integrated Development Plan (IDP) for 2010/11 which listed the following three strategic objectives for the programme:

- a) Training all members of targeted neighbourhood watches in the principles of problem orientated policing.
- b) Ensuring self-sufficiency of the targeted neighbourhood watches (by teaching them how to raise funds).
- c) Ensuring that selected neighbourhood watches achieve agreed-upon goals (by monitoring their progress and assist where necessary) (City of Cape Town, 2013a:7).

A core component of the programme is the training of neighbourhood watch members in community-initiated crime prevention methodologies. In April 2014, it was reported to the City's Safety and Security Portfolio Committee that 1002 neighbourhood watch members had received this training during the period of 1 July to 31 December 2013. The topics covered in this training which is regarded as supplementary to the patrol focused training of the Provincial Department of Community Safety include:

- a) disorder and crime;
- b) graffiti removal;

- c) curbing drug dealing and street crime;
- d) gang related crime; and
- e) working with the police.

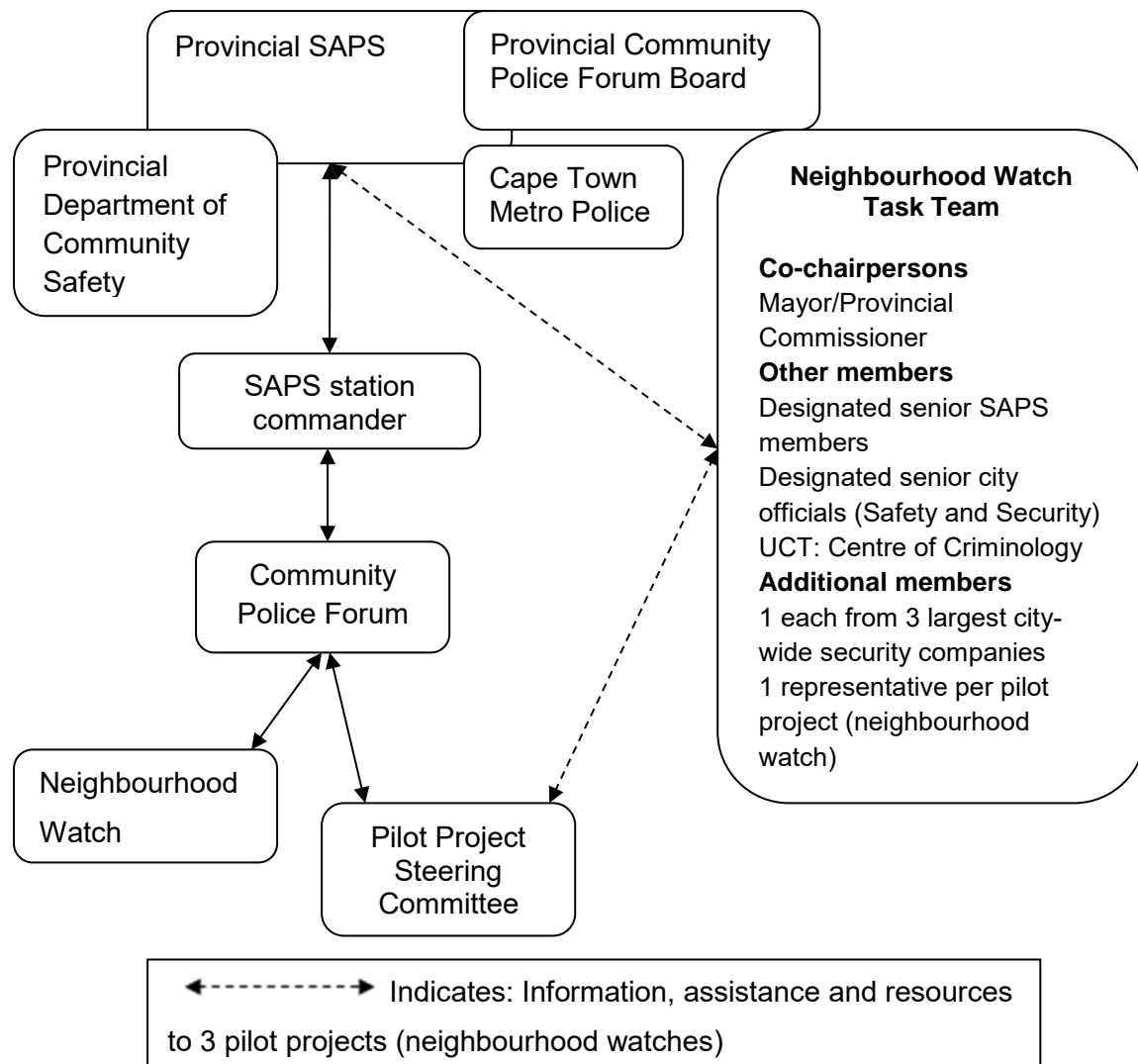
The training has been developed to deliberately encourage neighbourhood watch members to “move away from the old patrol-search-arrest paradigm, which may foster vigilantism, to a safer and more efficient” approach that is based on the Broken Windows concept discussed in the previous chapter (Section 4.4.3) (City of Cape Town, 2014j:2-3). Neighbourhood watches which have attended such a training session are issued with reflective jackets, flashlights, two-way radios, bicycles, and graffiti removal equipment where required (City of Cape Town, 2014j:4).

#### *5.5.4.3 Institutional arrangements for managing neighbourhood watch support*

In launching the City’s Neighbourhood Watch Support Programme in 2008, the Executive Mayor established a Neighbourhood Watch Task Team (NWTT) which comprised representatives of all relevant stakeholders. The purpose of the NWTT was to improve the safety of residents through the development of best practice models for neighbourhood watches that would strengthen the partnership or collaboration between the City, law enforcement agencies and local communities (City of Cape Town, 2008a:1). The NWTT had the following functions:

- a) Facilitate the establishment of pilot projects within agreed upon neighbourhood watches chosen for this purpose.
- b) Ensure that all role players are engaged during this process.
- c) Ensure a coordinated approach by all stakeholders.
- d) Ensure that the required capacity is developed within the pilot projects.
- e) Monitor prevailing patterns within the pilot areas.
- f) Monitor, evaluate and duplicate best practice models.
- g) Report on the efficiency of the pilot projects (City of Cape Town, 2008b:3).

Figure 5.3 reflects the composition of the NWTT and depicts its relationship with other key stakeholders.



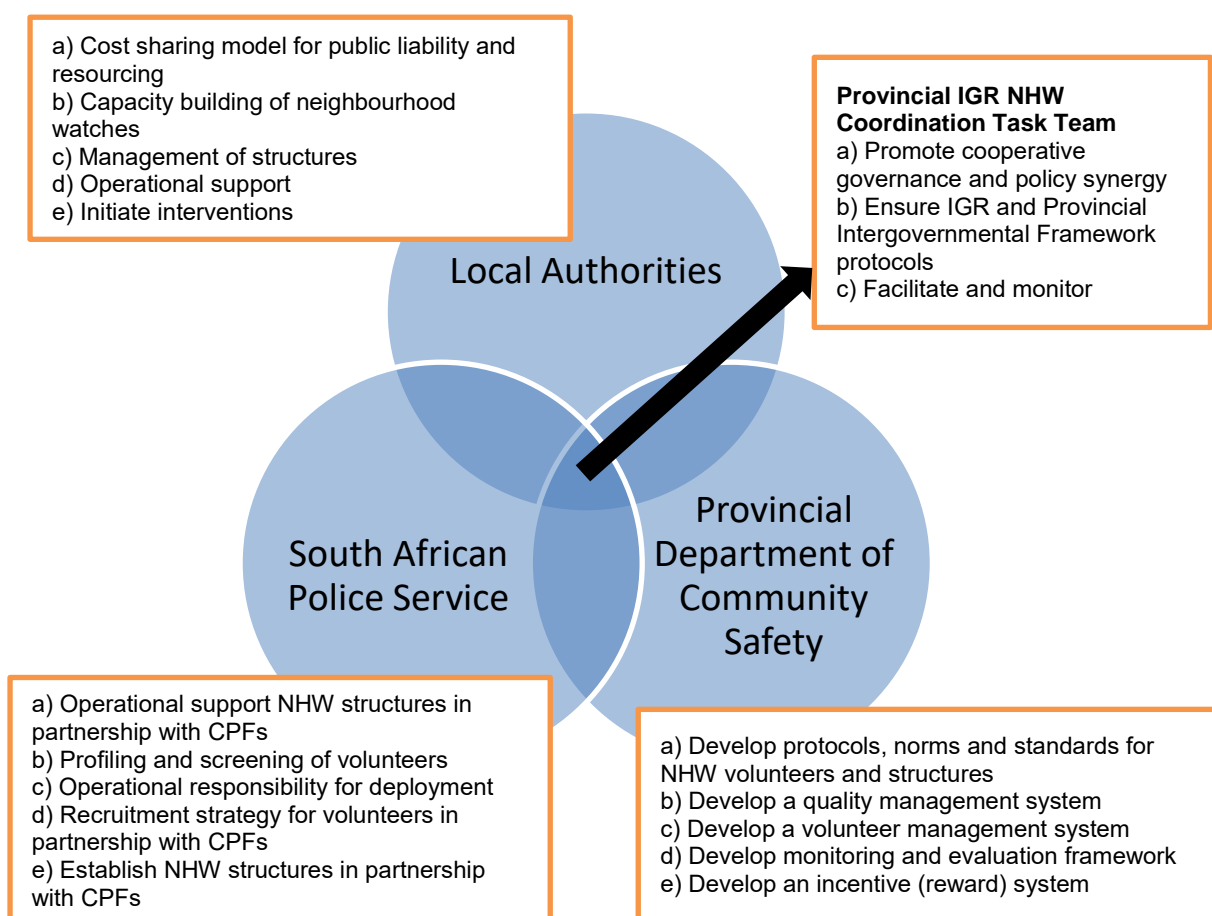
**Figure 5.3: Key stakeholders of the Neighbourhood Watch Task Team (NWTT)**  
 Source: Adapted from City of Cape Town (2008b:4)

With Helen Zille’s departure from the city to take up her current position as Premier of the Western Cape in 2009, the NWTT was soon discontinued. The City’s Neighbourhood Watch Support Programme was, however, continued with and in fact, has expanded significantly in recent years. As can be seen from Figure 5.3, the NWTT provided a platform for the collaborative management of the programme and the question now arises whether it would have been beneficial to keep this structure in place.

Towards the end of 2009, the Provincial Department of Community Safety (DCS) made another attempt at securing inter-agency collaboration in respect of neighbourhood watches. It launched the Neighbourhood Watch Expansion Provincial Steering Committee which



comprised representatives of the SAPS, DCS and all five district and the 25 local municipal authorities within the Western Cape (PGWC, 2009a:1) and (PGWC, 2010b:1-3). It was chaired by an official from DCS (PGWC, 2009a:1). Members of this steering committee *inter alia* agreed that “all spheres of government should work together in a collaborative manner” in accordance to the “spirit of collaborative governance” (PGWC, 2010b:3). The roles and functions of the respective stakeholders included as members of the steering committee are depicted in Figure 5.4., where the steering committee is referred to as the Provincial Inter-Governmental Relationship (IGR) NHW Coordination Task Team.



**Figure 5.4: Roles and functions of different spheres of government**  
Source: PGWC (2009b:11)

This new Provincial Steering Committee did meet a few times in different municipal areas across the province but towards the latter part of 2010, the initiative lost its drive and the DCS halted communication with municipalities around this matter.

## **5.6 CONCLUSION**

The national, provincial and local government strategic frameworks for managing drug abuse described in the chapter do recognise the importance of and need for an integrated approach to managing the problem. The prescribed composition of the CDA, the WCSAF and the CTADAC is also conducive to the promotion of multi-disciplinary integration and further research is required to determine the extent to which these structures succeed in securing effective collaboration in managing drug abuse.

The current management of the four selected areas of intervention only shows progress in attempts to follow a multi-disciplinary approach regarding the areas of border security and the strengthening of neighbourhood watches. On the whole, however, it points to an overall disjointed management approach which represents a potentially significant enabling factor for the growth of methamphetamine abuse in the Western Cape. A critical rethinking of how drug abuse interventions should be managed in the province is indeed required.

The next Chapter will present empirical research on the current management of the Western Cape Province's methamphetamine problem.

## **CHAPTER 6:**

# **EMPIRICAL RESEARCH ON MANAGING THE WESTERN CAPE'S METHAMPHETAMINE PROBLEM**

### **6.1 INTRODUCTION**

The literature review presented in Chapter 2 concluded that the Western Cape's methamphetamine problem should ideally be addressed in a collaborative manner and approached holistically from all four perspectives, namely *social-based prevention*, *harm reduction*, *law enforcement* and *crime prevention*. It therefore follows that Collaborative Governance does offer a useful paradigm towards further philosophical, theoretical and empirical exploration in order to support successful strategies for managing the methamphetamine problem in the Western Cape.

The empirical dimension of the study was aimed at establishing whether the findings of the literature review could be corroborated with empirical evidence, i.e. to determine whether managing the methamphetamine problem in accordance with the principles of Collaborative Governance could indeed produce positive results. To this end, the empirical dimension of the study firstly endeavoured to determine the extent to which public institutions in the Western Cape collaborate in managing the province's methamphetamine problem and secondly, testing the effectiveness of the actual practical application of the principles of Collaborative Governance in a particular setting. The second part of the empirical research which pertains to a qualitative field experiment is presented in the next chapter, Chapter 7.

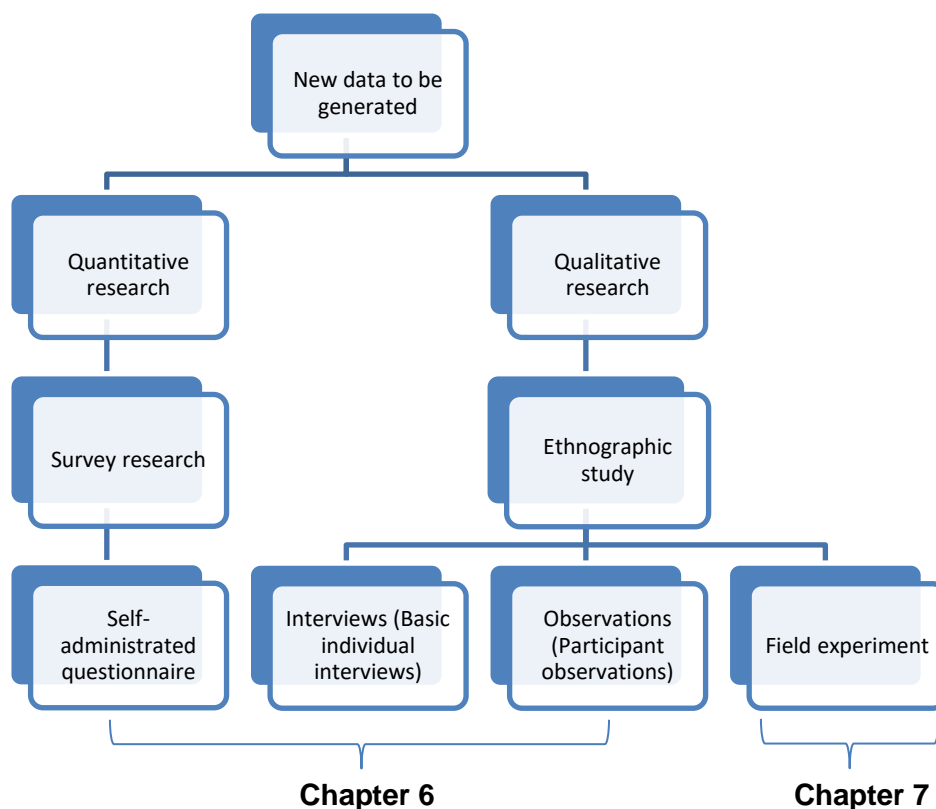
This chapter firstly reviews the problem statement and research aim of the study. Secondly, it describes the empirical research methodology that was followed and thirdly, it presents the data generated in respect of the current management of drug abuse in the Western Cape by the Provincial Government and the City of Cape Town.

### **6.2 REVIEW OF THE PROBLEM STATEMENT AND RESEARCH AIM**

Chapter 1 has identified the research problem to be the absence of an effective and efficient management approach to the Western Cape's methamphetamine problem. As stated in Chapter 1, the overarching aim of this study was to generate insight that will broaden the existing body of knowledge to the extent that it can be utilised for understanding the methamphetamine problem in the Western Cape and for the subsequent development of an effective strategy for managing this problem to the wider benefit of society.

## 6.3 EMPIRICAL RESEARCH METHODOLOGY

In order to generate satisfactory answers to the research questions an empirical study was performed. The empirical dimension of the study employed both quantitative and qualitative methodologies. The framework for these methodologies is depicted in Figure 6.1. The design was structured around the research questions of which the answers thereto are expected to contribute to filling the gap identified in the existing body of knowledge.



**Figure 6.1: The Empirical Methodological Framework**

### 6.3.1 Quantitative research

For purposes of this study (Chapter 6), a self-administered questionnaire was utilised. This type of survey requires that the respondents complete the questionnaire and return it to the researcher (Babbie & Mouton, 2012:258-259). The purpose of this exercise is to gather information relevant to all the research questions.

#### 6.3.1.1 The study population and sampling

As the main purpose of the survey was to establish the extent to which Collaborative Governance is in fact practised in current efforts to manage drug abuse in South Africa, the

criteria for determining the study population comprised persons directly involved in the main drug abuse management structures on national, provincial and local level. As all members of the target population were invited to participate in the survey, sampling was not required. Reaching the entire target population was possible due to it being limited to the membership of the three main drug abuse reduction structures in South Africa.

### *6.3.1.2 Developing the questionnaire*

A questionnaire was therefore developed to gauge the level of adherence to the principles of Collaborative Governance within the three spheres of government, namely the Central Drug Authority (CDA) which is the National Government body responsible for developing and overseeing the implementation of the National Drug Master Plan; officials serving on the Provincial Government's Western Cape Substance Abuse Forum (WCSAF) and officials serving on the City's Cape Town Alcohol and Drug Action Committee (CTADAC). This would assist in identifying gaps that need to be addressed in order to ensure optimum collaboration. It was also deemed necessary to determine what views members of these structures held regarding key aspects of Collaborative Governance. This would provide information on the level of understanding members had in respect of collaboration and the management of societal problems. It would therefore contribute mainly to answering research questions (d), (g), (h), (i) and (j) identified in Section 1.7.3. It would also provide information pertinent to public management at the macro, meso and micro levels as explained by Uys (2014:5-7) and referred to in Chapter 2 of this study. Sampling was not necessary as the total research population (the current membership of the three identified drug abuse management structures) is quite small i.e. 33 in the case of the CDA, 21 in the case of the WCSAF and 25 in the case of the CTADAC. When inviting potential respondents to participate, they were provided with an internet link that would allow them to complete the questionnaire online.

### **6.3.2 Qualitative research**

Qualitative research allows for social action to be studied from the insider perspective (Babbie & Mouton, 2012:270). Babbie (1992:285) defined qualitative research as "the most obvious method of making observations". It is done by observing the actual social phenomena as they are taking place. As an activity, it is engaged in every time a person observes or participates in social behaviour for purposes of understanding it, whether the person is a researcher or not (Babbie, 1992:285). The qualitative approach is also known as the naturalistic approach and seeks to understand the object of the study as it occurs in the

“real world” (Golafshani, 2003:600). Babbie and Mouton (2012:271) agreed when they maintained that describing and understanding are the main objectives of the research approach which aims to observe social events as they occur without intervening in the events being studied. The objectives of describing and understanding, should ideally take place in the contextual environment relevant to the events being studied as true understanding can only be achieved when events are observed against the meaning conferred upon them by the natural context in which they occur (Babbie & Mouton, 2012:272). Qualitative research for this study therefore had to be conducted in the public service and governance environment that accommodates those functionaries responsible for managing the different aspects of drug combating efforts.

Babbie and Mouton (2012:279) identified types of qualitative research design, namely ethnographic studies, case studies, and life history. The specific qualitative research type that was used in this study was ethnographic which, according to Babbie and Mouton (2012:279), is an approach where data “is derived from the direct observation of behaviour in a particular society”. It requires the researcher to be immersed in the particular social setting that is to be studied for some time in order to collect the relevant data (Bryman & Bell, 2011:389). Interviews and participant observation are the primary data gathering methods in ethnographic studies (Babbie & Mouton, 2012:280) and both these methods were utilised for this study. A field experiment, which is described in the next chapter, was also conducted to generate additional qualitative data which was deemed essential for the ethnographic study.

### *6.3.2.1 Interviews*

With regard to interviews, basic individual interviewing was decided on. It is the data gathering method used most frequently in qualitative research which, instead of a list of predetermined questions, allows the respondent to express themselves freely on matters relating to the identified subject. In conducting a qualitative interview, the researcher follows a general plan of inquiry which allows them to set the general direction of the conversation while enabling them to pursue additional issues that may be raised by the respondent (Babbie & Mouton, 2012:289).

Purposeful sampling is the preferred sampling method in qualitative studies (Babbie & Mouton, 2012:288). This method of sampling requires the development of a set of important criteria that will guide the researcher in selecting a smaller but more focused group of potential respondents (Babbie & Mouton, 2012:287). The following criteria were accordingly developed for purposes of the interviews to be conducted during this study:

Criterion 1: Persons serving on the main management structure set up for purposes of managing drug abuse in the province and the city. The following persons were accordingly interviewed:

- a) A senior local government official who serves on the Western Cape Substance Abuse Forum (WCSAF), namely Ms M Holtzhausen (Interviewed on 18 August 2015).
- b) A researcher at a prominent research institution who serves on the Cape Town Alcohol and Drug Action Forum (CTADAC), namely Dr N Harker (Interviewed on 11 August 2015).

Criterion 2: Persons involved in the management of the Ravensmead Public Housing Safety Project, i.e. members of the integrated task team. The researcher pursued interviews with the four core members of the task team. These were the two residents who were elected to serve on the task team (Ms M Fortuin and Ms W Presens interviewed on 2 September 2015), the representative from the City's Law Enforcement Department (Assistant Chief J Ross interviewed on 14 September 2015) and the city official serving as the Project Administrator (Mr A Charles interviewed on 12 January 2016). Data that was gathered during these interviews related to the field experiment, which is described in Chapter 7 and is therefore presented in that Chapter.

Criterion 3: Persons with a high level of knowledge of and experience in the implementation of successful crime prevention initiatives. The person selected in terms of this criterion is a retired professor who is still attached to the Centre of Criminology at the University of Cape Town as a research associate, namely Professor J Cartwright. He introduced the "Dutch Neighbourhood Policing" concept to the City of Cape Town's Safety and Security Directorate and has been contracted by the City to revitalise this crime prevention project. The interview which took place on 29 January 2016 was expected to provide valuable information towards covering all the research questions identified in Section 1.7.3.

#### 6.3.2.2 Observations

This type of research is done by observing the actual social phenomena as they are taking place. It is employed when a person observes or participates in social behaviour for purposes of understanding it, whether the person is a researcher or not (Babbie, 1992:285). Two types of observation are found in qualitative research, namely simple observation where the researcher observes from the outside and participant observation where the researcher

participates in the group being studied while also conducting the research (Babbie & Mouton, 2012:293)

Data was mostly gathered by means of participant observation, which Babbie (1992:288) described as an approach where the researcher interacts with the objects of the study in such a way that they only see the researcher as a participant and not as a researcher. Those the researcher interacts with are thus unaware of the fact that their actions are being studied (Babbie, 1992:288). As the researcher of this study is an employee of the Safety and Security Directorate of the City of Cape Town, he was able to be an active participant, attend meetings of the City of Cape Town's Safety and Security Portfolio Committee, Central Cape Town Alcohol and Drug Action Committee, internal meetings of the City's Safety and Security Directorate as well as inter-departmental meetings between the City's Safety and Security Directorate and representatives of various departments of the Western Cape Provincial Government, National Government, SAPS and international organisations where the management of social-based prevention, addiction treatment, law enforcement, crime prevention strategies and related matters are usually discussed.

As agreed with the Research Ethics Committee, the researcher informed such committees, working groups or forums of his intention to use information gathered during discussions towards the study, if and when he realised that the information had potential value for the study. The information in question was only to be used towards the study if the relevant committee, working group or forum confirmed its consent. It therefore follows that the researcher would, in cases as described above, only be seen as a participant up to the point of where he would be compelled to inform the committee, working group or forum of his study. After such a disclosure, his position as researcher would also be recognised.

The data that was gathered during these observations was expected to cover matters that were also relevant to the survey research, interviews, and the field experiment. The data is therefore presented in both this chapter and the next. It was expected that observation research would yield valuable information towards covering all research questions identified in Section 1.7.3. In text citations are provided for the observations. They are, however, not reflected in the list of references as this is not required.

#### **6.4 RELIABILITY AND VALIDITY**

Reliability and validity are two important requirements for determining the quality of scientific measurement (Babbie & Mouton, 2012:270) and were therefore afforded the necessary



consideration throughout the empirical dimension of this study. Reliability refers to the extent to which research results are consistent and can serve as an accurate representation of the total population being studied. It therefore also points to the replicability of the research results if the same methodology is followed (Golafshani, 2003:598). Validity refers to the extent to which a measurement tool produces data that corresponds with the generally accepted meaning of a particular concept (Babbie & Mouton, 2012:125); in other words, the extent to which it measures that which it is supposed to measure (Golafshani, 2003:599).

#### **6.4.1 Reliability and validity of the survey research**

Reliability of this survey research was ensured by asking only questions that were relevant to the targeted population and to ensure that the questions were of such a nature that the respondents were likely to know the answers. These requirements were in fact accommodated in drafting the questionnaire. In addition, the fact that the entire study population and not only a sample thereof was afforded an opportunity to participate in the survey, meant it could enhance the reliability of the survey results.

An acceptable level of validity of the intended survey was ensured by designing the survey questionnaire strictly around issues that were pertinent to the study. Part A of the questionnaire comprised 27 statements pertaining to the implementation of the elements of Collaborative Governance in the collaborative group (CDA, WCSAF or CTADAC). Twenty of these statements were formulated to represent the positive implementation of Collaborative Governance, five were formulated to determine what views members of the collaborative group held regarding key aspects of Collaborative Governance and two were formulated as possible indicators of successful collaboration. Respondents were required to indicate their level of agreement with the statement on a five point Likert Scale from “strongly disagree” to “strongly agree”. Part B of the questionnaire also pertained strictly to the implementation of Collaborative Governance in the collaborative group but allowed the respondents to provide more detailed information in narrative format. In order to ensure that the questions in Part A and Part B pertained strictly to key elements of Collaborative Governance, the writings of prominent exponents of this field referenced in Chapter 2 were consulted and the questions were formulated around the key elements thus identified (see Annexure A for a copy of the questionnaire). Part C of the questionnaire comprised only a few questions which pertained to the specific perspectives from which the collaborative group approaches the drug problem. Answers to these questions provided valuable information on the collaborative group’s effort to address the problem holistically which, as indicated in Chapter 2, forms the foundation of modern Collaborative Governance.

## **6.4.2 Reliability and validity of the qualitative research**

This section provides an evaluation of the reliability and validity of the qualitative research conducted by means of interviews and observations.

### *6.4.2.1 The interviews*

Reliability of the interview research was ensured by drafting a general plan of enquiry that would enable the researcher to determine the direction of the interview, despite the fact that the interview style decided upon allowed room for additional input that was deemed to be relevant. In addition, only persons who could be reasonably expected to be knowledgeable on the subject of the study were approached. An acceptable level of validity of the interview research was ensured by designing the general plan of enquiry around issues pertinent to the study.

### *6.4.2.2 The observations*

The reliability and validity of the observation research was tested as part of the triangulation process that is described in the next chapter with the field experiment.

The actual data gathered by means of these methodologies for purposes of determining the extent to which South African public institutions collaborate in respect of the management of drug abuse reduction efforts, is described next.

## **6.5 THE CURRENT LEVEL OF COLLABORATION IN MANAGING DRUG ABUSE IN THE WESTERN CAPE**

As stated in Section 6.3.1, survey research was the main research tool used for determining the prevailing levels of collaboration in the management of drug abuse. Valuable information was, however, also obtained through personal interviews and observations which served to complement the data gathered by means of the survey research.

### **6.5.1 The Central Drug Authority (CDA) (National level)**

In seeking permission to conduct the intended survey amongst members of the CDA, the researcher used the Department of Social Development's online communications portal to convey his request to the secretary of the CDA. This was done on 9 April 2015. As no response was forthcoming, the researcher approached the Head of Department of the

Provincial Department of Social Development who proposed that a member of the CDA based in Cape Town and known to the Head of Department, be requested to assist in approaching the Chairperson of the CDA. As this person indicated that he could not assist, the Head of Department proposed that the researcher approach the Chairperson of the CDA directly. This was done by email on 14 April 2015. Unfortunately, no response was received, with the inevitable result of this study not being able to fully evaluate the extent to which the principles of Collaborative Governance are applied by the National Government in its efforts to manage drug abuse. This has a limiting effect on the study to the extent that the management of drug abuse on all spheres of government could not be adequately researched. As a result, it was decided to focus all efforts on conducting successful surveys within the identified provincial and local structures.

### **6.5.2. The Western Cape Substance Abuse Forum (WCSAF) (Provincial level)**

As indicated in Section 5.3.2, the existence of the Western Cape Substance Abuse Forum is a legislative requirement in terms of Section 57 of the Prevention of and Treatment for Substance Abuse Act, 2008 (No 70 of 2008). The terms of reference of the WCSAF reveal that the forum comprises representatives of the following stakeholders:

- a) The Provincial Departments of Social Development, Cultural Affairs and Sport, Community Safety, Education, Health, Agriculture and Local Government.
- b) The National Department of Justice.
- c) The National Prosecuting Authority.
- d) The City of Cape Town.
- e) The Medical Research Council.
- f) Universities.
- g) The Service Delivery Sector (PGWC, 2015a:1-2).

Although the SAPS is not listed as a member of the WCSAF, the minutes of the WCSAF meetings held on 5 March 2014 (PGWC, 2014b:2-3) and 17 July 2014 (PGWC, 2014c:2) confirm that representatives of the SAPS do attend WCSAF meetings from time to time.

After authorisation for the survey had been obtained from the chairperson of the WCSAF, the secretary forwarded the invitation to participate in the survey to the 21 members of the WCSAF on 22 May 2015 (See Annexure B) with a request that members participate in the research. The invitation contained an internet link that led participants to an online version of the questionnaire where it could be completed. Despite a follow-up request by the secretary of the WCSAF, only five of the 21 WCSAF members responded and unfortunately one of the

respondents only answered the first four questions. This equates to a 19 percent response rate. Having only secured the responses of four of the 21 members of the WCSAF is indeed disappointing. One should, however, remember that the invitation to participate was presented to the entire study population and not only a sample thereof. This implies that the four respondents do represent a meaningful representation (19%) of the small target population (21 members). This view was supported by Kidd (Interview:2016).

The survey results are presented in this section by using Part A (Questions 1 to 27) as the basis, which is then expanded on by relevant information gathered with most of Part B (Questions 28 to 49) of the questionnaire. The results of data gathered with the remaining three questions of Part B and Part C are presented separately. Where appropriate, reference is made to additional data gathered by means of personal interviews with persons serving on the WCSAF and CTADAC respectively.

#### 6.5.2.1 Part A survey results

Respondents were required to indicate their level of agreement with the statements in Part A on a five point Likert Scale as follows: strongly disagree, disagree, neutral, agree or strongly agree. The results relevant to the *level of implementation of Collaborative Governance* within the WCSAF were as follows:

Question 1: Four of the five respondents are of the opinion that their respective departments/organisations actively promote cooperation amongst the different stakeholders within the WCSAF.

Question 2: Three of the five respondents are of the opinion that decision-making within the WCSAF is done on the basis of consensus. However, in Part B where they were presented with more options, three of the four respondents indicated that senior officials within the respective departments make the decisions. Holtzhausen (Interview:2015) also confirmed that decisions within the WCSAF are not taken on the basis of consensus and that decisions are mostly taken by senior officials within the different departments.

Question 3: Only one of the five respondents indicated that the different stakeholders within the WCSAF agree on the objectives that need to be achieved.

Question 5: Four of the five respondents indicated that they have the authority to commit resources of their departments or organisations towards the objectives of the WCSAF. All of

the respondents indicated that having such authority is beneficial for meeting the objectives of the WCSAF.

The following questions were answered by four respondents (19% of the target populations):

Question 6: Two of the four respondents are of the opinion that the role their department had to play in realising the objectives of the WCSAF was well coordinated with those of the other stakeholders.

Question 7: None of the respondents indicated that all the stakeholders who need to be part of the WCSAF were in fact members of the forum. The respondents identified the lack of private sector representation as a matter that needs to be addressed. Reasons presented for this were that the private sector has not been invited and also that funding constraints did not permit it. Concern was also raised about the absence of the Departments of Justice, and Health and Correctional Services at most meetings. Respondents felt that these departments are not serious about collaborative efforts to address drug abuse.

Question 8: Only one of the four respondents indicated that members of the WCSAF represent a cross section of those who have a stake in what the forum aims to achieve. The other three are of the opinion that more should be done to ensure the attendance of relevant public sector representatives at WCSAF meetings.

Question 9: Three of the four respondents indicated that non-state stakeholders also participate in the WCSAF, but according to Harker (Interview:2015), such participation is limited to the sporadic attendance of meetings. The non-state stakeholders were identified as academic institutions, support groups, religious organisations, community representatives, the CTADAC and a range of NGOs, including SANCA, Toevlug, SMART, Hope House, FavorSA, Living Hope, Helderberg Cares and the We Care Network.

Respondents stated that the participation of these non-state stakeholders is necessary for purposes of mobilising the community, gathering different ideas on how to solve the problem, to enable communities to perform a preventative and early intervention role in addressing the problem. They emphasised that government cannot solve the drug problem alone.

Question 11: Three of the four respondents indicated that their departments will continue to meet their obligations as part of the WCSAF even if some of the other members do not.

Harker (Interview:2015), however, indicated that their institution is seriously considering not attending meetings of the WCSAF as they feel that nothing is achieved by the WCSAF. This sentiment was echoed by Holtzhausen (Interview:2015).

Question 13: All of the respondents indicated that the WCSAF does not have a dedicated budget for furthering its work. This, despite the fact that RSA (2013a:60) requires that the Provincial Government provides “adequate and sustained funding” to the WCSAF.

Question 14: Two of the four respondents indicated that they monitor the progress made by other members of the WCSAF.

Question 15: All the respondents indicated that they have clearly communicated to other stakeholders what their departments can bring to the collaborative process. This was done mostly verbally in meetings but also through face-to-face individual and collective engagements, by doing presentations and submitting annual reports.

Question 16: Three of the four respondents indicated that they are clear on the reasons why other stakeholders are part of the WCSAF.

Question 17: Three of the four respondents indicated that they willingly share resources with other stakeholders in order to assist them in reaching their objectives within the WCSAF. On a question pertaining to what resources they share in the collaborative process, all the respondents indicated that they share information and knowledge. Three of the four indicated that they bring funding, dedicated staff members and administrative and logistical support to the process.

Question 18: Three of the four respondents indicated that not all the other stakeholders contribute resources to the work of the WCSAF. One respondent was neutral on this matter. When they were asked what resources the other stakeholders bring to the collaborative process, all of them indicated information and knowledge. Three of the four indicated dedicated staff members and accommodation. Two of the four respondents indicated funding, administration and logistics.

Question 19: All the respondents (4) indicated that they fully understand their department’s roles and responsibilities as these relate to the work of the WCSAF.

Question 22: Only one of the four respondents is of the opinion that collaboration with the other stakeholders in the WCSAF offered incentives to their departments. The only incentive mentioned when respondents were prompted in Part B is the value of working together and securing participation of other role players.

Question 23: Two of the four respondents indicated that the WCSAF offers a platform for representatives of the different departments/organisations to jointly take action and implement decisions. All of the respondents, however, indicated in Part B that it would be beneficial to the work of the WCSAF if it had the capacity for its members to take joint action. Holtzhausen (Interview:2015) stated that the WCSAF does not have the capacity to take joint actions and implement decisions. According to her, the WCSAF is ineffective as it is unable to make things happen. The minutes of a meeting of the WCSAF held on 25 June 2015 support this notion and state that “in the past the WCSAF became a talk shop and therefore need to become more focused” (PGWC, 2015b:4).

Question 24: All the respondents indicated that they have no difficulty in contacting other stakeholders in the WCSAF when they need to. They ascribed this to readily available contact information and the commitment of other stakeholders.

Question 25: Three of the four respondents are of the opinion that their departments/organisations actively promote cooperation amongst members of the WCSAF.

- The results pertaining to what *views* members of the WCSAF hold regarding key aspects of *Collaborative Governance* (Part A of the survey) are as follows:

Question 10: Only one of the four respondents is of the opinion that it would be in the best interest of their departments/organisations to remain a member of the WCSAF. Three respondents were neutral on this issue. Reasons given by the one respondent, who argued for staying a member of the WCSAF, included that the sharing of intelligence and resources is vital for their success and that an ethical responsibility to cooperate, existed. This serious level of dissatisfaction with continued membership of specifically the WCSAF was echoed by both Harker (Interview:2015) and Holtzhausen (Interview:2015) who said that little was achieved by the forum and that the attendance of WCSAF meetings by their respective organisations was not worth the trouble. Both of them, however, stressed the importance of contributing to a structure which would allow for effective and efficient collaboration to take place.

Question 12: All the respondents felt that without the contribution of their department/organisation, the WCSAF could not be successful in its efforts. In Part B, they listed their contributions as: initiative, administration, strategic direction, evidence-based programmes, intelligence, human resources, knowledge and operational capacity.

Question 20: Three of the four respondents are of the opinion that none of the stakeholders in the WCSAF have the capacity to successfully address drug abuse on their own. When asked to provide reasons in Part B, the scale of the drug problem was the only reason provided. Harker (Interview:2015) and Holtzhausen (Interview:2015), however, indicated that they understand the necessity of a holistic approach and that the multi-disciplinary nature of the problem is the main reason why no individual stakeholder has the capacity to successfully address drug abuse.

Question 21: Three of the four respondents also indicated that their departments/organisations would not be able to meet their objectives in respect of drug abuse prevention/combating/treatment without the collaboration process offered by the WCSAF. Holtzhausen (Interview:2015) stressed the importance of following a holistic approach if the methamphetamine problem is to be managed effectively. She is of the opinion that serious societal problems have to be approached from all possible angles if a reasonable measure of success is to be achieved.

Question 27: Three of the four respondents agreed that in order for one of the WCSAF members to meet its objectives in respect of the work of the committee, it needs the support, services and resources of the other members.

- The results of the two questions in Part A of the survey (4 and 26 of Annexure A) that pertain to possible indicators of successful collaboration were as follows:

Question 4: Three of the four respondents are of the opinion that collaboration amongst members of the WCSAF is brought about public value that could not have been achieved by individual members. In Part B, this value was defined by the respondents as the sharing of intellectual knowledge, the sharing of resources and insight obtained from viewing the problem from the different perspectives it is approached from by a diversity of stakeholders.

Question 26: Three of the four respondents are of the opinion that the other members of the WCSAF have a positive influence on the way their departments/organisations function regarding drug abuse prevention, combating or treatment. When asked in Part B why they



think this is the case, the respondents listed the sharing of knowledge and resources, and a better understanding of the need.

#### 6.5.2.2 Part B survey results

The questions in Part B were developed for purposes of obtaining in-depth information on the current level of collaboration within the WCSAF. The responses listed here are of only four questions in Part B. The answers to the other questions in Part B (30-32, 34-47 and 49) provided additional information relevant to questions in Part A and were thus presented in Part A.

- The results to the four questions (28,29,33 and 48) not presented in Part A, were as follows:

Question 28 and 29: One of the respondents indicated that their departments/organisations were required by law to participate in the WCSAF. The respondent correctly identified the Prevention of and Treatment for Substance Abuse Act, 2008 (No 70 of 2008) which stipulates that all relevant stakeholders be represented on the provincial substance abuse forums.

Question 33: Three of the four respondents are of the opinion that the success of the WCSAF is not formally evaluated. Charles (Interview:2016) confirmed that no formal evaluation is done on the success of the WCSAF.

Question 48: The respondents were divided on the existence of a trust relationship within the WCSAF. Two of the four respondents were of the opinion that the different stakeholders within the WCSAF trust each other to act in the best interest of the group. Those who indicated the existence of trust in the collaborative group, pointed to the building of a healthy relationship over time. The respondents who indicated a lack of trust cited the shifting of blame when things go wrong as a major reason and pointed to a widespread notion of distrust within the group.

#### 6.5.2.3 Part C survey results

The questions in Part C of the survey all have relevance to the four previously identified perspectives from which drug abuse can be approached, namely *social-base prevention*, *harm reduction*, *law enforcement*, and *crime prevention*. However, at the time of distributing

the survey questionnaire, the terms *harm reduction* and *law enforcement* were not yet decided upon and the questionnaire therefore referred to *addiction treatment* and *re-active policing* instead. It was only later decided by the researcher to utilise the current terms as they were thought to be more appropriate. The new terms encompass the meaning of the formerly utilised terms and will therefore not affect the outcome of the survey.

- Answers pertaining to questions relevant to a holistic approach being followed by the WCSAF are as follows:

Question 50: All the respondents indicated that the WCSAF addresses the drug problem mainly from the perspectives of addiction treatment (*harm reduction*) and *social-based prevention*. Most attention is, however, given to addiction treatment (*harm reduction*). They are of the opinion that very little is done from the *crime prevention* and re-active policing (*law enforcement*) perspectives.

Question 51: All the respondents indicated that their department/organisation contribution emanates, amongst others, from a social-based prevention perspective and only two indicated that they are also addressing it from an addiction treatment (*harm reduction*) perspective. One respondent indicated that they are also involved in addressing the problem from the perspectives of crime prevention and re-active policing (*law enforcement*). In perusing the minutes the WCSAF meetings held on 5 March 2014, 17 July 2014 and 25 June 2015 (PGWC, 2014b, 2014c & 2015b), it was found that WCSAF does indeed approach the problem mainly from the perspectives of *social-based prevention* and *harm reduction*. Reference was made to law enforcement-related activities in the minutes of 5 March 2014 and 17 March 2014. These were, however, only as part of a general discussion and no indication could be found that the WCSAF drives any interventions from this perspective. Nor could any evidence be found of any interventions that emanate from the *crime prevention* perspective. The respondent who indicated involvement in such interventions was therefore most probably referring to the functioning of his/her own organisation acting on an individual basis and not those functions associated with discussions on the WCSAF.

Question 52: Three of the four respondents were of the opinion that it is necessary for the WCSAF to address the drug problem from all four perspectives and thus indicated an understanding that the problem should be approached holistically.

Question 53: The respondents ranked the importance of the four perspectives in the order that they should be prioritised by the WCSAF as follows:

- a) Addiction treatment (harm reduction).
- b) Social-based prevention and crime prevention.
- c) Re-active policing (law enforcement).

The fact that *harm reduction* was ranked as the most important perspective from which drug abuse should be addressed is surprising as this perspective is re-active in nature and does not address the causal factors. Members of the WCSAF would presumably all have a good understanding of the drug abuse problem and one would have expected a definite ranking of *social-based prevention* as the most important perspective. These responses might therefore be attributed to the intense focus of the WCSAF on the treatment of addiction.

Cartwright (Interview:2016), Harker (Interview:2015) and Holtzhausen (Interview:2015) were, however, of the opinion that the most important perspective from which the WCSAF should approach drug abuse, was that of *social-based prevention*.

### **6.5.3 The Cape Town Alcohol and Drug Action Committee (Local Government level)**

As indicated in Section 5.3.3, the existence of the Cape Town Alcohol and Drug Action Committee (CTADAC) is a legislative requirement in terms of Section 60 of the Prevention of and Treatment for Substance Abuse Act, 2008 (No 70 of 2008). The CTADAC comprises representatives of the following stakeholders:

- a) The City Health Directorate.
- b) The Liquor Enforcement Unit (City Safety and Security).
- c) The Substance Abuse Unit (City Safety and Security).
- d) The City's Social Development and Early Childhood Development Directorate.
- e) The City's Governance and Interface Department.
- f) The City's Planning and Building Development Department.
- g) The Department of the Premier.
- h) The Provincial Department of Health.
- i) The Provincial Department of Community Safety.
- j) The National Department of Correctional Services and the SAPS (City of Cape Town, 2012b:1).
- k) The City's Human Settlements Directorate.
- l) The City's Tourism, Events & Economic Development Directorate.
- m) The Cape Chamber of Commerce.

n) The Medical Research Council (City of Cape Town, 2015b:1&2).

Authorisation for the survey was obtained from the chairperson of the committee on 24 March 2015. The invitation to participate in the survey was subsequently emailed to 25 members of the CTADAC on 21 April 2015 (See Annexure C). The invitation contained an internet link that led participants to an online version of the questionnaire where it could be completed. A follow-up request was emailed to the committee members on 22 May 2015. Only four responses were received which equates to a 16 percent response rate. As in the case of the survey done amongst members of the WCSAF, one should take cognisance of the fact that the invitation to participate was presented to the entire study population and not only a sample thereof. The response rate is therefore deemed sufficient for purposes of representing the small target population. The questionnaire used to gather information amongst members of the CTADAC was identical to the one used for the WCSAF. The information gathered by means of this survey is therefore presented here in a similar way to that of the WCSAF in Section 6.9.2.

#### *6.5.3.1 Part A survey results*

The results relevant to the level of implementation of Collaborative Governance within the CTADAC were as follows:

Question 1: Three of the four respondents are of the opinion that their respective departments/organisations actively promote cooperation amongst the different stakeholders within the CTADAC.

Question 2: None of the respondents are of the opinion that decision-making within the CTADAC is done on the basis of consensus or that any decision-making in fact, lies with the members of the committee. Two of the respondents indicated that decision-making is done by senior officials within the respective departments and two are of the opinion that it is done in accordance with the wishes of political office bearers. These findings were confirmed by Harker (Interview:2015). According to her, the input from members of the CTADAC is seldom absorbed by those ultimately making decisions within the committee, to the extent that they feel their attendance merely serves as a rubber stamp of decisions already taken outside the CTADAC. A case in point is the City's "I have a drug problem" campaign, which according to Harker (Interview:2015) has no depth, meaning that there is little logic behind the initiative and that it amounts to no real results on the ground.

Question 3: Only one of the four respondents indicated that the different stakeholders within the CTADAC agree on the objectives that need to be achieved.

Question 5: Two of the four respondents indicated that they have the authority to commit resources of their departments or organisations towards the objectives of the CTADAC. All the respondents indicated that having such authority would be beneficial for meeting the objectives of the CTADAC. This lack of authority within the CTADAC to commit resources and therefore to take action, was also flagged as a major problem by Harker (Interview:2015). According to her, the members of the CTADAC are tied up in bureaucratic procedures when it comes to securing resources or obtaining approval and they therefore have no capacity for taking joint action. She also reported that members of the CTADAC generally want to make a difference and want to work towards accomplishing their goals but the CTADAC simply does not have the capacity to make things happen.

Question 6: Three of the four respondents are of the opinion that the role their departments have to play in realising the objectives of the CTADAC is not well coordinated with those of the other stakeholders.

Question 7: Two of the four respondents indicated that all the stakeholders who need to be part of the CTADAC are in fact members of the committee. The other respondents are of the opinion that the following stakeholders should also be represented on the committee: Community Police Forums, other community groupings and NGOs. Possible reasons for these stakeholders not being included were listed as simply too many to include them all and their not seeing the value of participating. More serious reasons given were that NGOs have been excluded due to political influence and the perception created by political office bearers that such organisations will in any event not be able to influence decision-making. A concern was raised that the Provincial Department of Education as well as the Department of Justice and the NPA are not committed to the process. A possible reason that was provided was that the CTADAC is not managed in a way that fosters the participation of Provincial Government Departments. This reason was confirmed by Harker (Interview:2015) who indicated that National and Provincial Government Departments as well as NGOs are not regarded as part of the decision-making process.

Question 8: Two of the four respondents indicated that the membership of the CTADAC represents a cross section of those that have a stake in what the committee aims to achieve.

Question 9: Three of the four respondents indicated that non-state stakeholders also participate in the collaborative group. Only the Medical Research Council was identified as such a stakeholder. The respondents further indicated that the participation of non-state stakeholders is necessary because they bring specialised knowledge and they ensure that the CTADAC is kept abreast of new research.

Question 11: All of the respondents indicated that their departments will continue to meet their obligations as part of the CTADAC, even if some of the other members do not.

Question 13: Three of the four respondents indicated that the CTADAC does not have a dedicated budget for furthering its work. One should take cognisance of the fact that the National Drug Master Plan does require the city to provide financial support to the CTADAC (RSA, 2013a:60).

Question 14: Three of the four respondents indicated that they do not monitor the progress made by other members of the CTADAC.

Question 15: Two of the four respondents indicated that they have clearly communicated to other stakeholders what their departments can bring to the collaborative process. This was mostly done verbally in meetings of the CTADAC.

Question 16: Three of the four respondents indicated that they are clear on the reasons why other stakeholders are part of the CTADAC.

Question 17: Three of the four respondents indicated that they willingly share resources with other stakeholders in order to assist them in reaching their objectives within the CTADAC. On a question pertaining to what resources they share in the collaborative process, all the respondents indicated that they share information and knowledge. Only one respondent indicated that they bring funding, dedicated staff members and administrative and logistical support to the table.

Question 18: Three of the four respondents indicated that not all the other stakeholders contribute resources to the work of the CTADAC. All of them are, however, of the opinion that some of the stakeholders contribute information and knowledge. Two respondents are of the opinion that some stakeholders contribute accommodation and administrative capacity and one indicated that some stakeholders provide funding, dedicated staff members and vehicles. Harker (Interview:2015) referred to a scramble for resources within the CTADAC

and is of the opinion that an inadequate level of sharing of resources poses a challenge to collaboration efforts within the CTADAC.

Question 19: All the respondents indicated that they fully understand their department's roles and responsibilities as these relate to the work of the CTADAC.

Question 22: Two of the four respondents are of the opinion that collaboration with the other stakeholders in the CTADAC offered incentives to their departments. These incentives were identified as opportunities to participate in additional projects and funding. The two respondents said that the incentives resulted in better collaboration. However, Harker (Interview:2015) said that due to the challenges she identified, and which have been referred to earlier in this section (see the answer to Question 5), collaboration efforts within the CTADAC resulted in no incentives for her institution.

Question 23: Two of the four respondents indicated that the CTADAC offers a platform for representatives of the different departments/organisations to jointly take action and implement decisions. All the respondents indicated that a capacity for joint action would be beneficial to the work of the CTADAC.

Question 24: Three of the four respondents indicated that they have no difficulty in contacting other stakeholders in the collaborative group when they need to. An overall willingness to contribute and sound relationships were listed as reasons.

Question 25: Three of the four respondents stated that their departments/organisations actively promote cooperation amongst members of the CTADAC.

- The results pertaining to what views members of the CTADAC held regarding *key aspects of Collaborative Governance* were as follows:

Question 10: Three of the four respondents are of the opinion that it would be in the best interest of their departments/organisations to remain a member of the CTADAC. The reasons given were that the collaborative process keeps stakeholders on track and focused on the larger goal, that they can achieve more through collaborating with others, and that it allows the opportunity for the effectiveness of stakeholders to be evaluated.

Questions 12: Three of the four respondents are of the opinion that without the contribution of their department/organisation, the CTADAC could not be successful in its efforts. Reasons

provided were listed as key knowledge and experience will not be available, an important part of the overall strategy will not be implemented which will prevent a holistic approach, and drug abuse needs to be approached from multiple perspectives. Respondents indicated that they contribute knowledge, expertise, facilities, and other resources to the collaborative process.

Question 20: All of the respondents are of the opinion that none of the stakeholders in the collaborative group have the capacity to successfully address drug abuse on their own.

Question 21: All of the respondents also indicated that their departments/organisations would not be able to meet their objectives in respect of drug abuse prevention/combating/treatment without the collaboration process offered by the CTADAC.

Question 27: Two of the four respondents agreed that in order for one of the CTADAC members to meet its objectives in respect of the work of the committee, it needs the support, services and resources of the other members.

- The results of the two questions (4 and 26) that pertain to possible indicators of successful collaboration were as follows:

Question 4: Two of the four respondents indicated that collaboration amongst members of the CTADAC brings about public value that could not have been achieved by individual members. This value was identified by the respondents as improved focus and motivation, institutional knowledge and experience of different role players being available, greater awareness of efforts, and the coordination of efforts which otherwise would have operated in isolation.

Question 26: Two of the four respondents are of the opinion that the other members of the CTADAC have a positive influence on the way their departments/organisations function regarding drug abuse prevention, combating or treatment. This positive influence was described as a combined focus, the sharing of knowledge and experience, and new opportunities to participate in joint projects.



### 6.5.3.2 Part B survey results

The responses presented here are of only four questions in Part B. The answers to the other questions in Part B (30-32, 34-47 and 49) provided additional information relevant to questions in Part A and were thus presented in Part A.

- The results of the four questions (28,29,33 and 48) which were not presented in Part A, were as follows:

Question 28 and 29: Two of the four respondents indicated that their departments/organisations are required by law to participate in the CTADAC. Chapter 3 of the Inter-Governmental Relations Framework Act and the National Drug Master Plan was identified as the source of such a requirement. Although the NDMP does not constitute legislation, it is correct that it requires all relevant stakeholders to be represented on local drug action committees. The NDMP is a legislative requirement in terms of the Prevention of and Treatment for Substance Abuse Act, 2008 (No 70 of 2008) which therefore forms the legislative basis for the composition requirements of local drug action committees (See Section 60(3) of the Act).

Question 33: All of the respondents are of the opinion that the success of the CTADAC is not formally evaluated.

Question 48: Respondents are divided on whether the different stakeholders within the CTADAC trust each other to act in the best interest of the group. Two of the four indicated the existence of distrust and cited politics and competing interests as the main reasons for this.

### 6.5.3.3 Part C survey results

The explanation regarding the usage of the terms *harm reduction* and *law enforcement* that was given in presenting the Part C survey results in respect of the WCSAF (Section 6.5.2) is also applicable to the questionnaire distributed to members of the CTADAC.

- Answers pertaining to questions relevant to a holistic approach being followed by the CTADAC are as follows:

Question 50: All the respondents indicated that the CTADAC addresses the drug problem mainly from the perspectives of addiction treatment (*harm reduction*) and *crime prevention* with the most attention being given to addiction treatment (harm reduction). The perspectives of *social-based prevention* and re-active policing (*law enforcement*), however, also receive attention in the CTADAC. Confirmation of this is provided in the minutes of the CTTADAC meetings of 19 June 2015 (City of Cape Town, 2015b:1-8) and 8 September 2015 (City of Cape Town, 2015c:1-5). However, Harker (Interview:2015) made the point that alcohol abuse is included as part of the focus area of the CTADAC and that it has in fact, become the main point of focus of the committee. To this end, the use of terms like AODs (Alcohol and other Drugs) and substance abuse that also refer to alcohol and nicotine are commonplace, with the term drug abuse almost never being used. Furthermore, the local drug action committee for the City of Cape Town is referred to as the Cape Town Alcohol and Drug Action Committee (CTADAC) which also underscores the division of its area of focus. In addition, the minutes of CTADAC meetings reveal that the majority of meeting time is spent on deliberating matters that pertain exclusively to alcohol addiction. To this end, the City of Cape Town (2015c:1-5) reveals that out of the 13 matters for discussion at the CTADAC meeting of 8 September 2015, two were related to administrative issues, one was related to drugs only, three related to drug and alcohol abuse and seven were concerned with alcohol abuse. At its meeting of 19 June 2015, one of the eight matters for discussion related to drug abuse only, two related to both drug and alcohol abuse and five pertained exclusively to alcohol abuse (City of Cape Town, 2015b:1-8).

Question 51: Most of the respondents indicated that their department/organisation contribution emanates from the *crime prevention* and addiction treatment (*harm reduction*) perspectives.

Question 52: All the respondents are of the opinion that it is necessary for the CTADAC to address the drug problem from all four perspectives.

Question 53: The respondents ranked the importance of the four perspectives in the order that they should be prioritised by the CTADAC as follows:

- a) Social-based prevention.
- b) Crime prevention.
- c) Addiction treatment (harm reduction).

d) Re-active policing (law enforcement).

Cartwright (Interview:2016), Harker (Interview:2015), and Holtzhausen (Interview:2015) all agreed that *social-based prevention* is the most important perspective from which the CTADAC should address drug abuse. However, they all stressed the importance of a holistic approach and were therefore critical of the CTADAC's current practice which largely limited its focus to the perspectives of *harm reduction* and *crime prevention*.

## **6.6 CONCLUSION**

The methodological framework that was followed in the first part of the empirical dimension of the study succeeded in yielding data which is relevant to the objectives of the study. It reveals significant challenges in respect of the current management of drug abuse in the Western Cape which will have to be addressed if the problem is to be managed effectively. The data gathered during the qualitative field experiment will be presented in the next chapter.

## **CHAPTER 7:**

# **EMPIRICAL RESEARCH ON THE PRACTICAL APPLICATION OF COLLABORATIVE GOVERNANCE**

### **7.1 INTRODUCTION**

The previous chapter dealt with the first part of the empirical dimension of the study, i.e. determining the extent to which public institutions on Provincial and Local Government level in the Western Cape collaborate in managing the province's methamphetamine problem. The second part of the empirical dimension of the study aimed to test the effectiveness of the practical application of the principles of Collaborative Governance in a particular setting, i.e. a crime prevention intervention in the gang and drug infested public housing environment, which is described in this chapter. In doing so, the chapter firstly presents a hypothesis that was formulated to be appropriate to the methodology followed in the second part of the empirical research. Secondly, it describes the specific qualitative research methodology that was followed and thirdly, it presents the data gathered in respect of the practical application of Collaborative Governance.

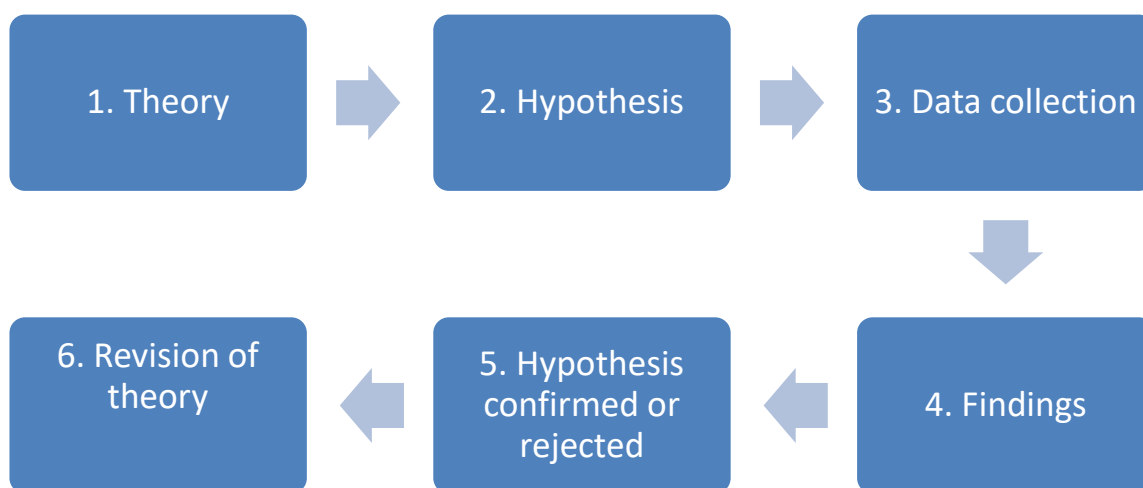
### **7.2 HYPOTHESIS FORMULATION**

The actual application of the principles of Collaborative Governance in a real-life setting would be of significant value to the study and therefore the researcher deemed it appropriate to formulate a hypothesis which was tested in a qualitative manner.

A hypothesis is a proposition or statement that points to a relationship between two variables (Welman, Kruger & Mitchell, 2009:26-27). It is deduced from what is known about the research domain in question and the theoretical considerations relevant to that domain (Bryman & Bell, 2011:11). Once a hypothesis has been formulated, it is important to find out whether it holds true (Welman *et al.*, 2009:26) and it therefore needs to be subjected to empirical testing (Bryman & Bell, 2011:11).

It is the null hypothesis that is tested in scientific research (Marczyk, De Matteo & Festinger, 2005:39) when a statement or proposition needs to be proved or disproved (Welman *et al.*, 2009:27). The null hypothesis states that there will be no relationship between the two variables in question while the alternate hypothesis predicts that there will be a relationship (Marczyk *et al.*, 2005:38). The researcher can confirm the null hypothesis if the empirical evidence points to the absence of a relationship between the variables, or they can reject it if

the findings point to a relationship of significant strength (Welman *et al.*, 2009:27). The alternative hypothesis can then be regarded as not rejected (Marczyk *et al.*, 2005:39). Welman *et al.* (2009:27) explained that a hypothesis can never be proven to be absolutely true due to potential errors in the measurement process (interviews and observations in the case of this experiment) or selection of research subjects. The null hypothesis is therefore accepted or rejected on the basis of probability. The process of hypothesis deduction is depicted in Figure 7.1.



**Figure 7.1: The process of deduction**

Source: Bryman & Bell (2011:11)

The following hypotheses were accordingly formulated of which the null hypothesis was subjected to empirical scrutiny:

Null hypothesis: Collaborative Governance is not an effective management approach for addressing the Western Cape's methamphetamine problem.

Alternative hypothesis: Collaborative Governance is an effective management approach for addressing the Western Cape's methamphetamine problem.

### 7.3 QUALITATIVE RESEARCH

In describing the qualitative research methodology that was followed during the empirical dimension of the study (see Section 6.3.2), it was stated that the specific qualitative research type that was used in the study is ethnographic research which included interviews, participant observation and a field experiment. It was decided that the methodology for the field experiment and the data gathered by means of the experiment be described in this

chapter as it relates to the second part of the empirical research, i.e. testing the effectiveness of the practical application of the principles of Collaborative Governance in a particular setting.

### **7.3.1 Field experiment**

In order to determine what happens when something is changed, one needs to effect the change (Gelman, 2010:1). The experimental research approach is employed for purposes of identifying causal relationships. It enables the researcher to determine whether a change in the dependent variable can be attributed to the independent variable and therefore whether the relationship between the variables can be regarded as being of a causal nature (Welman *et al.*, 2009:107).

A major benefit of the experimental research approach is that it provides the researcher with a high degree of confidence that can rarely be achieved by observational analysis alone (Gelman, 2010:3). An experiment is an ideal methodology for hypothesis testing (Babbie & Mouton, 2012:208).

The research setting is an important consideration as far as experiments are concerned. Laboratory experiments are usually associated with a high degree of control and the participants are aware that they are the subject of an experiment (Sarafino, 2005:53). When conducting experiments, researchers will strive to create a “small-scale environment in the laboratory” where the necessary level of control is maintained (List, 2007:7). A high degree of control is therefore also an important factor in a laboratory-like setting where the experiment is being conducted. A field experiment by contrast takes place in a real-life setting and the participants are usually not aware of the fact that they are being studied. The researcher also has less opportunity to control the environment (Sarafino, 2005:53). These experiments are conducted in the natural environment of the subject which is being observed and cannot be easily distinguished from the functions normally performed by the subject (List, 2007:8). As such, field experiments represent a bridge of empirical evidence between the laboratory and the data in its natural setting (List, 2007:10).

#### *7.3.1.1 The Ravensmead Public Housing Safety Project*

The field experiment that was conducted for purposes of this study was meant to ensure that a grassroots level crime prevention initiative is managed in accordance with the principles of Collaborative Governance. As described in Chapter 3 (Section 3.4.2), public housing

developments the world over are breeding grounds for crime and disorder, which again goes hand in hand with drug dealing and abuse. It was also argued in Section 3.4.2 that due to the current state of public housing in Cape Town and the fact that the City of Cape Town is the largest landlord of public housing in the country, a targeted crime prevention initiative aimed at reducing disorder and local residents' fear of crime, will have a significant impact on the occurrence of drug-related crime. This reasoning is in line with the broken windows theory (described in Section 4.4.3 and depicted in Annexure D). Such a project was indeed being planned by the City's Safety and Security Directorate for implementation at a gang infested public housing complex in the Cape Town suburb of Ravensmead. As the researcher is an official of the Safety and Security Directorate, he approached the Executive Director of the City's Safety and Security Directorate for authorisation to, in launching the project, also experiment with the collaborative management approach. It was accordingly agreed that the pilot project to be launched at the Ravensmead public housing development be managed in accordance with the principles of Collaborative Governance. This arrangement would afford the researcher a unique opportunity to document the implementation of Collaborative Governance as well as any outcome that may be attributed to this collaborative management approach as it relates to a drug abuse reduction intervention. It would also enable the researcher to empirically test the conclusions arrived at in Chapter 2 and in particular, whether Collaborative Governance can indeed ensure that Holism and its inherent benefits i.e. *emerging properties*, are realised.

#### *7.3.1.2 Motivation for the qualitative nature of the field experiment*

Experiments are usually quantitative in nature (Paluck, 2010:60) and as such are used to measure the outcome of a specific behaviour. However, to determine what that behaviour actually consists of requires qualitative research methods (Paluck, 2010:62) which can produce more detailed results and in so doing, significantly enrich the study. This is due to the fact that qualitative methods are likely to bring a deeper understanding of the cause and effect relationship, provide plausible explanations of the possible causes, and identify new processes that cannot be observed from a distance (Paluck, 2010:61).

The complex nature of the Ravensmead field experiment setting certainly required such a deeper understanding of the causes and their effects in order to meet the stated research objectives. That is something that will be difficult to achieve through a purely quantitative approach. As a result, the qualitative research methods of observation and interviews were used to gather data in the Ravensmead field experiment.

### *7.3.1.3 Identifying the independent and dependant variables of the field experiment*

The purpose of an experiment is to examine the effect that an independent variable may have on a dependent variable. The independent variable serves as an experimental stimulus that is purposefully introduced or omitted. The effect of the presence or absence of this stimulus on the dependent variable can then be observed. It was important for purposes of the experiment that both these variables are operationally defined (Babbie & Mouton, 2012:209). The null hypothesis suggests that the Western Cape's methamphetamine problem cannot be effectively addressed by means of Collaborative Governance. It therefore follows that for purposes of this study, the methamphetamine problem is the dependent variable and Collaborative Governance is the independent variable.

### *7.3.1.4 The requirement of pre-testing and post-testing*

The typical experimental design requires that the dependent variable be measured prior to exposure to the independent variable. This represents the pre-test. It also requires that the dependent variable again be measured after it has been exposed to the independent variable in order to determine the effect that the latter had on the former. This represents the post-test (Babbie & Mouton, 2012:209). Whilst performing a pre-test might be a logical requirement for a classical laboratory experiment or laboratory-like experiment, the complexity of a qualitative field experiment will understandably not permit a single test to determine the status of the dependent variable prior to it being exposed to the independent variable. Instead, in this study this called for meticulous recording of the prevailing situation which for purposes of the Ravensmead field experiment was accomplished by means of observations, interviews with residents and key officials working in the area, as well as scrutinising crime statistics and other relevant documentary sources.

### *7.3.1.5 The requirement for experimental and control groups*

In order to determine if any of the resulting effects can be attributed to the experiment itself or any other factor besides the independent variable, the classical experimental design requires the existence of a control group (Babbie & Mouton, 2012:210). The establishment of a viable control group for a complex qualitative field experiment on the scale of the Ravensmead field experiment was, however, not necessarily possible. Although there are hundreds of public housing units in the area of jurisdiction of the City of Cape Town with similar problems and attributes, duplicating the exact same situation than what prevails at the 10<sup>th</sup> Avenue flats in Ravensmead was simply not feasible. Therefore, for this purpose



two other public housing complexes of similar size and that fall within the same municipal service area were selected and were compared to the 10<sup>th</sup> Avenue flats regarding the prevailing levels of crime and disorder (and therefore drug abuse). The level of community cooperation experienced by the City's Housing Safety Law Enforcement Unit at the respective locations was also compared. The two control groups were the 15<sup>th</sup> Avenue Flats in Elsie's River and the Northway Flats in Ravensmead. Adequate information for such comparisons was obtained from the Assistant Chief of Law Enforcement responsible for Housing Safety and the Principal Inspector for Housing Safety in Ravensmead adjacent areas. This resulted in the researcher being in a position to draw appropriate conclusions for the experimental and control groups. Evidence to this effect is presented in Section 7.4.6.

The field experiment yielded valuable information towards answering research questions (d), (h), (i) and (j) identified in Chapter 1 (1.7.3).

### **7.3.2 Reliability and validity of the field experiment**

Reliability and validity are rooted in the quantitative, positivistic epistemology and are therefore not necessarily applicable to a qualitative field experiment which seeks a different type of knowledge (Golafshani, 2003:598-600). Many qualitative researchers are for instance not concerned with the question of whether results can be replicated but rather focus on credibility, precision and the transferability of the results. Regarding validity, the argument exists that in quantitative research a measuring instrument is constructed to ensure credibility whilst in respect of qualitative research, the researcher acts as the instrument. Validity in quantitative research therefore refers to the credibility of the research while "the credibility of a qualitative research depends on the ability and effort of the researcher" (Golafshani, 2003:600). While having regard for these arguments, the researcher was fully cognisant of the fact that both reliability and validity needed to be demonstrated in conducting the Ravensmead field experiment.

As stated in Section 6.4, reliability refers to the extent to which research results are consistent and can be replicated if the same methodology is followed. To this end, the verification of all steps taken in the qualitative research process of this study were ensured and proper record to this effect was kept. In addition, verification was strengthened by means of triangulation, which is described by Babbie and Mouton (2012:329) as the use of multiple methods of observation or measurement to increase the validity of the research findings. Golafshani (2003:603) accordingly maintained that triangulation has become an

important method for establishing reliability and validity in qualitative research where other techniques might be inappropriate. Participant observation, interviews and document analysis are some of the methods that were employed by the researcher.

In order to determine the validity of conclusions in experimental research, the existence of internal validity is essential. Internal validity refers to the extent to which changes in the dependant variable can indeed be attributed to the independent variable (Welman *et al.*, 2009:107). External validity on the other hand refers to the extent to which the results obtained in a particular experiment, can be generalised in that similar results can be expected under different circumstances (Sarafino, 2005:53).

Given the abovementioned description of internal validity as well as the earlier identified dependent and independent variables, it follows that internal validity for the Ravensmead Field Experiment would be proven if the following could be demonstrated: That the particular approach followed in managing the Ravensmead Public Housing Safety Project, i.e. Collaborative Governance (independent variable), has an influence on the methamphetamine problem in that housing complex (dependent variable). One would only have been able to arrive at such a conclusion if the same influence could not have been detected after conclusion of the experiment in the two other public housing complexes serving as the control groups, i.e. the 15<sup>th</sup> Avenue Flats in Elsies River and the Northway Flats in Ravensmead. It could, however, not be reasonably expected that a change in the status of the methamphetamine problem would be detectable in the experiment population after a period of only nine and a half months (since initiation in December 2014 until the end of the experiment on 15 September 2015). This is due to the complex nature of the methamphetamine problem, the extent of the problem within the experimental population and the lack of available and reliable addiction treatment and crime statistics relevant to the housing complex. As a result, it was deemed appropriate to identify a number of alternative factors which could serve as proxies for the methamphetamine problem and by means of which the likelihood of the methamphetamine problem increasing or decreasing could be determined. The UNODC (2006:22) maintained that the use of proxies as performance indicators is acceptable in evaluating the implementation of drug abuse prevention programmes as long as a definite link exists between the proxy indicator and that which is to be evaluated. The proxies identified for purposes of the field experiment are:

#### Proxy 1: Residents' experience of the prevalence of crime and disorder

Other crimes and anti-social behaviour are in terms of the broken windows theory (described in Section 4.4.3) associated with the creation of an environment where drug dealing can

flourish. The perception of the elected representatives of the 10<sup>th</sup> Avenue Flats residents and their experience in respect of crime and disorder directly after conclusion of the experiment would therefore be a valuable indicator of the prevalence of drug-related crime. The broken windows theory and its relation to drug-related crime is also depicted in Annexure D.

Proxy 2: The experience of crime and disorder by the local SAPS and municipal law enforcement

As is the case with Proxy 1, a sustained reduction in levels of other crimes and disorder could in terms of the broken windows theory be expected to have a limiting effect on drug dealing on the premises.

Proxy 3: Any visible changes perceived by the community representatives in respect of the presence of persons on the premises that are suspected of dealing in drugs

The unprecedented levels of drug dealing in public housing in Cape Town would suggest that a significant percentage of residents of such units can identify suspected drug dealers in the area where they live and will be able to detect in increase or decrease in such activity. This will hold especially true to those residents who are security conscious and are willing to get involved in initiatives to improve their living conditions, e.g. residents who have joined neighbourhood watches or those who have made themselves available to serve on the Task Team for the Ravensmead Public Housing Safety initiative.

Proxy 4: The extent to which the residents are informed on actions that can be taken in the event of the possible addiction of a family member

The extent to which residents are informed on what actions can be taken and how free treatment can be accessed can be expected to translate into better decision-making by residents when confronted by suspected addiction in the family and therefore possible early admission to treatment centres which will result in harm reduction.

Proxy 5: Perceptions on the level of community cohesion

The visible manifestation of a strong sense of community cohesion, e.g. the establishment of a neighbourhood watch or graffiti removal campaigns can be expected to send a clear message to would be perpetrators (including drug dealers) that the community is taking a stance against crime and that their illicit activities will be frowned upon. In addition, a stronger sense of community cohesion will promote the residence's sense of ownership and responsibility towards neighbours. These factors can in terms of the broken windows theory (described in Section 4.4.3 and depicted in Annexure D) be expected to reduce the level of comfort that drug dealers enjoy and lead to a reduction in their illicit activities.

#### Proxy 6: Perceptions on the level of personal safety

In terms of the broken windows theory (described in Section 4.4.3), an improved sense of personal safety could result in more freedom of movement of the law abiding residents, which in turn can be expected to limit opportunities for drug dealers to proceed with their illicit activities.

#### Proxy 7: Physical improvements on the premises that could be classified as situational crime prevention measures aimed at reducing anonymity and increasing surveillance

Table 3.1 lists a number of situational opportunity-reducing techniques which could result in the reduction of drug-related crime.

These proxies were measured for the period during which the independent variable (Collaborative Governance) was applied to the experiment, i.e. December 2014 to September 2015. The data for measuring was collected through direct observations, interviews with the community representatives and the study of official documentation, e.g. the minutes of the Task Team meetings.

## **7.4 DATA GATHERED IN RESPECT OF THE PRACTICAL APPLICATION OF COLLABORATIVE GOVERNANCE**

It was realised that the actual application of the principles of Collaborative Governance in a real-life setting would be invaluable to the objectives of this study. As a result, it was decided to search for an opportunity where these principles could be applied to the management of a societal problem by a public institution and in so doing, embark on a comprehensive qualitative field experiment.

### **7.4.1 The research domain for the field experiment**

Securing public housing has been identified in Chapter 3 (3.4.2) as a potentially effective drug abuse reduction strategy. Chapter 4 (4.4.3) accordingly described US efforts in this regard and the South African situation with particular reference to Cape Town was presented in Chapter 5 (5.5.3). It was in fact concluded in Chapter 5 that the current situation at public housing units represents a potentially significant enabling factor for the growth of methamphetamine abuse in the Western Cape. It should, however, be noted that “securing public housing” only served as the research environment for the field experiment which focused on testing the effectiveness of Collaborative Governance as a management

approach. It was not the intention to test the effectiveness of “securing public housing” as a crime prevention strategy.

Following a study tour to New York City in 2012 and in particular a site visit with the NYPD’s Housing Bureau, the City’s Safety and Security Directorate in Cape Town was eager to expand its policing capacity in public housing units. No progress could, however, be made in recent years in respect of securing funds for the expansion of the Directorate’s 24-man Housing Law Enforcement Unit and it was realised that alternative strategies need to be explored if any progress is to be made in securing Cape Town’s public housing. The directorate accordingly turned to other crime prevention strategies that proved to be successful in the US and which could be implemented with its limited policing capacity. It was decided to select one of the city’s public housing complexes for purposes of a pilot project that would see the implementation of a number of tried and tested crime prevention strategies. The 10th Avenue Flats situated in the suburb of Ravensmead was selected for this purpose. This complex comprises 144 residential units situated in five double story blocks. It houses more than 1100 residents. See Annexure E for an aerial photograph indicating the location of the 10<sup>th</sup> Avenue Flats.

#### **7.4.2 Collaborative Governance as the management approach to be followed**

The researcher realised the significance of this project to his study and the unique opportunity it presented for experimenting with a management approach. As a result, the Executive Director for Safety and Security was approached with a request to oversee the introduction of Collaborative Governance to the project. Consent was obtained and as a result, the researcher would provide the project administrator with guidance in an attempt to ensure that the project be managed in accordance to the principles of Collaborative Governance. Apart from observing, this would be the only role of the researcher in the project.

Recent violent gang activity, the rape of a female resident on the premises as well as high levels of disorder and community mistrust, however, made it difficult to secure the key Collaborative Governance ingredient of community participation. The project implementers persisted in their endeavours and after an initial stabilisation period that saw increased law enforcement presence over a period of three months, the establishment of a multi-disciplinary task team was realised. The task team comprised representatives of all relevant stakeholders including the local residents. These resident representatives were elected on 17 March 2015 at a community meeting open to all residents.

Another important element of Collaborative Governance which was identified as something that might be potentially difficult to implement was the *capacity for joint action*. This is because of the fact that the *capacity for joint action* necessarily required resources to be allocated to the task team. This would be resources which could be utilised at the discretion of the task team without having to get approval from the city's senior management each time the task team needs to make a decision. In order to ensure that the task team has at least some *capacity for joint action*, the researcher approached the Executive Director for Safety and Security with a request that the R50 000 earmarked for the project be spent in accordance with the decisions of the task team. Authority was granted and this enabled the task team to at least have the *capacity for joint action* in respect of basic security enhancements to the buildings (e.g. security lighting and peepholes) of the 10th Avenue flats. The same would obviously apply to other actions the different stakeholders' area representatives were able to commit to which is described later in this chapter.

Although the principles of Collaborative Governance were guiding project implementation from the onset, the election of community representatives and enabling a joint capacity for action meant that the task team could now function in a truly collaborative fashion. To formalise this achievement, the researcher arranged with the project administrator that he be allowed to brief the task team on this management approach and what was to be expected from the task team in following the methodology. During this briefing which took place on 2 April 2015 the task team was provided with a description of Collaborative Governance with specific reference to its main elements, which were identified in the theoretical dimension of the study (Chapter 2), i.e. participation of all stakeholders (including community), joint decision-making, consensus driven, capacity for joint action and accountability and monitoring. This briefing was duly reflected in the minutes of that meeting (Annexure F). The briefing was well received and the members of the task team indicated that they were eager to follow the proposed collaborative approach. As indicated earlier in this chapter, the subjects studied in field experiments are generally not aware of the fact that they are being studied. The members of the task team were therefore not informed of this study.

#### **7.4.3 Progress made with project implementation**

The progress made with implementation of the pilot project since authority was granted for it to be managed from a collaborative approach, included the following:

- a) The project administrator from the City's Safety and Security Directorate embarked on a process of sensitising other relevant stakeholders (the City's Law Enforcement

Department, the City's Sport and Recreation Department, the City's Human Settlements Directorate, the City's Metro Police Department and the SAPS) in order to secure support for possible collaboration. This was commenced in early December 2014. According to Charles (Interview:2016), the senior management officials he approached were all aware of the fact that public housing in Cape Town is a breeding ground for crime, especially gang and drug-related crime and that little was being done to improve the situation. They therefore immediately understood the need for this crime prevention initiative and the importance of collaborating with one another. As a result, they pledged their support to the initiative.

- b) As the security situation at the 10th Avenue Flats was a matter of concern to the stakeholders mentioned in (a), they agreed that the first step in this collaborative effort needed to focus on stabilising this volatile situation. To give effect to this collective decision, the Housing Safety Unit of the City's Law Enforcement Department increased their presence in the area from the middle of January 2015 to the end of March 2015. This, together with the increased presence of representatives of the other initial stakeholders mentioned in (a) above as well as the deployment of the facilitator that will be referred to in the next point, resulted in an improvement in the security situation at the 10<sup>th</sup> Avenue Flats. As far as the management of drug abuse is concerned, these interventions approached the problem from the *law enforcement* and *crime prevention* perspectives.
- c) As indicated earlier, the prevailing security situation as well as high levels of disorder and community mistrust made it difficult to secure the key Collaborative Governance ingredient of community participation. As a result, an external facilitator (Mr Norman Jantjies) was appointed to assist in building a sound relationship with the community and enable a functioning working environment. The facilitator entered into discussions with community members, informing them of the City's intentions to improve safety at the 10<sup>th</sup> Avenue Flats and requesting their support to this initiative.
- d) A multi-disciplinary task team (hereafter referred to as the Task Team) was formed comprising relevant departments of the city, the SAPS and representatives from the residents was established to manage project implementation in accordance with the principles of Collaborative Governance. The role players from the city included Human Settlements, Social development, Sports and Recreation and Safety and Security (Law Enforcement, Neighbourhood Watch Programme and Strategic Support).
- e) A Draft Terms of Reference for the Task Team was developed which would give direction with regard to internal procedures and emphasise the collaborative nature of the management approach to be followed.

- f) A formal community meeting was held on 17 March 2015 to which all residents of the 10th Avenue Flats were invited. The purpose of the meeting was to formally brief the residents of the project objectives, to secure their buy-in and to have them elect representative who could serve on the multi-disciplinary Task Team. Ninety-three residents attended and 16 were elected to form a Community Action Forum. Two of the 16 persons were nominated to serve on the Task Team.
- g) The 16 residents were requested to identify and prioritise community needs which they did in consultation with other residents. This was submitted to the Task Team for consideration and action.
- h) An overall improvement of service delivery in respect of maintenance issues was achieved after it was discovered that service requests from residents had not been properly dealt with in the past by the Human Settlements Directorate. These included the repairing of broken taps and water pipes.
- i) Physical improvements were effected for purposes of improving safety. These situational crime prevention measures included enhancing external building lighting and installation of peepholes in the doors of the 144 units. As far as the management of drug abuse is concerned, this intervention approached the problem from the *crime prevention* perspective.
- j) A number of sport and recreation programmes were implemented. These included the after school programme, kiddies camp, junior volunteer teams and netball tournament. Regarding the management of drug abuse, these interventions approached the problem from the *social-based prevention* perspective.
- k) The task team was of the opinion that progress made up until the middle of May 2015 laid the foundation for involving residents directly in crime (including drug related crime) prevention initiatives which included the establishment of a fully functional block watch (neighbourhood watch). The Safety and Security Directorate's Community Safety Liaison Officer responsible for the training of neighbourhood watches was requested to commence with arrangements to this effect. Efforts to this effect commenced in June 2015 and are referred to again later in this section.
- l) Significant progress was also made in respect of the level of recognition the project enjoyed. In early May 2015 the City's Safe Communities Working Group, described in Chapter 5 (Section 5.3.2), took an interest in the Ravensmead Public Housing Safety Project and invited the project administrator to brief them on progress made. The relationship between this Working Group, the Social Cluster Management Committee and the Political Social Cluster Committee is depicted in Figure 5.2. The briefing by the project administrator resulted in the Working Group deciding to adopt the Ravensmead Public Housing Safety Project as one of its priority initiatives. This



meant that the Working Group would now actively support the existing project. The Working Group also recommended that the initiative be taken up in the performance scorecard of the Executive Director for Safety and Security who chaired the Working Group. This meant that the implementation of the Ravensmead Public Housing Safety Project would serve as a formal performance indicator in terms of which the Executive Director's performance would be measured. In addition, the Safe Communities Working Group decided that a project briefing should also be done at the next meeting of the Social Cluster Management Committee, which was described in Section 5.3.2. The researcher presented the required progress report to this committee on 25 May 2015. This presentation was similar to the one presented on 18 August 2015 which is referred to later in this chapter (see Annexure G). The status of the project had now clearly been elevated and as such the initiative received an unexpected level of support that could only benefit further implementation.

- m) The Safety and Security Directorate's Community Safety Liaison Officer who is responsible for administrating the City's Neighbourhood Watch Assistance Programme, presented a two-hour training session on community-based crime prevention techniques to the two resident representatives and other residents that showed an interest. This training which took place in June 2015 was based on the broken windows theory referred to in Chapter 4 (4.4.3) and depicted in Annexure D and which argues that the prevalence of disorder and petty crimes can cause drug-related crime which in turn can cause more serious crimes. The attendees indicated that they would recommend to the Task Team that the broken windows theory be accepted as its official approach to addressing crime and disorder. Regarding the management of drug abuse, this intervention approached the problem from the *crime prevention* perspective.
- n) The Task Team continued to work on strengthening the relationship between officials serving on the task team and the two resident representatives as well as the relationship between the Task Team as a whole and the residents of the 10<sup>th</sup> Avenue Flats. Fortuin (Interview:2015) and Presens (Interview:2015) confirmed that the two resident representatives were treated well by the other members of the Task Team and that they were indeed regarded as an essential part of the decision-making process. Having the two representatives of the residents serving on the Task Team promoted understanding when the administration faced difficulties in delivering on commitments made, especially when it came to maintenance-related issues on which the Human Settlements Directorate was required to deliver. If these two representatives had not been part of the Task Team, one could have expected

widespread dissatisfaction when delivery was stalled due to red tape or obstruction from the Human Settlements Directorate.

- o) The City's Social Cluster Management Committee indicated that there was enough merit for the project to be presented to the National Government as a possible recipient of grant funding for furthering the initiative. This was done by submitting an application to the Department of Public Service and Administration who administrates the Tirelo Bosha Public Service Improvement Facility grant. This initiative is, according to RSA (2014e:1), funded by the Belgian Government and aims to "support and pilot new ways of delivering public service through contributing to the improvement of frontline public service delivery by stimulating and supporting improved initiatives at all levels". The project administrator accordingly prepared the application which ultimately requested funding to the amount of R1 930 000 for purposes of the following: consolidating, documenting and analysing data gathered; documenting the methodology that was developed for the initial project; developing a monitoring and evaluation system by means of which success could be empirically measured; and roll out the initiative to a second location in order to determine if the methodology can be replicated in a sustainable way (City of Cape Town, 2015d:3). The application was signed off by the City Manager on 3 July 2015 and submitted. The application form together with the covering letter from the City Manager is attached as Annexure H. The city was, however, informed in early 2016 that the application had not been approved.
- p) During the last week of July 2015, the two community representatives initiated a graffiti clean-up. They approached the project administrator on their own with a request for white paint and rollers which were supplied. They then managed to get a group of resident children together who proceeded to remove all the graffiti in the complex. The graffiti targeted with this campaign is the type which is regarded as vandalism, i.e. gangster "tagging", unsightly graffiti and that with a vulgar content. See Annexure D for a depiction of how illegal graffiti and other petty crimes are linked to drug-related crime and other more serious crimes. As far as the management of drug abuse is concerned, this intervention approached the problem from the *crime prevention* perspective.
- q) Pamphlets containing detailed information on how to access the free drug addiction treatment that is offered by the City were distributed to all residents. As far as the management of drug abuse is concerned, this intervention approached the problem from the *harm reduction* perspective.
- r) The researcher was invited to do a presentation on the Ravensmead Housing Safety Project to the City's Political Social Cluster Committee that is chaired by the

Executive Mayor. The presentation was done on 18 August 2015 and described both the crime-related (including drug-related) and collaborative management aspects of the project. The presentation was well received and the committee indicated its support for the project to be expanded to a public housing complex that falls within one of the Mayoral Urban Renewal Programme (MURP) areas. A copy of the presentation is attached as Annexure G.

- s) A community-based risk assessment workshop was held for the residents by the City's Disaster Risk Management Centre on 5 and 12 September. While the focus of the workshop was on hazard identification and risk mitigation, it also served as an important community empowerment initiative that would serve to further strengthen community cohesion and individual self-respect which are important aspects for resisting the lures of drugs and crime. As far as the management of drug abuse is concerned, this intervention approached the problem from the *social-based prevention* perspective.
- t) Preparations were made by the Task Team during the second week of September 2015 to have two additional security lights installed. The project administrator had an on-site meeting with potential contractors in order for them to understand the requirements and quote accordingly. The on-site meeting was also attended by the resident representatives who participated in selecting the location of the security lights for maximum disruption of drug dealing as well as for purposes of improving general security (Observation:10 September 2015). The security lights were expected to be installed towards the end of September. As far as the management of drug abuse is concerned, this intervention approached the problem from the *crime prevention* perspective.
- u) Charles (Interview:2016) reported that the understanding of the resident representatives on the Task Team developed of city processes (e.g. the logging of and responding to maintenance requests, policing-related service requests and other municipal service requests) and the underlying dynamics, led to an improved relationship between residents and the city. He indicated that this contributed to breaking down the strong "us vs them" mentality which existed prior to the intervention.
- v) Charles (Interview:2016) also indicated that the local Community Police Forum (CPF) proved to be an obstacle for the Community Safety Liaison Officer's efforts to secure the collaboration of the local neighbourhood watch as they insisted on controlling all aspects of the city's planned support to the neighbourhood watch, i.e. training and issuing of patrol equipment. According to him, the politicisation of CPFs, whether party political in nature or the promotion of personal interests is a general problem

across the city and will need to be addressed as these structures can be valuable partners in collaborative crime prevention initiatives.

It is evident from the information provided here that implementation of the project resulted in a number of achievements although various challenges were experienced. It is relevant now to specifically describe the successes and challenges experienced in respect of the implementation of Collaborative Governance.

#### **7.4.4 Collaborative Governance successes and challenges experienced**

Preliminary observations in respect of Collaborative Governance successes and challenges experienced during the field experiment are described here. A comprehensive evaluation of the extent to which the principles of Collaborative Governance were successfully implemented, is presented in the next chapter. In the presentation to the Social Cluster Executive Management Team Subcommittee on 25 May 2015, the achievements and challenges experienced with the implementation of key Collaborative Governance elements were reported on. This included the following aspects which were also corroborated by Charles (Interview:2016):

##### *7.4.4.1 All stakeholders to participate*

Cooperation from all relevant departments and their willingness to participate in the Task Team were achieved without much effort. All these role players seem to understand the urgency of an effective safety and security intervention in public housing where drug-related crime is known to be the order of the day.

With regard to this Collaborative Governance requirement, valuable insight was obtained at a meeting hosted by the City of Cape Town on 13 April 2016 as part of the itinerary of UK Policing Advisor, Ian Duddridge's visit to Cape Town. At this meeting, Professor John Cartwright shared his opinion that gang and drug-related crime can only be effectively addressed through integrated interventions that include all relevant local government departments. Mr Ian Duddridge concurred and stated that the only feasible solution is a multi-agency approach which is coordinated by a suitable forum. He argued that the participation of local residents in such a forum is a necessity. Dr Don Pinnock likewise agreed and reiterated that partnerships are vital in managing large societal problems as the police will not be able to have a meaningful impact on their own (Observation:13 April 2016).

Cartwright (Interview:2016), however, cautioned that the widespread practice of establishing multi-disciplinary task teams and nominating representatives from all stakeholders to serve on these, does not equate to collaboration and rarely achieves any real impact. According to him, only stakeholder representatives with the required level of understanding of the problem and those who personally support the objectives of the collaborative group should be allowed to serve on such groups. This will be imperative to achieve what he referred to as a “Whole of Society Approach”.

#### *7.4.4.2 Community participation*

Direct community participation was achieved. Relationship building between city representatives and the residents were, however, required before their cooperation and participation could be achieved.

#### *7.4.4.3 Joint decision-making*

This was easily achieved in the early stages of the collaboration process when the initial participants agreed on the need for the security situation at the 10<sup>th</sup> Avenue Flats to be stabilised as a first step. The members of the Task Team accepted the requirement of “joint decision-making” and supported it from the outset.

#### *7.4.4.4 Consensus driven*

The Task Team managed to find consensus in all their decisions as the members had, in terms of their existing capacity as senior officials from the various city departments, the required authority to commit limited resources to the project. Once it was confirmed that the Safety and Security Directorate had allocated an amount of R50 000 towards the project and that authorisation had been obtained for these funds to be spent on discretion of the Task Team, all members of the Task Team were comfortable to participate in this decision-making.

#### *7.4.4.5 Capacity for joint action*

A special arrangement had to be made with the Executive Director for Safety and Security to allow stakeholders to jointly decide on the spending of funds earmarked for the project. A number of other factors which were not specifically reported in the presentation of 25 May 2015 could also be regarded as elements of a “capacity for joint action”. These include the establishment of the management structure (the Task Team) and the additional resources which individual departments brought to the project. These elements are included in the comprehensive evaluation which is presented in the next chapter.

#### *7.4.4.6 Accountability and monitoring*

Despite a high level of collaboration being achieved within the task team, challenges were experienced with regard to non-attendance of task team meetings by key role players and non-adherence to time frames in addressing service requests from the public. The presentation of 25 May 2015 accordingly identified the main challenge in respect of Collaborative Governance to be the Task Team's inability to hold its members accountable for the implementation of decisions taken and to monitor the progress made by individual members in respect of agreed upon tasks. It was realised that this difficulty arose from the fact that executive management (the Executive Directors from the various City Directorate's) support had not been secured from all stakeholders when the project was initiated. Such support was only sought from the Executive Director for the City's Safety and Security Directorate. Participation from all the other stakeholders was obtained through negotiations with the respective area managers and mid-level management staff. The result was that the participation of key stakeholders such as the SAPS, the City's Human Settlements Directorate, the City's Social Development and Early Childhood Development Directorate, the City's Sport and Recreation Department and City Health, depended solely on the interest and level of commitment from the individual officials and that the Task Team had no authority to hold members accountable.

This difficulty then also represented the subject of the request for guidance at the City's Social Cluster Executive Management Team Subcommittee meeting of 25 May 2015. As a result, the subcommittee advised that officials from all relevant directorates, be formally nominated to serve on the task team. In addition, the project administrator requested an audience with the SAPS Station Commander in Ravensmead for purposes of achieving the same level of commitment from that agency. These actions led to officials representing all relevant stakeholders to be formally nominated and tasked with participating in the Task Team. It enabled the Task Team to use the minute taking process as a mechanism for accountability. As a result, the monitoring of progress made by individual members of the Task Team also became possible.

The elements of Collaborative Governance described in this section were the only elements specifically mentioned in the presentation of 25 May 2015 and corroborated with Charles (Interview:2016). Adherence to other important elements of Collaborative Governance in performing the field experiment are included in the comprehensive evaluation presented in Chapter 8.

#### 7.4.5 Drug abuse reduction results of the field experiment

It was argued in Section 7.3.2 that it could not be reasonably expected that a change in the status of the methamphetamine problem would be detectable in the experiment population after a period of only nine and a half months. As a result, a number of alternative factors were identified which could serve as proxies for drug-related crime and by means of which the likelihood of the methamphetamine problem increasing or decreasing, could be determined. The evidence gathered in respect of each of these proxies is presented next.

##### Proxy 1: Residents' experience of the prevalence of crime and disorder

The two resident representatives on the Task Team, namely Ms Mona Fortuin and Ms Wendy Presens were requested to give their impression on this matter during an interview conducted by the researcher on 2 September 2015. Both indicated that the prevalence of crime and disorder has been reduced significantly since the inception of the project (Fortuin, Interview:2015; Presens, Interview:2015). As crime and anti-social behaviour are in terms of the broken windows theory (described in Section 4.4.3 and depicted in Annexure D) associated with the creation of an environment where drug dealing can flourish, it can be deduced that drug dealers at the 10<sup>th</sup> Avenue Flats had to become more cautious in their illicit activities and that the sustained reduction in the prevalence of crime and disorder would have had a limiting effect on such activities.

##### Proxy 2: The experience of crime and disorder by the local SAPS and municipal law enforcement.

At the Task Team's meeting of 6 August 2015 (See Annexure I), the SAPS representative indicated that no crimes had been reported by residents during the preceding two-month period. Complaints regarding anti-social behaviour had, however, been received and the SAPS were aware of the residential units from which drugs continued to be sold. The crime statistics were encouraging and the SAPS member indicated that the residents "are heading towards a peaceful community". This state of affairs was confirmed by Ross (Interview:2015b), who also indicated a reduced presence of drug dealers in communal areas of the 10<sup>th</sup> Avenue Flats. Assistant Chief Ross also referred to a general reduction in crime in his feedback report of 14 September 2015 directed to his Departmental Head (Ross, 2015a:1) which is attached as Annexure J. Annexure D depicts how the process of urban decay can lead to drug-related crime and how drug-related crime can in turn contribute to the prevalence of more serious crimes. It therefore follows that, as is the case with Proxy 1, a sustained reduction in levels of crimes could be expected to have a limiting effect on drug dealing on the premises.

Proxy 3: Any visible changes perceived by the community representatives in respect of the presence of persons on the premises that are suspected of dealing in drugs.

Fortuin (Interview:2015) and Presens (Interview:2015) confirmed that although drug dealing on the premises was still a major concern, the higher levels of visibility that had been created with the installation of peep holes and lighting made it more difficult for drug dealers to conduct their business on the premises. This was confirmed by Ross (Interview:2015b).

Proxy 4: The extent to which the residents are informed of actions that can be taken in the event of the possible addiction of a family member

Fortuin (Interview:2015) and Presens (Interview:2015) confirmed that they were well aware of how to access the free addiction treatment programmes offered by the City at various centres across the metropolitan area. This was the result of the information campaign launched by City Health on request of the Task Team, as mentioned in Section 6.8.3. The two interviewees also indicated that the information was made available to them in a format that was easy to understand and with the necessary clarity.

Proxy 5: Perceptions on the level of community cohesion

During the interview with the two resident representatives (Fortuin, Interview:2015; Presens, Interview:2015), they indicated that they are convinced that the community cohesion within the housing complex had improved since the project inception. They attributed this to a combination of the various efforts of the Task Team which included the establishment of the 16-member community action forum, targeted sport and recreation programmes, community-based crime prevention training, improved law enforcement and the involvement of community members in the decision-making process. Examples of improved community cohesion provided by them during the interview were as follows:

- a) When they launched the graffiti clean-up campaign, they had no difficulty in securing the assistance from children residing at the complex. The children contributed to the effort with a sense of commitment and understood the importance of their contribution. They were of the opinion that the children's cooperation in future disorder prevention initiatives would be relatively easily secured and indicated that this would not have been possible prior to the inception of the project.
- b) The level of cooperation achieved within the 16-member community action forum was significant. These members seem to have realised that they are all members of the same team with the power to have a sustainable impact on their quality of life. This was evident by the willingness of members to make their residential units available for meetings, their willingness to become involved in arranging such



meetings and a general eagerness to make sure that all attendees were served with beverages during the meetings.

Fortuin (Interview:2015) and Presens (Interview:2015) furthermore indicated that the level of community cohesion is now of such a nature that a number of residents would be willing to participate in neighbourhood watch patrols. In addition, Ross (2015a:1) reported that “a keen sense of wanting to change the neighbourhood can be felt in the project” (See Annexure J). As indicated in Section 7.3.2, the visible manifestation of a strong sense of community cohesion and the resulting increased sense of ownership and responsibility towards neighbours, lead to the creation of an environment that is less conducive to street level drug dealing.

#### Proxy 6: Perceptions on the level of personal safety

Fortuin (Interview:2015) and Presens (Interview:2015) indicated that they definitely felt safer than prior to the introduction of the initiative. They attributed this to the physical improvements on the premises and the fact that disorder such as loitering and graffiti had been being addressed on the premises. As indicated in Section 7.3.2, an improved sense of personal safety will in accordance to the “broken windows” theory (described under 4.4.3) result in more freedom of movement of the law abiding residents, which in turn can be expected to limit opportunities for drug dealers to proceed with their illicit activities.

#### Proxy 7: Physical improvements on the premises that could be classified as situational crime prevention measures aimed at reducing anonymity and increasing surveillance

The improved lighting and installation of peepholes contributed much to improving the level of community surveillance and creating discomfort for drug dealers and other criminals. The graffiti removal campaign also contributed in raising awareness among residents that some of their neighbours are taking a stand against anti-social behaviour. As gang activities go hand in hand with drug use and dealing, the removal of graffiti is especially relevant to drug-related crime in cases where “Gangsta Tagging” (gang graffiti) has been removed. This sends a strong message to gangsters and other offenders that the community is no longer turning a blind eye to their illicit activities.

### **7.4.6 Comparing the experimental and control groups**

The empirical design stipulated in Section 6.4.2 that the prevailing situations at the experimental and control groups in respect of crime, disorder and relationship with residents, should be compared to determine if any results achieved with the experimental group were

also present at any of the control groups. Ross (Interview:2015b), Snyders (2016:1) and Petersen (2016:1) confirmed that:

- a) the reduction in crime and disorder experienced at the experimental group (10<sup>th</sup> Avenue Flats in Ravensmead) was not experienced in any of the two control groups (the 15th Avenue Flats in Elsies River and the Northway Flats in Ravensmead).;
- b) the poor level of cooperation from the community at the control groups prior to the experiment remained with no improvement.

It can therefore be deduced that the positive results achieved with the experimental group resulted from the management intervention that had been introduced.

## 7.5 CONCLUSION

The data presented in this chapter has provided valuable insight into the effectiveness of the actual implementation of Collaborative Governance in managing a *crime prevention* strategy that has been proven to reduce drug-related crime in various countries, i.e. securing public housing. It is, however, interesting to note that the decision to manage the Ravensmead Public Housing Safety Project in accordance with the principles of Collaborative Governance resulted in what was essentially a “*crime prevention*” initiative to be managed from the other three perspectives as well, i.e. *social-based prevention*, *harm reduction* and *law enforcement* and therefore from a holistic perspective. The data presented in this chapter, together with that presented in the previous chapter, is sufficient for answering the research questions and for testing the null hypothesis. The next chapter presents an evaluation of the data gathered in both the theoretical and empirical dimensions of the study and strives to draw appropriate conclusions.

## **CHAPTER 8:**

# **EVALUATING THE MANAGEMENT OF DRUG ABUSE IN THE WESTERN CAPE**

### **8.1 INTRODUCTION**

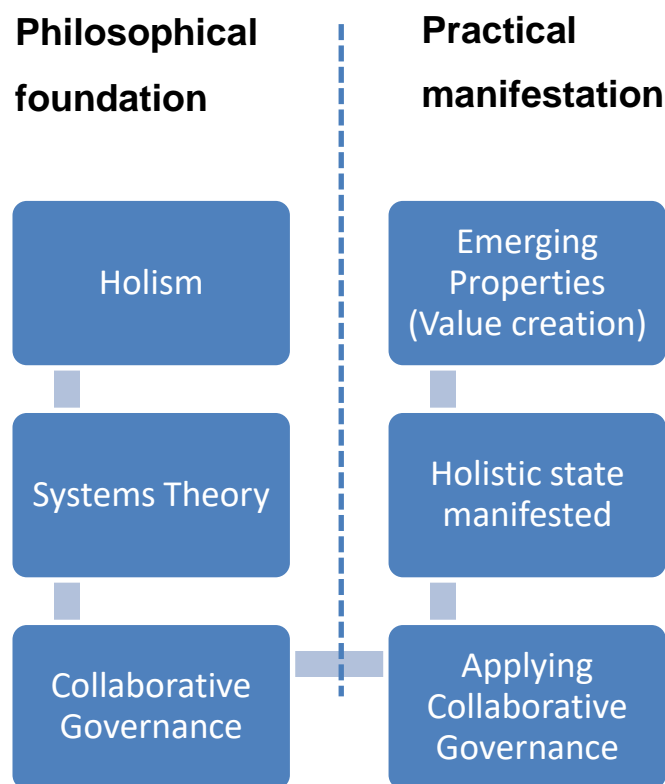
The data gathered in both the theoretical and empirical dimensions of the study points to a lack of collaboration in efforts to manage the reduction of drug abuse in the Western Cape. A critical evaluation of the data gathered in both the theoretical and empirical dimensions of the study is, however, required if any meaningful recommendations are to be made. This chapter evaluates the current management of drug abuse in the Western Cape by all tiers of government, firstly in respect of the policy framework, secondly with regard to the main management structures, thirdly in terms of the current implementation of drug abuse reduction interventions, and fourthly, with regard to monitoring and evaluation. In addition, a critical evaluation of the practical application of the principles of Collaborative Governance in a particular setting in the Western Cape, i.e. the Ravensmead field experiment, is provided. It is expected that the conclusions drawn from the evaluation presented in this chapter will be sufficient to serve as the basis for the development of a normative approach in the next chapter.

### **8.2 SEARCHING FOR A SUITABLE MANAGEMENT APPROACH**

The overview of the methamphetamine problem in the Western Cape presented in Chapter 1 points to the fact that the problem is complex in nature with consequences that reach far beyond a single solution. It has implications for the immediate family but also for the larger community and in fact, the entire Western Cape Province. It threatens the safety and security of local communities, places a significant strain on health care and social resources and impedes the future economic growth of the province and its local authorities. In addition, the consequences of this problem are not limited to the present as the effects will be carried forward by the thousands being born to methamphetamine addicted mothers every year. It might be argued that *crime prevention* is the best approach from which the problem of managing drug abuse can be addressed due to the current situation with the South African criminal justice system (see Section 5.4), the length of time needed for achieving results with social empowerment programmes (see Section 3.2.1) and the limited success achieved with the treatment of persons addicted to methamphetamine (see Section 3.2.2). However, the diverse nature of the drug abuse problem as described in Section 2.3 requires an integrated multi-disciplinary management approach if sustainable results are to be achieved. This

means that the methamphetamine problem needs to be addressed on a collective basis by all relevant stakeholders from all four perspectives identified in the Methamphetamine Causal Model (Figure 2.1), i.e. *social-based prevention*, *harm reduction*, *law enforcement*, and *crime prevention*. This approach is supported by the International Narcotics Control Board (INCB), the United Nations Office for Drugs and Crime (UNODC), the Government of the United Kingdom (2.3.2), the US Government (4.3), and the South African Government (5.3). It is therefore imperative that the methamphetamine problem be addressed on a holistic basis.

As a result, a strong argument was made for founding the study in the ontological basis of Holism. In Chapter 2 the researcher found that Holism, the Systems Theory and Collaborative Governance are inextricably linked and that this relationship holds significant value for the management of societal problems like drug abuse. The arguments underpinning Holism, the Systems Theory and Collaborative Governance were therefore utilised towards critical evaluation and the creation of new knowledge for purposes of this study. This process of knowledge creation would serve as the epistemological dimension of the academic inquiry. It was demonstrated that the Systems Theory can serve as an appropriate theoretical basis for Collaborative Governance and was therefore accepted as the theoretical dimension for the study. Collaborative Governance is presented as the practical manifestation of efficient and effective management of the methamphetamine problem. Chapter 2 also concluded that Collaborative Governance represents a vehicle by means of which a holistic state could be manifested for addressing societal problems. Reaching this holistic state is a prerequisite for added public value (*emerging properties*) to be secured which is an important objective of a collaborative management approach. This relationship between the philosophical foundation and the practical manifestation of Holism in the management of societal problems is depicted in Figure 8.1.



**Figure 8.1: Managing societal problems from a holistic perspective**

Given the above, it was necessary for the researcher to evaluate the international and South African management of drug abuse against the key elements of Collaborative Governance. It was also necessary to evaluate the practical implementation of Collaborative Governance in a particular setting in order to determine if it resulted in effecting a holistic state and in producing *emerging properties*.

### **8.3 MANAGING DRUG ABUSE IN THE WESTERN CAPE PROVINCE**

As stated in the introduction, the current management of drug abuse in the Western Cape is done in respect of the policy and legislative framework, the management structures and implementation.

#### **8.3.1 The policy framework**

The policy framework within which drug abuse is currently being managed in the Western Cape, as described in Chapter 5 (Sections 5.2 and 5.3), is evaluated here against the

management of drug abuse internationally, as described in Chapter 4, as well as the principles of Collaborative Governance described in Chapter 2. This is done with reference to the main strategies and applicable legislation.

#### 8.3.1.1 *The main strategies*

It was argued in Chapter 2 (Section 2.4.1) that the concept of Holism forms the basis of modern day Collaborative Governance. The US National Drug Control Strategy (NDCS) includes programmes aimed at prevention, addiction treatment, early intervention, effective law enforcement, reforming the criminal justice system and international cooperation (Section 4.3.1). It therefore addresses the problem from all four perspectives from which drug abuse can be managed, as identified in Chapter 2 (Section 2.3.1), namely *social-based prevention*, *harm reduction*, *law enforcement*, and *crime prevention*. As a result, the US NDCS' approach can be regarded as holistic in nature. As far as could be ascertained from studying the new Thai National Drug Control Policy (NDCP), drug abuse in Thailand was since 2011 supposed to be managed holistically as the policy approaches the problem from all four of the previously defined perspectives of *social-based prevention*, *harm reduction*, *crime prevention*, and *law enforcement* (Section 4.5.3). The South African Government's National Crime Prevention Strategy (NCPS) of 1996 was described in Chapter 5 (Section 5.3.1) as an ideal framework for addressing crime holistically. The objectives and strategies of the South African National Drug Master Plan (NDMP) as presented in Chapter 5 (Section 5.3.1) are also in line with the holistic approach that is promoted in Chapter 2 as it approaches drug abuse from all four of the previously identified perspectives. The Provincial Government of the Western Cape's Blueprint: Prevention and Treatment of Alcohol and Drug Use approaches the problem mainly from the perspectives of *social-based prevention* and *harm reduction*. Its *crime prevention* approach is extremely narrow and only refers to the involvement of neighbourhood watches. It also has no *law enforcement* component and the document is therefore not considered to represent a holistic approach to drug abuse. Chapter 5 (Section 5.3.3) stated that the City of Cape Town's Integrated Development Plan (IDP) provides an overarching strategic framework on how the City's Safety & Security, Health and Social Development Directorates are to address the drug problem and that the City's Alcohol and Other Drug Strategy for the period 2014 to 2017 is aligned with the IDP. This strategy approaches the drug abuse problem from all four of the previously identified perspectives, namely *social-based prevention*, *harm reduction*, *law enforcement*, and *crime prevention*. It is therefore regarded as an integrated strategy which is in line with the holistic approach that is promoted in Chapter 2. Overall therefore, the strategic framework for

managing drug abuse in the Western Cape is regarded as reasonable progress towards the establishment of a holistic approach.

As indicated in Chapter 5 (Section 5.3), the South African National Drug Master Plan (NDMP) supported by the Provincial Government of the Western Cape's Blueprint: Prevention and Treatment of Alcohol and Drug Use and the City of Cape Town's Alcohol and Other Drug Strategy, follows an integrated approach aimed at fostering multi-disciplinary collaboration in managing drug abuse. This approach is in line with that of both the INCB and the UNODC which as mentioned in Chapter 4 (Section 4.2) recognises the need for a collaborative, holistic approach in managing the global drug problem. The US Government's policy on managing drug abuse as encapsulated in the US NDCS likewise represents a comprehensive and collaborative approach to this problem (see Section 4.3.1). The Thai Government's new National Drug Control Policy (NDCP) that was described in Section 4.5.3 similarly calls for increased multi-disciplinary collaboration and as such represents an about turn from its previous disastrous approach of aggressively targeting drug users. Therefore, a broad consensus exists on the importance of multi-disciplinary collaboration in managing drug abuse and thus broad support for this approach to be followed in the Western Cape.

Both the INCB and the UNODC call for such multi-disciplinary collaboration to be inclusive of all stakeholders and regard this requirement as essential for managing the drug problem effectively. This Collaborative Governance requirement that all stakeholders are to participate (Ansell & Gash, 2008:543), is also provided for in the US NDCS where it requires consultation with federal agencies, the Congress, foreign governments, states, local authorities, tribal offices and the private sector. The South African NDMP does provide for this requirement (see Section 5.3.1) and in fact, stipulates that all relevant stakeholders should be represented in the Provincial (see Section 5.3.2) and Local Government (see Section 5.3.3) structures responsible for managing drug abuse. In fulfilling the requirement of collaboration with all stakeholders, the US NDCS focus areas described in Section 4.3.1 in fact requires the strengthening of international collaboration in an effort to reduce the availability of drugs produced in other countries. As can be seen from Section 4.3.2, collaboration with foreign governments is an important point of focus of the Drug Enforcement Administration (DEA) which is at the forefront of US drug abuse reduction efforts. The commitment to assisting African governments and the City of Cape Town in respect of hosting specialised courses in Ghana as well as sending four of their instructors over to Cape Town for a period of two weeks to accommodate the city's needs, shows the DEAs resolve to collaborate internationally towards realising common drug abuse reduction goals. Whilst the South African Police Service (SAPS) and the City of Cape Town's Metro

Police Department participate in these opportunities, no indication could be found of similar initiatives being launched by the South African public sector. In considering the scope of the Western Cape's methamphetamine problem as detailed in Section 1.1.2, the particular challenges facing the South African criminal justice system described in Section 5.4 as well as the difficulties that are being experienced with the current management of drug abuse in the Western Cape (see Section 6.5), one realises that the South African public sector does not at this stage possess the capacity or commitment to embark on such an ambitious international collaboration effort.

The South African National Drug Master Plan (NDMP) of 2013 is not in any way aligned to the methamphetamine problem in the Western Cape, nor does it contain an acknowledgement or any indication of a proper understanding of the enormity of this particular problem. It is understood that the NDMP is a national document and would therefore be presenting drug abuse-related challenges from a national perspective. However, one would expect that a full blown methamphetamine epidemic in one of South Africa's provinces would at least warrant proper acknowledgement in the country's main strategic document on drug abuse-related matters. The Provincial Government of the Western Cape's Blueprint: Prevention and Treatment of Alcohol and Drug Use, does recognise the fact that the drug abuse problem in the Western Cape is significantly larger than that of other provinces. It also recognises the role of methamphetamine in this constantly growing problem. However, in its attempt to ensure that all substance abuse-related matters are addressed, which includes a heavy focus on alcohol abuse, it fails to recognise the province's methamphetamine problem as a full blown epidemic that needs dedicated attention. The City of Cape Town's Alcohol and Other Drug Strategy similarly recognises the fact that drug abuse is a significant problem in Cape Town. However, as is the case with the Provincial Government's strategic document described, it also fails to recognise the Western Cape's methamphetamine problem as a full blown epidemic that needs dedicated attention.

With regard to the Collaborative Governance requirement of community participation (Emerson *et al.*, 2011:2, Sullivan & Skelcher, 2002:167), the US NDCS' commitment to have drug abuse reduction efforts grounded in communities and to collaborate with communities, is of importance. The new Thai NDCP also specifically refers to collaboration with local communities, something which was unheard of during the Thai Government's previous aggressive attempts to gain the upper hand in dealing with its serious methamphetamine problem. The South African strategic framework for addressing drug abuse does provide for community participation (see Section 5.3.4). The description of the main structures



responsible for managing this problem in the Western Cape, i.e. the Western Cape Substance Abuse Forum (WCSAF) and the Cape Town Alcohol and Drug Action Committee (CTADAC) provided in Section 6.5, however, reveals that community participation is not being realised in managing drug abuse in the province.

One of the US NDCS focus areas calls for the improvement of information systems for purposes of analysis, assessment and the local management of drug abuse. It therefore provides for the Collaborative Governance requirement of accountability and monitoring. The South African NDMP at least provides for the creation of a national database of narcotic-related crimes (see Section 5.3.1) which, although more limiting in scope than what is required by the NDCS, will be of value to local drug abuse management efforts. The fact that no progress has been made with the establishment of this database is a matter of concern and needs to be addressed.

#### *8.3.1.2 Relevant legislation*

The following Acts have been identified in Chapter 5 of this study as being key elements of the policy framework within which drug abuse is managed in South Africa.

*Medicines and Related Substances Act, 1965 (No 101 of 1965)*: The prescripts of Section 22A of the Act are designed to prevent the diversion of precursor chemicals and it therefore mainly contributes to the management of drug abuse from a *crime prevention* perspective. It can be reasonably expected that having possession and selling of the two main methamphetamine precursor chemicals, namely ephedrine and pseudoephedrine, now declared illegal (except if it is to be used for medicinal or research purposes) is indeed making it more difficult to manufacture the drug in South Africa. However, the fact that the other three identified substances, i.e. P-2-P, Phenylacetic acid and APAAN are not scheduled in terms of the Act and are therefore not subject to the controls as set out in Section 22A, could represent a significant loophole in South African legislation regarding the combating of methamphetamine. As indicated in Section 5.5.2, the penalties provided for in this Act are inadequate and do not serve as a deterrent. Appropriate amendments to this Act are required as a matter of urgency.

*The Criminal Procedure Act, 1977 (No 51 of 1977)*: The focus area of this Act means that it serves as an enabling factor for approaching drug abuse from the perspective of *law enforcement*. As mentioned in Chapter 3 (Section 3.2.3), law enforcement activity depends on a well-functioning criminal justice system for its success. The Criminal Procedure Act,

1977 (No 51 of 1977) does indeed provide a solid legislative framework within which an effective criminal justice system can exist. Of particular interest to this study is the fact that its Section 252A provides for the possibility of conducting so-called buy-bust or sting operations which are, as described in Section 3.2.3 of this dissertation, an important enabling mechanism for law enforcement to arrest drug dealers. Such sting operations form the cornerstone of successful policing of drug-related crime efforts and were extensively used by the researcher in his capacity as an official of the City of Cape Town's Safety and Security Directorate during 2004 and 2005 with the establishment and management of a multi-disciplinary drug policing unit. It is also widely used by the City's Gang and Drug Task Force which is currently at the forefront of drug policing efforts in the Western Cape. This Act is deemed to be an effective legislative basis for drug enforcement operations in South Africa and no additions to the Act are proposed by this study.

*The Prevention and Treatment of Drug Dependency Act, 1992 (No 20 of 1992):* This Act focuses mainly on approaching drug abuse from the perspective of *harm reduction*. It provides a necessary legislative framework which represents an important enabling factor for the effective management of addiction treatment-related matters. The fact that the Act requires the establishment of the multi-disciplinary Central Drug Authority is indicative of an acknowledgement that drug abuse needs to be managed from a holistic perspective although the Act in itself does not address the problem holistically. The Act does not provide for adequate sanctions in respect of public sector entities failing to abide by its prescripts.

*The Drugs and Drug Trafficking Act, 1992 (No 140 of 1992):* As can be ascertained from the description of the Act provided in Chapter 5 (Section 5.2), it provides specifically for drug abuse to be approached from a *law enforcement* perspective. Of particular value to police officers is Section 11 which provides for entries and searches to be conducted on the grounds of reasonable suspicion that an offence under the Act has been committed or is about to be committed. Having the power to enter premises and conduct searches without a warrant under such circumstances is a necessity for effective drug law enforcement. The Act is therefore an important enabling factor for approaching drug-related crime from a law enforcement perspective.

However, as can be seen from Chapter 5 (Section 5.5.2), the Drugs and Drug Trafficking Act, 1992 (No 140 of 1992) also provides for drug abuse to be approached from a *crime prevention* perspective as the objective of its Section 3 is to prevent the diversion of chemicals used to manufacture drugs. In the description of the Act provided in Section 5.5.2 of this dissertation, it was stated that Section 3 makes it a criminal offence to manufacture or

supply any chemical, knowing or suspecting that the chemical will be used in the manufacturing of illicit drugs. This is, however, a heavy burden of proof as it will be extremely difficult to prove in a court of law that someone knew or suspected that any substance will be used to manufacture illicit drugs. Due to this heavy burden of proof required for a conviction under Section 3 of the Act, it can hardly be regarded as effective legislation in the prevention of chemical diversion.

As stated in Section 5.5.2 of this dissertation, the new addition to the Drugs and Drug Trafficking Act, 1992 (No 140 of 1992) allows for the conviction of those found to be in the possession of a substance that has a similar structure than those listed in the Act as being undesirable, dependence producing substances. It was, however, found that this amendment is a word for word copy of paragraph (vi) of schedule 7 to the Medicines and Related Substances Act, 1965 (No 101 of 1965) where dagga and heroin have been listed for a number of years already and which prohibits possession and dealing in these substances. As a result, “nyaope” dealers could in the past have been prosecuted in terms of the provisions of the Medicines and Related Substances Act, 1965 (No.101 of 1965). The new addition to the Act does indeed strengthen it somewhat in that it now enables convictions in respect of the use, possession of and dealing in ephedrine as if these actions pertain to illicit drugs. Enabling legislation to this effect has, however, existed for some time already in the form of the Medicines and Related Substances Act, 1965 (No.101 of 1965) and the new addition therefore does not constitute a significant development.

The Drugs and Drug Trafficking Act, 1992 (No 140 of 1992) and the Medicines and Related Substances Act, 1965 (No 101 of 1965) referred to earlier constitute the South African Government’s main legislative tools for preventing the diversion of precursor chemicals. These two Acts, however, address only a few of the areas which are addressed in drug precursor chemical controls contained in the legislation of other countries, as listed in Section 4.4.2 of this dissertation. South African legislation therefore does not cover a number of important matters pertaining to effective precursor chemical control. These include the following:

- a) The need to raise awareness of illicit precursor chemical diversion amongst members of the SAPS, municipal law enforcement and traffic departments, customs officials, immigration officials, and distributors of such substances.
- b) The need for improved product labelling to aid in the investigation of offences.
- c) A requirement that the chemical industry be compelled to establish the identity of their customers.
- d) Special authorisation and notification for certain shipments.

- e) The establishment of an appropriate authority empowered to conduct inspections and enforce regulations.
- f) The introduction of proper record keeping procedures.
- g) The introduction of appropriate penalties for offences committed.
- h) The introduction of appropriate sanctions for public sector entities who fail to implement these legislative requirements.

*The South African Police Service Act, 1995 (No 68 of 1995)*: Drug abuse can in terms of this Act be approached from the perspectives of *crime prevention* and *law enforcement*. It provides the primary legislative framework within which the SAPS and municipal police services function. It enables these services to contribute effectively to the reduction of drug abuse in South Africa. The institutional will in the SAPS to abide by the prescripts of this Act has, however, deteriorated to a point where the level of inefficiency is having a negative impact on the criminal justice system's ability to achieve successful prosecutions for drug-related crimes. The prevalence of corruption, especially as it relates to police assisting drug dealers, is also cause for concern (see Section 5.4 for a description of these concerns).

*The Immigration Control Act, 2002 (No 13 of 2002)*: Solid immigration control legislation could contribute significantly to addressing drug abuse from the perspectives of *crime prevention* and *law enforcement*. The aim of this Act was described in Section 5.2.2 as the implementation of a system of immigration control that regulates the admission of foreigners to South Africa. The challenges posed by weak border control, as highlighted in Section 5.5.1, however, nullifies the positive intentions of this Act to the point that it has little value. Legislation on immigration control in South Africa will have to be tightened up if real progress is to be made towards addressing drug trafficking.

*International Trade Administration Act, 2002 (No 71 of 2002)*: As stated in Section 5.5.2 of this dissertation, Section 6 of this Act makes it a criminal offence to import or export any of the substances under the 1988 UN Convention without being in possession of a permit issued by the South African Department of Trade and Industry. This Act's contribution to the management of drug abuse is therefore mainly from the perspective of *crime prevention*. In studying the prescripts of this Act as well as those of the 1988 UN Convention, it was found that Section 6 of the International Trade Administration Act, 2002 (No 71 of 2002) at least constitutes compliance to Section 9(a) of Article 12 of the 1988 UN Convention which requires each party to "establish and maintain a system to monitor international trade" in certain substances in order to facilitate the identification of suspicious transactions. However, a number of additional Article 12 requirements that member states are obliged to

adhere to are not being met by the Section 6 requirement that a permit be obtained from the South African Department of Trade and Industry before schedule substances can be imported or exported. These include:

*Section 8(a) of Article 12 of the 1988 UN Convention* which states that *"the Parties shall take the measures they deem appropriate to monitor the manufacture and distribution of substances in Table I and Table II which are carried out within their territory"*.

And *Section 8(d) of Article 12 of the 1988 UN Convention* which states that *"commercial documents such as invoices, cargo manifests, customs, transport and other shipping documents shall include the names, as stated in Table I or Table II, of the substances being imported or exported, the quantity being imported or exported, and the name and address of the exporter, the importer and , when available, the consignee"*.

Of particular importance to Section 8 (d) of Article 12 is the need for appropriate penalties to be attached to contraventions of such a stipulation, both for purposes of sanctioning offenders and for deterring potential offenders. These omissions constitute serious challenges that will have to be addressed if an effective legislative framework for preventing the importation of precursor chemicals is to be established. The Act also does not provide for appropriate sanctions for the failure of government departments to abide by its prescripts.

*The Prevention of and Treatment for Substance Abuse Act, 2008 (No 70 of 2008)* duplicates much of the *harm reduction*-related prescripts contained in the Prevention and Treatment of Drug Dependency Act, 1992 (No 20 of 1992) described earlier and also focuses on the introduction of *social-based prevention* programmes. The fact that it explicitly calls for the establishment of integrated prevention programmes, directs the Central Drug Authority to implement the multi-disciplinary National Drug Master Plan, recognises the importance of following a holistic approach, and provides for the management structures conducive to such an approach (see Section 5.2 of this dissertation) is encouraging. These prescripts lay the foundation for drug abuse to be managed in accordance with the principles of Collaborative Governance. This foundation could, however, be strengthened by the inclusion of prescripts on how drug-related crime is to be addressed, i.e. from the perspectives of *crime prevention* and *law enforcement*. This will result in an actual holistic legislative foundation for addressing drug abuse in South Africa. However, judging from the evaluation of the main structures responsible for the management of drug abuse in the Western Cape that are presented later in this chapter, the Act seems to be ineffective concerning the actual implementation of a holistic management approach.

In terms of non-compliance, it empowers the Central Drug Authority (CDA) to request cabinet to intervene in cases where government departments or other entities fail to comply with the National Drug Master Plan. This provision is, however, not stringent enough to ensure compliance and specific sanctions would be more appropriate, given the severity of drug abuse in specifically the Western Cape.

*The Public Administration Management Act, 2014 (No 11 of 2014):* The setting of good standards of public administration, the development of human resources to achieve such standards, the promotion of ethical governance, the improvement of communication systems and availability of information are all aspects that are in line with the underlying principles of Collaborative Governance. In addition to the setting of standards, the Act also provides for the establishment of an Office of Standards and Compliance which is responsible for promoting the practice of good standards and for monitoring compliance to the set standards. Adequate sanctions for public service entities failing to meet these prescripts are not specifically addressed in the Act. A legislative environment in which public administration ethics, integrity, discipline and acceptable standards can be promoted can be expected to foster better collaboration in the delivery of public services and the provisions of this Act will therefore be conducive to a collaborative approach in managing drug abuse. The Act also explicitly promotes public participation in policy making as well as accountability to the public. These are important aspects of a collaborative management approach. Ideally, however, the entrenchment of a collaborative management approach within South African public institutions should have been one of the main objectives of this Act. Such an addition will foster the mainstreaming of collaboration within the South African public sector and should therefore be considered.

*The Western Cape Community Safety Act, 2013 (No 3 of 2013):* This Provincial Act which was described in Section 5.2.2 of this dissertation is unique to the Western Cape and has the potential to address some of the concerns regarding the South African criminal justice system highlighted in Section 5.4, namely an inadequate level of convictions being achieved for drug-related crime, police corruption and police inefficiency. Improvements in the criminal justice system might very well be achieved by means of introducing the mechanisms for improved monitoring, oversight and assessment of policing functions as required by this Act. It also provides a proper legislative framework within which neighbourhood watches can be monitored and empowered. As indicated in Chapter 4 (Section 4.4.4), community-based crime prevention initiatives like neighbourhood watches can contribute significantly to the reduction of drug-related crime. Improved monitoring of the functioning of and control over

resource allocations can be expected to improve the level of service that both the Provincial Department of Community Safety as well as the City of Cape Town deliver to neighbourhood watches and in so doing empower community-initiated drug abuse reduction initiatives. The Act therefore approaches the management of drug abuse from a *law enforcement* as well as *crime prevention* perspective.

### **8.3.2 Management structures**

The need for an integrated structure is highlighted in the US approach to managing drug abuse. As indicated in Section 4.3 of this dissertation, the US Office of National Drug Control Policy (ONDCP) is the structure responsible for the integrated implementation of the US NDCS and to this end has to effect collaboration between federal agencies, the US Congress, foreign governments, local authorities, tribal offices and the private sector. The Thai Government's NDCP similarly requires the establishment of appropriate structures and mechanisms to ensure the integrative management of drug abuse. Broad consensus therefore exists that an integrated organisational structure comprising all relevant stakeholders and with the capacity to take joint action is an important requirement for the effective management of drug abuse.

To this end, cognisance should be taken of the fact that in South Africa, the Central Drug Authority (CDA), which comprises representatives of a wide range of governmental and non-governmental stakeholders, is required to oversee implementation of the NDMP (see Section 5.3.1 of this dissertation). In comparing a name list of all the members of the CDA (RSA, 2015b) to the prescripts of Section 53 (2) of the Prevention of and Treatment for Substance Abuse Act, 2008 (No 70 of 2008) listed in Section 5.3.1 of this dissertation, it is evident that the composition of the CDA complies with these prescripts. In addition, it is noted that the CDA's mandate requires it to coordinate the drug abuse reduction efforts of all national and provincial departments and to integrate these efforts. The CDA furthermore, by means of drafting and overseeing the implementation of the NDMP, requires the establishment of provincial substance abuse forums and local drug action committees. The composition and mandate of the CDA is therefore found to be conducive to integrated management and it is in fact concluded that this structure has been designed to foster collaboration in addressing the drug abuse problem. The opinion of Lund and Hewana (2012:371) that the NDMP represents a holistic approach to reducing drug abuse as stated in Section 5.3.1.3 further supports the notion of an ideal drug management system being in place in South Africa. However, judging from the current level of collaboration in managing drug abuse in the Western Cape, as described in Chapter 6, the CDA does not succeed in

ensuring that the Western Cape's methamphetamine problem be managed in a collaborative fashion.

As mentioned in Chapter 5 (Sections 5.3.2 and 5.3.3), the provincial and local government structures responsible for managing drug abuse in the Western Cape and Cape Town are the Western Cape Substance Abuse Forum (WCSAF) and the Cape Town Alcohol and Drug Action Committee (CTADAC). In comparing the actual membership of the WCSAF and the CTADAC (as detailed in Sections 6.5.2 and 6.5.3), with the legislative requirements listed in Sections 5.3.2 and 5.3.3, it is found that: (a) the WCSAF complies with its membership prescripts with the exception of community action groups that are not accommodated in the Forum; and (b) the CTADAC does not include representatives from the local traditional authority as required. Other than this single exception, the CTADAC complies with the prescripts of the Prevention of and Treatment for Substance Abuse Act, 2008 (No. 70 of 2008) in respect of its composition.

The South African Government's NCPS (National sphere) is regarded as an ideal framework for addressing crime holistically. However, as indicated in Chapter 5 (Section 5.3), the required stakeholders were not properly integrated and joint accountability for implementing the plan was therefore not established. At a meeting of the Intergovernmental Working Group on the production of the Western Cape Crime Prevention Strategy and Plan that was held on 4 June 2014, members of the SAPS National Office responsible for strategy and policy-related matters emphasised the importance of establishing an integrated organisational structure with the capacity to implement strategic plans. They implicated the absence of such an integrated structure as the main reason for the National Government's failure to effect the implementation of the NCPS as insufficient coordination resulted in unsatisfactory outcomes (PGWC, 2014a:4-5). The existence of an integrated organisational structure and the capacity for such a structure to take joint action, are key elements of Collaborative Governance and the absence of these two elements are therefore largely to blame for the failure of the most important South African crime and drug prevention strategy.

### **8.3.3 Implementation**

This section firstly evaluates the extent to which the principles of Collaborative Governance are being applied by the CDA, the WCSAF and the CTADAC. Secondly, it evaluates the current implementation of the four drug abuse reduction strategies in the Western Cape that were described in Chapter 4 (Section 4.4).



### 8.3.3.1 Application of the principles of Collaborative Governance within the CDA, the WCSAF and the CTADAC

As indicated in Chapter 6 (Section 6.5), it was the intention to determine the extent to which the principles of Collaborative Governance are being applied within the CDA, WCSAF and CTADAC. This could, however, not be achieved in respect of the CDA as the researcher could not obtain any cooperation or information from the CDA with regard to the planned survey research amongst members of this group, as explained in Section 6.5.1. Therefore, apart from the abovementioned conclusions in respect of the composition of the CDA and the requirement to integrate the management of drug abuse reduction efforts, no further conclusions can be made with regard to the implementation of Collaborative Governance by the CDA. A question, however, arises on how effective a government institution can be at collaboration when it is difficult to make contact with and to obtain information from.

The survey research amongst members of the WCSAF and CTADAC could be proceeded with and the data gathered by means of the survey as well as qualitative data described in Sections 6.5.2 and 6.5.3 reveal shortcomings regarding the implementation of a number of key elements of Collaborative Governance. These are as follows:

All stakeholders to participate: The need for all stakeholders to participate is a basic requirement for effective collaboration (Ansell & Gash, 2008:544; Emerson *et al.*, 2011:2; and O'Leary & Vij, 2012:508). The survey data (Question 7) pointed out that although the composition of both the WCSAF and the CTADAC complies with the prescripts of the Prevention of and Treatment for Substance Abuse Act, 2008 (No 70 of 2008) in respect of their composition (see Section 8.3.2 of this dissertation), the membership of these two structures is not inclusive of all stakeholders who should be included. The lack of private sector involvement was highlighted in particular. This response seems to be contrary to the wide range of non-state stakeholders reported (Question 9) to be part of the WCSAF. The qualitative data, however, reveals that participation of these stakeholders is limited to the sporadic attendance of meetings and can therefore not be regarded as actual participation in the collaboration process. This problem is compounded in the case of the CTADAC by reports that relevant NGOs are excluded due to the pursuance of political objectives by existing members (Question 9). In addition, the level of dissatisfaction with continued membership of the WCSAF due to its ineffectiveness (Question 11) and the belief that it would not be in their best interest to remain a member of the WCSAF (Question 10), represent serious problems that will have to be overcome if effective collaboration is to be achieved.

Consensus driven: Decision-making within the WCSAF, according to the respondents (Question 2), is being done on the basis of consensus. Decision-making within the CTADAC is, however, not done on the basis of consensus. The research results (Question 2) reveal that within the CTADAC, input from members is not taken seriously and their attendance only serves as a means to legitimise decisions already taken from outside the committee by senior managers and politicians. Aiming to achieve consensus is a key element of Collaborative Governance (Ansell & Gash, 2008:544) which requires a capacity for authoritative decision-making. It is therefore necessary that all stakeholders should arrange for the appropriate delegation of authority to be bestowed upon their representatives. This will allow individual members to officially support recommendations made and therefore enable the collaborative group to be consensus driven.

Agreement on objectives: A fairly low level of agreement exists within the WCSAF and the CTADAC with regard to their objectives (Question 3). The importance of a collaborative group to strive towards common objectives that will foster a sense of belonging and therefore promote the *esprit de corps* was highlighted by O'Leary and Vij (2012:508).

Capacity for joint action: Emerson *et al.* (2011:6) and Lowndes and Skelcher (2002:302), identified the capacity to take joint action as a key factor in the collaboration process for realising the desired outcomes. Both the WCSAF and CTASAC do not have an adequate level of authority assigned to it that would allow for the commitment of resources (Question 5). They also do not have a dedicated budget that can be used at their discretion (Question 13). In addition, cognisance is taken of the fact that members of the CTADAC are not part of the decision-making process and that those senior officials and politicians who do not serve on this structure are making the decisions (Question 2). The WCSAF and the CTADAC therefore lack the capacity for their members to take joint action. In the case of the WCSAF, the lack of such a capacity is in fact confirmed in the minutes of its meeting held on 25 June 2015 (PGWC, 2015b:4) (see the response to Question 23 in Chapter 6). The survey results (Question 23), however, show that members of the WCSAF and the CTADAC are aware of the fact that such a capacity would have been beneficial to the work of these structures. The absence of a capacity for the members of a collaborative group to take joint action is a significant limitation, not only in the functioning of the WCSAF and the CTADAC but also in the attempts to implement the NCPS by the National Government. It is an important element of Collaborative Governance that will have to be provided for if any effort at collaboration is to be successful.

Community participation: No community organisations/groupings serve on either of the two structures (see Sections 6.5.2 and 6.5.3). Direct community involvement is an important requirement for effective collaboration (Emerson *et al.*, 2011:2; Sullivan & Skelcher, 2002:167) and the absence of such role players in these structures therefore serves as a serious limiting factor to their collaborative potential. The WCSAF and the CTADAC are potentially important collaborative groups on a strategic level and therefore for coordinating efforts to manage the methamphetamine problem, these structures are too far removed from local communities to make a meaningful impact. A new drug abuse management structure for the Western Cape should therefore allow for closer interaction with the local communities.

Monitoring and evaluation: The progress made by the different members of the WCSAF and the CTADAC in support of their objectives is not adequately monitored and evaluated (Question 33). It is, however, encouraging to note that some of the members of both these structures do monitor the progress made by other members (Question 14). Effective monitoring and evaluation, according to Ansell and Gash (2008:548), is central to functioning Collaborative Governance.

Resource sharing: Members of the WCSAF and the CTASAC willingly share a range of intellectual and material resources with other members (Question 17). This represents necessary support to the collaboration process. The fact that all stakeholders within these structures do not contribute resources (Question 18) may, however, point to inadequate levels of collaboration. The harnessing of resources of the different role players was identified by Lowndes and Skelcher (2002:304) as necessary to effective collaboration. It is encouraging to note that members of both these structures display an understanding that the contributions of their individual departments/organisations are vital to the success of the collaborative effort (Question 12).

Holistic approach: As explained in Section 2.4.8, a holistic approach is essential to achieving the additional public value which, according to Huxham (1993:603), Emerson *et al.* (2011:17), O'Leary and Vij (2012:514), Huxham and Vangen (2000:273) and Lowndes and Skelcher (2002:306), is the objective of Collaborative Governance. The WCSAF focuses only on addressing drug abuse from the perspectives of *social-based prevention* and *harm reduction*. Little attention is given to the perspectives of *crime prevention* and *law enforcement* (Question 50). The problem is therefore not being addressed holistically by the WCSAF. The CTADAC, however, addresses drug abuse from all four perspectives of *social-based prevention*, *harm reduction*, *law enforcement*, and *crime prevention* (Question 50). It

therefore at least attempts to address the problem in a holistic fashion. It is encouraging to note that the members of these two structures display an understanding of the fact that none of the individual stakeholders will be able to effectively address drug abuse on their own (Question 20), that none of the individual stakeholders would be able to meet their objectives in respect of the drug problem without collaborating with others (Question 21 and 27) and that it is important for the WCSAF and the CTADAC to address the drug problem from all four perspectives (Question 52).

Frequency of collaborative sessions: The fact that the WCSAF only met three times during 2014 raises questions regarding its commitment to addressing drug abuse and in fact, suggests that it cannot be regarded as a well-functioning collaborative effort to manage the problem. The low response rate obtained when conducting the survey amongst members of the WCSAF (see Section 6.5.2) and the CTADAC (see Section 6.5.3) can also be indicative of this perceived lack of commitment. As stated in Section 6.5.2, this state of affairs was in fact admitted by the WCSAF as reflected in the minutes of its meeting held on 25 June 2015.

Incentives for participating: Collaboration within the WCSAF and the CTADAC results in few incentives for the different stakeholders (Question 22). An understanding of the fact that achievement of their goals is dependent on collaborating with others is, according to Ansell and Gash (2008:552), key to providing the different stakeholders with the necessary incentives to participate. The survey results therefore point to a lack of an understanding that the achievement of the goals of individual members of the WCSAF and the CTADAC is dependent on collaboration with the other members of these two structures. This highlights the fact that such an understanding will have to be developed within these two collaborative groups if they are to function optimally.

Trust: The existence of distrust among members of the CTADAC (Question 48) and the pursuance of competing interests are not conducive to successful collaboration. The respondents from the WCSAF were divided on the existence of a trust relationship which also points to problems with members trusting each other within the forum. Emerson *et al.* (2011:14) regard the promotion of mutual trust as an important element of developing a shared motivation.

The abovementioned issues constitute serious limitations to the level of effective collaboration (functioning) that can be achieved within the WCSAF and the CTADAC. If one considers these findings against the meta-theoretic basis of the study as described in Chapters 1 (Section 1.4) and 2 (Section 2.4.1), one is likely to come to the conclusion that

these findings result directly from a failure to establish this structure on the philosophical foundation of modern day Collaborative Governance, i.e. Holism. Neither the WCSAF nor the CTADAC can be regarded as forming a complete whole in their own right and certainly not as a whole forming part of a larger whole, which according to Dostal *et al.* (2005:6) is required for achieving a holistic state. It may have been the intention of the NDMP requirement that representatives of all relevant stakeholders collaborate actively. In practice, however, Collaborative Governance is not pursued.

It is therefore not surprising that those taking part in the survey, although some of them being of the opinion that added public value is achieved, could not describe any public value that resulted from the efforts of the WCSAF or the CTADAC that could not have been achieved by individual stakeholders. The qualitative data (interviews and observations) and additional information derived from official documentation reflected in Sections 6.5.2 and 6.5.3 also points to the ineffectiveness of these two structures. It therefore follows that the two main management structures responsible for managing the Western Cape's methamphetamine problem are precisely what Cartwright (Interview:2016) cautioned about in Section 7.4.4, i.e. a meeting point for all stakeholders where no real collaboration takes place.

The evaluation provided in this section reveals serious deficiencies within both the WCSAF and CTADAC that make these structures ineffective at managing the Western Cape's methamphetamine problem to the point that they cannot be regarded as actual drivers of drug abuse reduction efforts in the province. In practice therefore, implementation of drug abuse reduction measures largely rests with the individual stakeholders, i.e. Departments of the Provincial Government, City Directorates, the SAPS and non-governmental organisations. It is these individual stakeholders who are the actual drivers of current drug abuse reduction efforts in the Western Cape. This situation promotes the so-called silo mentality which inhibits the capacity for collaboration. At a feedback session of the City of Cape Town's Community Police Forum liaison attached to the Civilian Oversight Committee on 11 July 2016 and attended by officials from the Provincial Department of Community Safety and the City's Safety and Security Directorate, a brief discussion ensued about the Provincial Government's capacity for transversal management. During this discussion, Mr Gideon Morris, Head of Department of Community Safety, reiterated that the functional specialisation that is required to address different aspects of safety- and security-related matters has the unfortunate effect of promoting the different specialists to work in "silos". He maintained that this phenomenon has a serious inhibiting effect on any transversal management effort within the province (Observation:11 July 2016). This difficulty should

ideally be addressed if adequate collaboration in managing the province's methamphetamine problem is to be ensured.

It is, however, encouraging to note that the empirical data points to members of the WCSAF and the CTADAC:

- a) appreciating the potential value of collaboration in reaching their objectives;
- b) understanding the importance of addressing drug abuse from a holistic perspective;
- c) realising that none of the individual stakeholders have the capacity to successfully address drug abuse on their own;
- d) realising that in order for them to meet their objectives, they need the support, services and resources of the other stakeholders; and
- e) realising that they will not be able to meet their objectives without a formal collaboration process which includes participation in the efforts of a management structure designed and established for purposes of effective and efficient collaboration to take place.

It is therefore believed that members of the WCSAF and CTADAC will support structural and policy changes that are conducive to collaboration. The methamphetamine problem will have to be approached from all possible angles if a reasonable measure of success is to be achieved and a holistic approach is therefore essential.

#### *8.3.3.2 Implementation of four selected drug abuse reduction strategies in the Western Cape*

Chapter 4 (Section 4.4) provided a detailed description of four selected drug abuse reduction strategies, namely:

- a) preventing the illicit importation of methamphetamine: Securing the national borders;
- b) preventing local manufacturing of methamphetamine;
- c) securing public housing; and
- d) strengthening neighbourhood watches.

It is prudent that the implementation of these four strategies in the Western Cape be evaluated within the context of the implementation of Collaborative Governance.

- *Preventing the illicit importation of methamphetamine: Securing the national borders*

The introduction of the Border Control Operational Coordinating Committee (BCOCC) described in Chapter 5 (Section 5.5.1) as comprising representatives from the SAPS, Home Affairs, SARS, the SANDF, the Department of Agriculture, Forestry and Fisheries, the State

Security Agency, the City of Cape Town and Transnet National Ports Authority can be seen as an attempt at integrated management of the Port of Cape Town. In addition, the recent establishment of a multi-disciplinary facility in the Port of Cape Town that would comprise dedicated representatives from all relevant departments (see Section 5.5.1) can be regarded as a significant step to ensure proper integrated management of public sector functions at this sea port. This new facility provides the foundation for effective collaboration initiatives similar to the US High Intensity Drug Trafficking Area Task Force, the US Organised Crime Drug Enforcement Task Force and the US Border Enforcement Security Task Force, referred to in Section 4.4.1 of this dissertation. These collaborative efforts result in the illicit importation of methamphetamine being addressed from the perspectives of *law enforcement* and *crime prevention*. They are, however, only applicable to the Port of Cape Town and will not address the multitude of security concerns at smaller sea ports in the Western Cape that were described in Section 5.5.1. No other attempts at managing this function in a collaborative fashion could be identified.

In addition, the US Government's practice of securing its sea ports by means of (a) the presence of an effective security service, (b) the use of advanced technology, and (c) the introduction of effective security regulations, is not applied in the Western Cape. As indicated in Section 5.5.1, an effective security service is not present at any of the sea ports in the Western Cape. The eight SAPS members tasked with the policing of shipping-related matters from Saldanha to Mossel Bay is inadequate and cannot compare favourably to the effective US Coast Guard described in Section 4.4.1. Advanced technology is also not used in the screening of cargo containers at the Port of Cape Town. Lastly, stringent security regulations similar to those contained in the US Maritime Transportation Security Act, 2002 (No 109-58 of 2002), the Coast Guard and Maritime Transportation Act, 2004 (No 108-293 of 2004) and the Security and Accountability for Every Port Act, 2006 (No 109-347 of 2006) as described in Section 4.4.1 of this dissertation, do not exist in South Africa. Judging from the ongoing security challenges at sea ports in the Western Cape, as described in Section 5.5.1, a definite need exists for similar legislation to be adopted in South Africa.

The concerns raised here in respect of sea port security are also applicable to airports and airfields in the Western Cape, especially unmanned airfields. However, as indicated in Section 4.4.1, these are excluded from the description purely due to the fact that it will be impractical to also provide a detailed description of security aspects relevant to airports and airfields and the related concerns.

- *Preventing local manufacturing of methamphetamine*

The SAPS is primarily responsible for preventing the diversion of precursor chemicals (RSA, 2013a:58). The disruption of transactions relating to precursor chemicals is, however, not a major drug abuse reduction objective in South Africa as is the case in the US – described in Chapter 4 (Section 4.4.2). Except for attempts to secure the collaboration of the Chemical and Allied Industries Association for purposes of promoting voluntary compliance from the chemical industry in South Africa (Section 5.5.2), no indication could be found of attempts to manage this complex area across the boundaries of the diverse disciplines involved.

As discussed in Chapter 5 (Section 5.5.2), the South African Government has made progress in ascribing to international precursor chemical control requirements. Some progress has also been made in providing for aspects of precursor chemical control in the Drugs and Drug Trafficking Act, 1992 (No 140 of 1992), the International Trade Administration Act, 2002 (No 71 of 2002) and the Medicines and Related Substances Act, 1965 (No 101 of 1965) (see 5.5.2). These legislative provisions have also been evaluated earlier in this chapter (Section 8.3.1) where it was found to be inadequate for ensuring the effective control of precursor chemicals used in the manufacturing of methamphetamine. Proposals were also made for the tightening up of existing legislation to cover the gaps that were identified. In the event of the National Government not supporting such additional control measures, it will be necessary for the Provincial Government of the Western Cape to consider introducing its own legislation. Preventing the diversion of precursor chemicals in the Western Cape is primarily approached from the *law enforcement* and *crime prevention* perspectives.

- *Securing public housing*

Although the current situation in the Western Cape with regard to drug- and gang-related crime in public housing, as described in Chapter 5 (Section 5.5.3), compares well with the public housing situation in the United States during the 1970s and 1980s (see Section 4.4.3), there is no indication that the South African public sector attaches a similar level of urgency to addressing the problem than was the case in the US at the time. The institutional arrangements to manage public housing security in Cape Town, described in Chapter 5 (Section 5.5.3), represent a weak attempt at inter-departmental collaboration. The Housing Task Team referred to in that section has, as can be ascertained from the description in Section 5.5.3, not made any substantial progress and has not been active since 2014. The field experiment conducted for purposes of this study and which was fully described in Chapter 7 (Section 7.3.1) represents the only serious attempt in recent years to collaborate for purposes of improving the security situation at a public housing complex in Cape Town.



As will be mentioned later on in this chapter, the collaborative management of this, what was to be a *crime prevention* initiative, led to it being managed from all four perspectives, i.e. *social-based prevention, harm reduction, law enforcement, and crime prevention*. The specific management approach applied to the project therefore resulted in it being managed from a holistic perspective. This process is depicted in Figure 8.2 (see Section 8.4.4). The evaluation of the collaborative interventions of this field experiment that was conducted in Ravensmead is presented later in this chapter (see Section 8.4).

- *Strengthening neighbourhood watches*

The Neighbourhood Watch Task Team (NWTT) established by the Executive Mayor of the City of Cape Town in 2008 (described in Section 5.5.4) represents a noteworthy collaborative effort with the following characteristics corresponding with key principles of Collaborative Governance:

- a) It functioned on the basis of an inter-governmental agreement which secured the active participation of all relevant state stakeholders.
- b) It provided for direct participation of civil society.
- c) It ensured a coordinated approach by all stakeholders.
- d) It ensured that the required capacity is developed within the pilot projects (i.e. a capacity for joint action).
- e) It monitored progress made within the pilot areas and therefore ensured accountability.

The discontinuation of the NWTT when Mayor Zille took up her new position of Premier in 2009 effectively resulted in the City's Neighbourhood Watch Support Programme not being managed by means of a collaborative effort for a number of years. The programme has since been expanded and the city's periodic hosting of Mass Information Sessions for neighbourhood watches at least allows for extensive community consultation on the direction that the programme should take. The most recent Mass Information Session that was held on 28 May 2016 was attended by 227 representatives of neighbourhood watches from across Cape Town.

It should be mentioned that at the time of writing (April 2016), a major joint effort between the Department of Community Safety (DCS) and the City of Cape Town was underway to collaborate effectively in strengthening the vital safety and security resource of neighbourhood watches across the province. This will include working towards a standardised training programme, the standardisation of patrol equipment to be issued by the city and the DCS, a single database of membership and resources, as well as the

establishment of a help desk for neighbourhood watches (PGWC, 2016:3). Whether this planned improved collaboration will include the re-introduction of a collaborative group similar to the NWTT, was uncertain at the time of writing. Given the particular challenges facing the criminal justice system in South Africa, as detailed in Chapter 5 (Section 5.4), it can be expected that the role of neighbourhood watches and other community-driven safety initiatives will only increase over time. Therefore, although the strengthening of neighbourhood watches is at this stage primarily contributing to drug abuse reduction efforts from the perspectives of *law enforcement* (where neighbourhood watches take part in SAPS coordinated operations or perform citizen's arrests) and *crime prevention*, it is likely that it will, in the near future, contribute to such efforts from the perspectives of *social-based prevention* and *harm reduction* as well. This latest indication of improved integration of efforts is therefore encouraging.

#### **8.3.4 Monitoring and evaluation**

According to Rabie (2010:146), the basis for monitoring and evaluation of public institutions in South Africa was established in the Constitution of the Republic of South Africa, 1996 and the White Paper on Transforming Public Service Delivery of 1997. An environment that is conducive to integrated evaluation of the South African public sector, however, resulted from the development of the Policy Framework for a Government-wide Monitoring and Evaluation System in 2007, the National Treasury Framework for Managing Programme Performance Information in 2007, the South African Statistical Quality Assessment Framework in 2007, the Presidency's Mid Term Development Indicators and the Basic Concepts in Monitoring and Evaluation in 2008 (Rabie, 2010:146). The National Evaluation Policy Framework (NEPF) was approved by Cabinet in 2011 and aims to improve performance, improve accountability, generate knowledge in respect of what works and what does not, and improve decision-making (Goldman, Mathe, Jacob, Hercules, Amisi, Buthelezi, Narsee, Mtakumba & Sadan, 2015:2). The NEPF requires the consideration of evaluation results in planning, budgeting and decision-making for purposes of achieving effective and efficient outcomes (Uys, 2016:4). This system is known as the National Evaluation System (NES) and is conducive to inter-departmental collaboration (Uys, 2016:4;8).

The Central Drug Authority publishes an annual report on the implementation of the National Drug Master Plan. This annual report evaluates the performance of a wide range of Government Departments against performance indicators from all four of the previously defined perspectives of *social-based prevention*, *harm reduction*, *law enforcement*, and *crime prevention*. It also reports on the activities of the nine Provincial Substance Abuse

Forums. These are, however, presented in a few paragraphs per province and can therefore not be regarded as proper evaluation reporting on the functioning of the Provincial Substance Abuse Forums. Performance indicators that are based on inputs, outputs and outcomes are included in the document which constitutes a well-prepared and informative monitoring and evaluation report on the implementation of the National Drug Master Plan. The CDA's annual report, however, does not reflect on the collaboration process itself which has been suggested in Chapter 2 (Section 2.4.10) as an important evaluation objective alongside that of evaluating the outcomes of the collaboration process.

The contributions of individual City of Cape Town Departments to drug abuse reduction are being monitored in terms of the city's performance management system. City of Cape Town (2015e:1) for instance reveals that the percentage convictions achieved in drug-related arrests performed by the Metro Police are being tracked by means of a Watching Brief (see Section 5.4.3 of this dissertation for a description). In addition, City of Cape Town (2015f:1) indicates that performance in terms of the number of drug assessment centre services that have been procured and the number of drug abuse prevention workshops implemented, is being monitored. No indication could, however, be found that the functioning of the CTADAC is being evaluated, that the outcomes of drug abuse prevention initiatives are being measured or that adaptation to changing circumstances are being pursued.

### **8.3.5 The main challenges experienced with managing the Western Cape's methamphetamine problem**

The legislative framework within which drug abuse can be addressed in South Africa is fragmented with none of the current Acts providing a legislative basis for addressing the problem holistically from all four perspectives of *social-based prevention*, *harm reduction*, *law enforcement*, and *crime prevention*. The Prevention of and Treatment for Substance Abuse Act, 2008 (No 70 of 2008) is regarded as a step in the right direction as it at least acknowledges the importance of addressing drug abuse holistically and provides for multi-disciplinary structures to manage the problem. However, as the name of the Act suggests, its focus areas are confined to *social-based prevention* and *harm reduction*. The legislation also does not provide adequate sanctions for public sector entities failing to implement the prescripts of these Acts. In addition, a number of loopholes exist in the legislation that are being exploited by drug traffickers and manufacturers, e.g. stringent port protection regulations similar to those contained in the US legislation (described in Section 4.4.1 of this dissertation) and stringent precursor chemical control measures as identified in Section 8.3.1.

The ability of the South African criminal justice system to effectively address drug-related crime represents a major challenge, especially as it relates to the issues of police corruption, police inefficiency and the poor conviction rate, as described in Section 5.4. A well-functioning criminal justice system is an important part of the holistic approach to managing drug abuse and in South Africa it will have to be strengthened if the Western Cape's methamphetamine problem is to be effectively addressed.

The Western Cape's methamphetamine problem is not being addressed with the degree of urgency, decisiveness or dedicated attention necessary for real progress to be made. While the problem is being regarded as serious, it is not recognised as being of such a serious nature that it requires immediate intervention. Instead, structures similar to that in other provinces which simply do not have the same problem on the same scale, are expected to manage the problem within the wider context of "alcohol and other drug abuse" in the province. Cognisance should be taken of the fact that the NDMP does not adequately recognise the severity of the Western Cape's methamphetamine problem which is to a large extent unique to the province. Simply adhering to the prescripts of the NDMP and ensuring that a Provincial Substance Abuse Forum and Local Drug Action Committees are in place, is therefore inadequate for managing it. As long as the problem is not recognised for what it is, it will not be afforded the necessary attention and will continue to grow unabatedly with devastating consequences for the people of the Western Cape.

Alcohol abuse is included as part of the focus areas of the main structures responsible for managing drug abuse in the Western Cape and in fact, represents the main area of focus for these structures. While such decisions are understood, given the extent of alcohol abuse in the Western Cape, it unfortunately results in much of the collaborative efforts required to manage the province's methamphetamine problem, being directed to managing alcohol abuse. It therefore has the unfortunate effect of diluting drug abuse reduction efforts across the province and further minimising any attention that the methamphetamine problem would have enjoyed.

Existing efforts at collaborating towards managing drug abuse in the Western Cape are not grounded in the philosophical foundation of modern day Collaborative Governance, i.e. Holism. As a result, none of the structures established to manage drug abuse in the province can be regarded as forming a complete whole in their own right and therefore also not as a whole forming part of a bigger whole. Holism is therefore not pursued and emerging properties can therefore not be expected. This "Whole of Society Approach" as Cartwright

(Interview:2016) puts it (see Section 7.4.4) will have to be a prerequisite for any future management structure established for purposes of managing the methamphetamine problem.

The National Government, the Western Cape Provincial Government and the City of Cape Town have introduced important measures to strengthen collaboration in managing drug abuse. These efforts, however, fail to ensure the implementation of all the critical elements of Collaborative Governance which effectively weakens any attempt at collaboration. This conclusion provides a satisfactory answer to research question (g).

#### **8.4 EVALUATING THE PRACTICAL APPLICATION OF THE PRINCIPLES OF COLLABORATIVE GOVERNANCE: THE CASE OF THE RAVENSMEAD PUBLIC HOUSING SAFETY INITIATIVE**

An evaluation of the practical application of Collaborative Governance is provided in this section. It will largely comprise an evaluation of the qualitative data gathered during the Ravensmead field experiment (described in Chapter 7) and is supplemented by data gathered by means of additional observations and interviews as well as appropriate sections of the theoretical part of the study.

The field experiment was set in the public housing environment of Cape Town. It is an environment which is plagued by poverty, a myriad of social ills, and high levels of disorder and crime, especially drug- and gang-related crime. The City of Cape Town's decision to introduce a crime prevention initiative at one of its many public housing complexes, presented the researcher with a unique opportunity to experiment with the implementation of the principles of Collaborative Governance. The field experiment (described in Section 7.3.1) which was conducted over a period of nine and a half months represents an important part of the empirical research. The data derived from the field experiment is now evaluated against the Integrative Framework for Collaborative Governance of Emerson *et al.* (2011:6) that was described in Chapter 2 (Figure 2.3), key elements of Collaborative Governance that were identified in Chapter 2 and additional procedural requirements necessary for the establishment of a well-functioning collaborative group. This is done in order to determine the extent to which the principles of Collaborative Governance have been or can be successfully applied. In addition, compliance to the Emerson and Nabatchi (2015:723) Matrix for Assessing the Performance of Collaborative Governance Regimes (see 2.4.10) which requires that nine performance dimensions be measured, is indicated in the text.

### 8.4.1 The System Context

The high levels of crime and disorder as well as myriad of social ills that include poverty, a lack of education and drug abuse that are prevalent in public housing units in Cape Town, represent the surrounding *System Context* of the Emerson model.

### 8.4.2 The Collaborative Governance Regime

As required by the model, a *Collaborative Governance Regime (CGR)* had to be established on a micro level. This is where collaboration across boundaries takes place to inform decision-making and conduct (Section 2.4.9). For a *CGR* to be initiated, *drivers* as described in Section 2.4.9 need to be present. The main *driver* for the establishment of the micro *CGR* was the Safety and Security Directorate's realisation that it cannot expect its 18-man Housing Unit in its Law Enforcement Department to have any meaningful impact on the safety of public housing residents in Cape Town and that alternative drug related crime prevention programmes that involve other stakeholders need to be explored. Hemmati (2002:213-214) identified a number of requirements relevant to designing a collaborative group. In the case of the field experiment, the Task Team represents the collaborative group in which collaboration would take place and therefore the *CGR* in terms of the Emerson model. These requirements included:

- a) designing the group had to be a collaborative effort;
- b) involving the different stakeholders in the design process;
- c) the need for participants to agree on procedures to be followed;
- d) procedures had to ensure accountability, democracy, transparency, inclusiveness and mutual trust; and
- e) adopting a Memorandum of Understanding or a Terms of Reference for the group (Hemmati, 2002:213-214).

The project administrators' (from the City's Safety and Security Directorate) efforts to sensitising other relevant departments in December 2014 in order to secure support for possible collaboration, the establishment of the multi-disciplinary Task Team, inclusion of community representatives in consultation with the residents and adoption of a Terms of Reference for the Task Team, as detailed in Section 7.4.3, point to these requirements having been met satisfactorily. The Emerson model's requirement of a *CGR* to be initiated was thus met early-on when the buy-in of all relevant state stakeholders was achieved and the multi-disciplinary Task Team was established to enable collaboration across boundaries. This observation represents compliance with the Emerson and Nabatchi (2015:729)

requirement that the performance dimension of *legitimacy of outcomes* be evaluated (see Section 2.4.10).

### 8.4.3 The Collaborative Dynamics

The *Collaborative Dynamics* with three interactive components required by the Emerson model within the CGR were addressed as follows:

#### 8.4.3.1 Principled engagement

As is evident from the previous chapter, the management intervention did enable the various stakeholders to work across boundaries and to strive towards a common objective. Participation of all stakeholders is an important element of Collaborative Governance (Ansell & Gash, 2008:544; Emerson *et al.*, 2011:2; O’Leary & Vij, 2012:508). The necessary participation was achieved early-on in the process and this can be attributed to a *shared motivation*, i.e. a real desire among the different stakeholders to be part of a meaningful contribution towards improving the lives of those living in public housing. With the exception of the Human Settlements Directorate, all stakeholders participated sufficiently in the Task Team and contributed in accordance with their commitments. The participation of the Human Settlements Directorate was limited to the sporadic attendance of Task Team meetings. Reasons for this could not be established. This directorate also failed to meet any of its commitments in terms of service delivery to the residents of the 10<sup>th</sup> Avenue Flats. Relationship building between city representatives and the residents was required before community cooperation and participation could be achieved. Full community participation was achieved which proved to be invaluable to the collaborative process. Direct community involvement is an important requirement for effective collaboration (Emerson *et al.*, 2011:2).

As the achievement of additional public value is the objective of Collaborative Governance (Huxham, 1993:603, Emerson *et al.*, 2011:17, O’Leary & Vij, 2012:514, Lowndes & Skelcher, 2002:306), a holistic approach is required. As can be derived from the data presented in Section 7.4.3, the Task Team managed the Ravensmead Public Housing Safety project from all four perspectives from which drug abuse can be approached, namely, *social-based prevention, harm reduction, law enforcement, and crime prevention*. The Task Team therefore followed a holistic approach for managing drug abuse.

It is also essential for a collaborative group to strive towards common objectives (O’Leary & Vij, 2012:508). The Task Team managed to maintain this requirement throughout the eight-

month period by meeting on a regular basis to monitor progress and the commitment of members. This observation indicates that the actions/outputs of the collaborative group were aligned to its objectives and therefore represents compliance to the Emerson and Nabatchi (2015:729) requirement that the performance dimension of *efficacy of actions/outputs* be evaluated (see Section 2.4.10).

Another important element of *principled engagement* is to ensure that the appropriate people be part of the collaborative process. Since the representatives from the Human Settlements Directorate which was a key stakeholder, failed to meet any of their commitments throughout the duration of the experiment, the management intervention experienced serious challenges (see Section 7.4.3) which amounted to an unacceptable level of risk to the success of the project. This was, however, the only serious challenge experienced on this particular matter as the other members of the Task Team proved to be assets to the collaboration effort. Aiming to achieve consensus in decision-making is another key element of Collaborative Governance (Ansell & Gash, 2008:544) that is relevant to *principled engagement*. As indicated in the previous chapter, this requirement was fully adhered to by the Task Team.

Accountability and monitoring, according to Ansell and Gash (2008:548), are both essential to the collective management process. Despite a high level of collaboration being achieved within the Task Team, challenges were experienced with regard to non-attendance of Task Team meetings by key role players and non-adherence to time frames in addressing service requests from the public (see Section 7.4.4). These challenges were also referred to in the presentations of 25 May 2015 to the Social Cluster Management Committee and of 18 August 2015 to the Political Social Cluster Committee (Annexure G). These failures were mainly on the part of the Human Settlements Directorate who, as mentioned earlier, failed to attend meetings on a regular basis and to deliver on maintenance-related commitments made. The *collaboration dynamic* of *principled engagement* was therefore only partially achieved in the field experiment.

#### 8.4.3.2 Shared motivation

The fact that the necessary buy-in from all state stakeholders was achieved early on, is attributed to a shared acknowledgement amongst the officials from all relevant departments that public housing in Cape Town is not adequately managed and that it is in fact, a major generator of crime and disorder which is to a large extent drug related. Out of this acknowledgement stemmed a shared desire amongst these senior management officials to



contribute to the project without an instruction from their superiors (see Section 7.4.3). The same level of commitment and desire to participate was evident as far as the SAPS and community representatives are concerned (see Section 7.4.3) and it can therefore be argued that the *collaboration dynamic of shared motivation* was indeed present in the management experiment. Mutual trust is, however, an important element of *shared motivation* and the Human Settlements Directorate's failure to act on most of its commitments damaged the trust relationship within the Task Team towards the end of the experiment.

#### 8.4.3.3 Capacity for joined action

This *collaborative dynamic* represents dedicated resources, institutional arrangements, leadership and knowledge. Lowndes and Skelcher (2002:302) and Sullivan and Skelcher (2002:112) support the necessity for such a capacity to exist within the collaborative process. The *capacity for joint action* was present in the management intervention (Task Team) in the form of a project administrator from the Safety and Security Directorate, the expertise contributed by other stakeholders as listed in Section 7.4.3, the extent to which the representatives from other stakeholders were able to utilise their departmental resources towards the objectives of the project and a small budget provided by the Safety and Security Directorate. The presence of these resources is in stark contrast to the lack of such a capacity in the WCSAF and CTADAC as described in Section 6.5. As reported in Chapter 7, the Task Team's small budget of R50 000 was originally earmarked for spending on the housing safety initiative and on request of the researcher, the Executive Director for Safety and Security gave his consent that the fund be spent in accordance with the decisions of the Task Team. This arrangement provided the Task Team with a real *capacity for joint action* as decisions could be implemented without them having to be ratified by higher level managers that might not have had the insight that members of the Task Team enjoyed. This benefit is also in stark contrast to the situation in the WCSAF and CTADAC where the actual decision-making lies with senior officials or politicians who do not serve on the collaborative group (see Section 6.5). As the Safety and Security Directorate was the only stakeholder which could commit financial resources to the management intervention, the Task Team's *capacity for joint action* was limited. It nevertheless afforded the researcher an opportunity to ensure inclusion of this vital *collaboration dynamic* in the experiment. The application that was submitted to the Department of Public Service and Administration for grant funding constitutes another important step in securing additional capacity for the Task Team to take joint action.

As predicted by the Emerson model, the *collaboration dynamics* caused a number of specific actions to be taken that could not have been initiated by any of the participants in their individual capacity, e.g. the active participation of residents and achieving a decrease in the levels of crime and disorder. These *collaborative actions* and their outcomes are described next.

#### **8.4.4 The actions and impacts**

The collaborative *actions* that were taken by the Task Team have been well documented in the previous chapter and their *impacts/outcomes* are described here as the *emerging properties* that resulted from the holistic approach that was followed.

Research question (i) which was identified in Chapter 1 (Section 1.7.3) seeks to determine whether the management of a societal problem in accordance with the principles of Collaborative Governance, can result in *emerging properties* being achieved. As explained in Chapter 2 (Section 2.4.2), *emerging properties* refer to the result of a holistic state being realised and therefore to a certain level of creativity or public value which could not have been achieved by individual stakeholders. Chapter 2 concluded that managing the Western Cape's methamphetamine problem in accordance with the principles of Collaborative Governance may indeed result in such additional public value to be achieved which will not be realised by the individual efforts of the different stakeholders. A multi-disciplinary approach to managing drug abuse is also favoured by the INCB, the UNODC, the US government, the Thai government and the South African government. Cognisance should, however, be taken of differences between the formal adoption of a multi-disciplinary strategy and an acknowledgement of the importance to collaborate on the one hand, and the actual implementation of the principles of Collaborative Governance on the other hand. As can be deduced from the evaluations of the National and Provincial Government of the Western Cape and City of Cape Town drug abuse reduction policies and structures in Sections 8.3.1 and 8.3.2 of the dissertation as well as from Cartwright (Interview:2016) noted under Section 7.4.4, the required results will only be achieved through dedicated and deliberate implementation of these principles.

Data gathered by means of the field experiment points to the following *emerging properties* being achieved as a result of managing the Ravensmead Public Housing Safety project in accordance with the principles of Collaborative Governance:

- a) The level of community participation, despite the high levels of mistrust and apprehension that existed among the residents, is an achievement. This includes the

attendance of and active participation in Community Action Forum and Task Team meetings.

- b) The level of support and participation from other City Departments and the SAPS at an early stage of the project was relatively easily achieved. This, despite the fact that the project was not initiated by a political or top management directive, means that the officials participating did so by choice and not on instruction. As indicated earlier, the City's Human Settlements Directorate was an exception. Overall, however, officials from the City and the SAPS displayed an exceptional eagerness to be part of the collaborative effort which is regarded as an *emerging property*.
- c) The community-initiated graffiti clean-up campaign represents a significant development as it points to an understanding of basic crime prevention principles and an acceptance that community involvement is necessary, even if seemingly minor or insignificant. The fact that local children participated willingly and indications that they can be easily recruited for further community-based crime prevention initiatives is all the more encouraging. The creativity and increased public value associated with this initiative surely means that it can be regarded as an *emerging property*.
- d) The understanding that the resident representatives on the Task Team, developed in respect of the city's administrative processes to be followed in order to get things done (e.g. the logging of and responding to maintenance requests, policing-related service requests and other municipal service requests), led to an improved relationship between residents and the Government of the City. It contributed to breaking down the strong "us vs them" mentality which existed prior to the intervention.
- e) The fact that the Ravensmead Public Housing Safety project was in a matter of months elevated from a fairly low-key crime prevention initiative to a project which is supported by the Executive Mayor for expansion results in it being perceived as having added public value. It therefore represents a significant *emerging property*.
- f) The increased level of community cohesion (e.g. community assistance with the graffiti clean-up campaign and the level of support that the members of the Community Action Forum enjoyed) identified in the study likewise represents a significant *emerging property*.
- g) The general sense that the residents of the 10<sup>th</sup> Avenue Flats are eager to effect change in their neighbourhood is of particular importance as an increase in community participation will be essential for the sustainability of the initiative. It is therefore also regarded as an *emerging property*.
- h) The significant reduction in drug related crime and disorder and therefore increased levels of safety as suggested by the empirical data as presented in Section 7.4.5

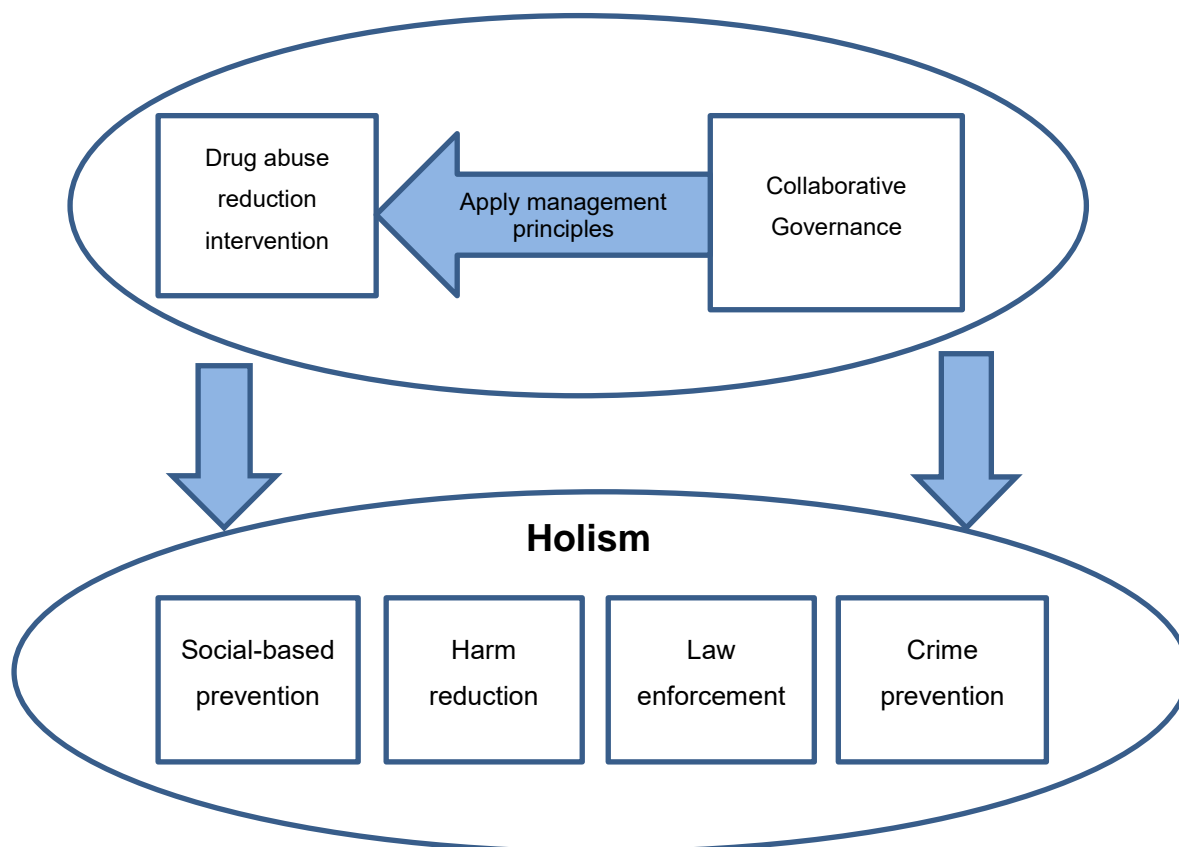
(Proxy 2) is not something that is easily achieved and can only be the result of the Task Team's combined efforts. It is therefore also regarded as an *emerging property*.

The empirical data therefore supports the theoretical argument made in Chapter 2, namely that the management of a societal problem in accordance with the principles of Collaborative Governance can result in *emerging properties* being realised. As explained in Section 2.4.2, emerging properties are the practical manifestations of the holistic state being realised and it can therefore be concluded that a holistic state was in fact realised by the Task Team in their management of the Ravensmead Public Housing Safety Project. The conclusion reached in Chapter 2 that Collaborative Governance represents a vehicle for inducing a holistic state for addressing societal problems (see also Figure 8.1), is in fact corroborated by the empirical evidence gathered and provides a satisfactory answer to research question (i). The fact that the desired results (*emerging properties*) were achieved indicates that this evaluation represents compliance with the Emerson and Nabatchi (2015:731) requirement that the performance dimension of *effectiveness of outcomes* be evaluated (see Section 2.4.10). Since the Task Team was able to continuously achieve the desired results over time, this evaluation also represents compliance with the Emerson and Nabatchi (2015:732) requirement that the performance dimension of *sustainability of adaptation* be evaluated.

Judging from the above, the Task Team succeeded to a large extent in managing the Ravensmead Housing Safety Project in accordance with the principles of Collaborative Governance. The main challenge in this regard proved to be the Task Team's inability to hold members accountable for the attendance of meetings and the implementation of decisions it took as well as to monitor the progress made by individual members in respect of agreed upon tasks (see Section 7.4.4). These concerns were also referred to in the presentations of 25 May 2015 to the Social Cluster Management Committee and of 18 August 2015 to the Political Social Cluster Committee (Annexure G). These difficulties more than likely arose from the fact that executive management support was not secured from all stakeholders when the project was initiated. Such support was only sought from the Executive Director for the City's Safety and Security Directorate. Participation from all the other stakeholders was obtained through negotiations with the respective area managers and mid-level management staff. The result was that the participation of key stakeholders such as the SAPS, the City's Human Settlements Directorate, the City's Social Development and Early Childhood Development Directorate, the City's Sport and Recreation Department and City Health, depended solely on the interest and level of commitment from the individual officials of these respective departments and that the Task Team had no authority to hold members accountable. This limitation was only overcome when brought to the attention of

the Social Cluster Executive Management Team Subcommittee at its meeting of 25 May and its subsequent decision that officials from all relevant directorates be formally nominated to serve on the Task Team. Non-governmental organisations were not involved in the project during the first eight months.

In describing the four perspectives from which drug abuse can be managed, namely *social-based prevention*, *harm reduction*, *law enforcement*, and *crime prevention* in Chapter 3 (Section 3.4), the argument was made that for practical reasons, a detailed description of drug abuse reduction strategies only be provided for those resorting under situational crime prevention (within the perspective of *crime prevention*). The field experiment for this study was likewise done in a setting which is usually associated with the *crime prevention* perspective, i.e. securing public housing (see Section 4.4.3). It is, however, interesting to note that the decision to manage the Ravensmead Public Housing Safety Project in accordance with the principles of Collaborative Governance resulted in what was essentially a *crime prevention* initiative to be managed from the other three perspectives as well and therefore from a holistic perspective. This corroborates the argument in Chapter 2 (Section 2.4.2) that Collaborative Governance represents a vehicle for inducing a holistic state as far as addressing societal problems are concerned. This process is depicted in Figure 8.2.



**Figure 8.2: The effect of Collaborative Governance on a drug abuse reduction intervention**

The evaluation presented in this section does not support the null hypothesis developed for the study, i.e. Collaborative Governance is not an effective management approach for addressing the Western Cape's methamphetamine problem. The null hypothesis is therefore rejected and it is concluded that the full adoption and implementation of the principles of Collaborative Governance can indeed be expected to have a positive impact on the Western Cape's methamphetamine problem. This conclusion also serves to answer research question (j).

#### **8.4.5 Compliance to the Matrix for Assessing the Performance of Collaborative Regimes**

Compliance of the evaluation presented in Section 8.4 with the requirements of the Matrix for Assessing the Performance of Collaborative Governance Regimes of Emerson and Nabatchi (2015:723) (see Section 2.4.10) have been indicated in the text where appropriate. As it was not the intention to evaluate the individual stakeholders, the three performance dimensions relevant to the participant organisation unit of analysis were not evaluated.

The capacity of the Task Team to continue achieving the desired outcomes in a changing environment was not examined, which means that the *viability and adaptation* performance dimension as it relates to the Task Team was not evaluated. The evaluation also did not consider the equitable distribution of benefits derived from the collaborative effort which means that the *equity of actions/outputs* performance dimension relevant to the target goals unit of analysis was not evaluated.

It is, however, important that all nine performance dimensions be measured if proper evaluation of collaborative efforts to reduce drug abuse is to be achieved.

## **8.5 CONCLUSION**

For meaningful progress to be achieved with the reduction of drug abuse, the problem should be approached holistically and managed from an all-inclusive collaborative perspective. Although Holism is inherent in nature with the same quality of wholeness to be found in plants, animals and human beings, it does not manifest spontaneously in human activity and therefore also not in the management sciences. This means that if the benefits that Holism can bring (emerging properties) are to be pursued in the management of a societal problem, a particular set of management principles that are conducive to creating the ideal environment for a holistic state to manifest, will have to be adopted. The key for effectively addressing the Western Cape's methamphetamine problem therefore does not lie in specific drug reduction strategies or practices but rather in following a particular approach to managing the problem, i.e. Collaborative Governance.

The South African public sector's management of drug abuse does include important elements of such an approach. Actual integration of efforts is, however, not achieved. Therefore, a new governance model designed for purposes of ensuring the dedicated and deliberate implementation of the principles of Collaborative Governance in managing the Western Cape's methamphetamine problem is required. Sufficient knowledge has been generated throughout this study for the development of such a model and the next chapter presents this as a normative approach for managing the Western Cape's methamphetamine problem.

## **CHAPTER 9:**

# **THE NORMATIVE APPROACH TO MANAGING THE WESTERN CAPE'S METHAMPHETAMINE PROBLEM**

### **9.1 INTRODUCTION**

The preceding chapters presented arguments that management problems exist in respect of the current handling of the Western Cape's methamphetamine problem. It was also argued that the problem can be effectively managed by means of the proper application of Collaborative Governance, as indicated in the evaluation of the field experiment. This analysis now gives rise to the question of what steps need to be taken to ensure that the principles of Collaborative Governance are properly applied in respect of the methamphetamine problem. This chapter presents what is believed to be the normative approach to managing the Western Cape's methamphetamine problem which is to be embodied in an Integrated Management System. This Integrated Management System will be described with reference to, firstly its policy requirements, secondly the establishment of a network of collaborative groups, thirdly the actual implementation of the collaborative management approach, fourthly the implementation of drug abuse reduction interventions and fifthly, the monitoring and evaluation of the outcomes and impacts achieved. A normative approach is an approach that is considered to be the ideal standard to aspire to in doing something (Merriam-Webster, 2015:1). The management framework that will be presented in this chapter will therefore represent what should be aspired to if public institutions in the Western Cape had access to the ideal levels of human and material resources to manage the methamphetamine problem.

### **9.2 REVIEW OF THE RELEVANCE OF THE STUDY**

The relevance of the study lies in the extent of societal problems in South Africa and the increasing expectation of public institutions to address these. Service delivery protests are the order of the day and the country's public institutions which operate from their individual "silos" are generally regarded as non-responsive and ineffective. A different approach to the management of challenging societal problems is therefore required and to this end, attempts at inter-stakeholder collaboration appear to be more and more prevalent. Guidance on how effective collaboration within the managerial context can be achieved is, however, required and that is where the study finds its relevance.



### 9.3 A REVIEW OF THE RESEARCH PROCESS

The study aimed to generate knowledge that would serve to broaden the existing body of knowledge to the extent that it can be utilised towards reaching a holistic understanding of the methamphetamine problem in the Western Cape and the subsequent development of an effective strategy for managing this problem to the wider benefit of society.

In order to give effect to this endeavour and for purposes of ensuring a proper and comprehensive scientific analysis, it was decided to describe the meta-theoretical context applicable to this study systematically and in accordance with the typical requirements of paradigm analysis.

Chapter 1 provided a comprehensive introduction to the Western Cape's methamphetamine problem and draws the conclusion that the situation has reached epidemic proportions that require immediate and decisive action if the next generation is to be protected from its devastating consequences. However, already in this first Chapter, information was presented which points to serious deficiencies in the public sector's management of the methamphetamine problem in the Western Cape.

The complexity of the methamphetamine problem is depicted in the methamphetamine causal model (Figure 2.1) and Chapter 2 pointed out that all the points of possible intervention identified in this causal model, resort under one of the four perspectives of *social-based prevention*, *harm reduction*, *law enforcement*, and *crime prevention*. Due to this complexity and the identification of the four diverse perspectives from which the problem needs to be addressed, Chapter 2 presented arguments for collaboration amongst all relevant stakeholders as an essential element to managing the methamphetamine problem. The research presented in Chapter 2 points to a broad consensus that in order to ensure that the methamphetamine problem is addressed on a holistic basis it needs to be managed in accordance with the principles of Collaborative Governance.

Chapter 3 provided an overview of various strategies that can be employed to reduce drug abuse and continued to highlight the need for the problem to be managed from a holistic perspective. Four drug abuse reduction strategies which are usually associated with the *crime prevention* perspective were selected for a detailed description which were also used to structure the contents of Chapters 4 and 5.

In Chapter 4, the management of the methamphetamine problem on an international basis was described with specific reference to the four selected *crime prevention* strategies and Chapter 5 described this in the South African context.

In order to test the findings of the meta-theoretical research, an empirical study was embarked upon. The empirical design was both quantitative and qualitative in nature and employed the research techniques of surveys, interviews, observations and a field experiment. The empirical data relevant to the current management of drug abuse in the Western Cape was presented in Chapter 6 while Chapter 7 dealt with the practical application of Collaborative Governance in a particular setting, i.e. the Ravensmead field experiment.

Chapter 8 provided a critical evaluation of the data gathered during both the empirical and theoretical dimensions of the study. This evaluation enabled the rejection of the null hypothesis and acceptance of the alternative hypothesis i.e. Collaborative Governance is an effective management approach for addressing the Western Cape's methamphetamine problem (see Section 8.4.4). The conclusions reached in Chapter 8 now allow for the development of a normative approach in this regard.

#### **9.4 AN INTEGRATED MANAGEMENT SYSTEM FOR MANAGING THE WESTERN CAPE'S METHAMPHETAMINE PROBLEM**

The normative approach put forth in this chapter has been developed on the foundation of knowledge generated from both the theoretical and empirical dimensions of this study and the conclusions thus reached. It is embodied in what is regarded as an ideal system for the effective management of the methamphetamine problem, i.e. an Integrated Management System. Bond, Curran, Francis, Kirkpatrick and Lee (2000:5-6) maintained that the development of an integrated system will require (a) the introduction of certain arrangements relating to procedures and processes, (b) the establishment of methodological guidelines, and (c) the development of an understanding of cross-disciplinary matters. In order to give effect to these requirements in the context of the proposed Integrated Management System for managing the Western Cape's methamphetamine problem, it is necessary that:

- a) an appropriate policy framework be established to govern drug abuse reduction efforts;
- b) an ideal management structure be developed;
- c) a set of management directives be entrenched in the inter-governance agreement to collaborate for purposes of ensuring the proper implementation of the principles of

Collaborative Governance and therefore the integrated implementation of drug abuse reduction interventions; and

- d) a monitoring and evaluation procedure be introduced to determine whether the outcomes and impacts achieved are satisfactory or if corrective measures need to be applied.

#### **9.4.1 Policy requirements**

The key policy requirements for establishing an Integrated Management System for managing the Western Cape's methamphetamine problem are the development of a new strategy that will guide and direct the management of drug abuse in the Western Cape as well as necessary additions to existing legislation. These requirements are described in this section.

##### *9.4.1.1 Imperatives for the development of a new Drug Abuse Reduction Strategy for the Western Cape Province*

In order to give effect to the abovementioned requirements for the development of an integrated system as espoused by Bond, Curran, Francis, Kirkpatrick and Lee (2000:5-6), it is necessary that the establishment of the proposed Integrated Management System be rooted in a comprehensive Provincial Drug Abuse Reduction Strategy that will direct all aspects of drug abuse reduction efforts in the Western Cape. This strategy should be in line with the National Drug Master Plan (NDMP) which requires that drug abuse be addressed from all four perspectives of *social-based prevention, harm reduction, law enforcement, and crime prevention*. The Provincial Government of the Western Cape and all local authorities within the province should have joint ownership of the strategy which will be regarded as fulfilling the requirements of Sections 58 (d) and 61 (b) of the Prevention of and Treatment for Substance Abuse Act, 2008 (No 70 of 2008), i.e. that provincial and local government plans should be developed which are in line with the National Drug Master Plan. It is believed that having one Drug Abuse Reduction Strategy which has been developed and adopted by the Provincial Government and all local authorities within the province will foster the pursuance of Holism in managing the drug abuse problem.

The development of the new Provincial Strategy should be commissioned by the Office of the Premier of the Western Cape. It should be developed by a collaborative group comprising representatives from all relevant departments from the Provincial Government (i.e. Office of the Premier, Community Safety, Social Development, Health and Education),

all local authorities within the Western Cape, and the SAPS. In developing the policy, the collaborative group should consult with other stakeholders on National Government level (e.g. the National Department of Social Development and the National Department of Health), the Medical Research Council, academic institutions (e.g. Stellenbosch University and the University of Cape Town) and local communities. The strategy should include the following important stipulations:

#### Strategic imperative 1: Acknowledging the problem

The strategy will have to be founded in an acknowledgement of the scale of the drug abuse problem in general and methamphetamine abuse with its devastating consequences in particular. As indicated in Chapter 7 (Section 7.5.5), the current absence of such a formal acknowledgement constitutes a serious limitation on the extent to which the methamphetamine problem can be effectively managed within the province.

#### Strategic imperative 2: Following a holistic approach

As concluded in the previous chapter, it is imperative that a holistic approach be followed if the methamphetamine problem is to be managed effectively. The previous chapter also concluded that the proper application of Collaborative Governance would necessarily result in a holistic approach being followed in managing a particular project or programme. Despite the fact that key strategic imperative 3 requires the proper implementation of Collaborative Governance and by implication therefore, the following of a holistic approach, it is deemed necessary that this approach be stipulated as a formal requirement of the strategy. This is due to the importance of all stakeholders actually developing an understanding of the concept of Holism and the additional public value that can result from such an approach.

#### Strategic imperative 3: Specifying the management approach to be followed

It was concluded in Chapter 8 that the key for effectively addressing the Western Cape's methamphetamine problem does not lie in specific drug reduction strategies or practices but rather in managing it from an all-inclusive collaborative perspective, i.e. Collaborative Governance. Therefore, although the new Drug Abuse Reduction Strategy will have to provide for the current policy limitations with regard to certain strategies and practices (as described in Section 8.3.1) to be addressed, it will first and foremost have to prescribe the proper application of Collaborative Governance as the formal approach to managing the problem.

The critical elements that will have to be present in this collaborative management process and which must therefore be stipulated in the strategy, are described later on in this chapter in Section 9.4.3 as it relates to the implementation of Collaborative Governance.

In addition, the Western Cape Drug Abuse Reduction Strategy should:

- a) require that the problem be approached from an integrated perspective and therefore inclusion of all four perspectives from which drug abuse can be addressed i.e. *social-based prevention, harm reduction, law enforcement, and crime prevention*;
- b) require the establishment of a research and development capacity. This will allow for the development of and experimentation with new drug abuse reduction interventions from all four of the perspectives from which the problem can be approached;
- c) prescribe the implementation of proven strategic interventions from all four perspectives (these will include those mentioned later on in this chapter in Section 9.4.4;
- d) set appropriate objectives to be achieved from each of these perspectives;
- e) indicate that it is expected from stakeholders traditionally associated with one perspective to contribute to reaching the strategic objectives set in the others; and
- f) provide guidance by means of the Methamphetamine Intervention Model (Figure 9.2) that will be presented in Section 9.4.4 on how this cross boundary collaboration is to take place.

#### Strategic imperative 4: Establishing a network of collaborative groups

A network of collaborative groups should be established. This model is depicted in Figure 9.1 and will be described in detail in Section 9.4.2. It is designed to stimulate holistic thought and promote the creation of a holistic state in managing the methamphetamine problem. Important principles relevant to the establishment and composition of the different collaborative groups will be presented in Section 9.4.2.

#### Strategic imperative 5: An inter-governance agreement to collaborate

The development of a formal inter-governance agreement to collaborate will be an essential part of the organisational and procedural arrangements necessary for the formation of the Integrated Management System referred to earlier in this section and will be an explicit strategic requirement. This agreement will form a cornerstone of the management process and should be entered into by the Provincial Government, all 25 local authorities in the Western Cape as well as the SAPS on provincial level. The main purpose of the agreement is to ensure that optimum conditions are in place for realising a holistic state in managing the methamphetamine problem. This is due to the fact that Holism does not manifest spontaneously in the management sciences as it does in nature (see Section 8.5).

The agreement will need to be negotiated and committed to on the highest level, i.e. the Premier, the respective Mayors, the Provincial Commissioner of the SAPS and representatives of other relevant National Government Departments. This is necessary to ensure that all government stakeholders can be held accountable for achieving departmental objectives and can be achieved through a process of monitoring and evaluation. By being able to hold individual stakeholders accountable, a situation similar to that experienced with the Task Team that managed the Ravensmead Public Housing Safety Project where key members failed to attend meetings and to deliver as required (see Section 7.4.4), can be prevented. Cognisance should be taken of the fact that due to the unique political dynamics that are present in the relationship between the Western Cape and the National Government that result from it being the only province governed by a different political party, the required level of participation of the SAPS might not be forthcoming. The same holds true for other relevant departments of the National Government, i.e. Health, Social Development, Education, the SANDF, the State Security Agency (SSA) and the South African Revenue Service (SARS). The possibility of the National Government not being willing to enter into the agreement should not impede the establishment of the Integrated Management Framework.

The agreement should first and foremost acknowledge the need to collaborate due to the fact that the Western Cape's methamphetamine problem cannot be successfully addressed by any of the individual stakeholders. However, simply agreeing on the need to collaborate will not ensure the level of collaboration required to effectively address a serious societal problem. In order to achieve and maintain the required level of collaboration, it is necessary that the principles of Collaborative Governance be entrenched in the agreement. These are described later in this chapter in Section 9.4.3. The agreement will furthermore require that its signatories commit to this collaboration process.

Ideally, parties to the agreement should fully embrace the principles of Collaborative Governance and not only follow them because it is stipulated in the agreement. It is therefore necessary for all parties to the agreement to be clear on the reasons for following this management approach. These reasons which must be explicitly stated and fully explained in the agreement are:

- a) for a higher level of creativity to be generated that could not be achieved by individual stakeholders; and
- b) for a higher level of public value creation to be achieved that could not have been realised by individual stakeholders.

Entering into this agreement with a full understanding of the necessity to collaborate will constitute strong recognition of the existence of a *shared motivation* which is one of the *collaboration dynamics* required by the Emerson model (Figure 2.3). The agreement will need to aim to foster *principled engagement* which is also a *collaborative dynamic* in terms of the Emerson model and refers to the way in which representatives from various stakeholders work across their respective boundaries and strive towards a common objective. A detailed description of how this is to be achieved will be presented in Section 9.4.4.

#### Strategic imperative 6: Monitoring and Evaluation

Evaluation is a necessary but resource intensive activity and needs to be an explicit policy requirement (Williams & Sullivan, 2007:97). Appropriate mechanisms to achieve this should be introduced and will have to be stipulated in the new Drug Abuse Reduction Strategy. These will be described in detail in Section 9.4.5.

##### *9.4.1.2 The legislative requirements*

Establishing the ideal legislative framework for managing the Western Cape's methamphetamine problem will require that the limitations of the current legislative framework as pointed out in the previous chapter (Section 8.3.1), be addressed. This can be done either by petitioning the National Government to amend existing legislation or by means of introducing new provincial legislation. To this end, a number of amendments and additions are considered to be essential for establishing the normative legislative framework.

With regard to the Medicines and Related Substances Act, 1965 (No 101 of 1965), the National Government should be requested to consider declaring the three chemical substances identified in Section 8.3.1, i.e. P-2-P, Phenylacetic acid and APAAN as Schedule 6 substances. This will result in these three methamphetamine precursor chemicals also being subject to the control measures set out in Section 22A of the Act. Consideration should also be given to significantly increase penalties applicable to contravening the provisions of the Act so that an effective deterrent can be established. This should include the introduction of steep fines for such offences and appropriate prison sentences for repeat offenders.

With regard to the Drugs and Drug Trafficking Act, 1992 (No 140 of 1992), the National Government should be requested to consider introducing additions that would enable effective precursor chemical control. As indicated in Section 8.3.1, such additions should provide for the following:

- a) A sustained awareness campaign aimed at raising awareness of illicit precursor chemical diversion amongst members of the SAPS, municipal law enforcement and traffic departments, customs officials, immigration officials as well as distributors of such substances. This should be driven by the SAPS as the primary agency responsible for chemical monitoring and delivered in partnership with the chemical industry.
- b) The introduction of specifications with regard to product labelling. This will result in improved product labelling and aid in the investigation of chemical diversion offences.
- c) The introduction of a requirement that the chemical industry must establish the identity of their customers before transactions can be concluded and the recording of this information in a central database administrated by the SAPS' Chemical Monitoring Unit.
- d) The introduction of a requirement that importers of precursor chemicals notify the SAPS' Chemical Monitoring Unit of intended shipments and that they obtain special authorisation from this unit prior to such shipments being effected.
- e) The introduction of proper record keeping procedures by the chemical industry that will allow for detailed information to be available on what chemicals and what quantities have been imported, purchased or sold, the quantities being stored, the precise storage location and the identification and contact details of their clients.
- f) The introduction of appropriate penalties for offences committed. This should include fines of no less than R50 000 for first offenders and appropriate prison sentences for repeat offenders.
- g) The introduction of appropriate sanctions for public sector entities who fail to implement these legislative requirements. This can take the form of making information on such failures available to the public by means of a public report or imposing financial penalties, i.e. budget cuts.

With regard to immigration control, the National Government is to be requested to urgently reconsider its approach and handling of this matter which is not conducive to the security of the country. This will *inter alia* require that the Immigration Control Act, 2002 (No 13 of 2002) be strengthened to the point where significant penalties can be imposed on those contravening the provisions of the Act as well as on government entities failing to properly implement such provisions. Public reporting and budget cuts should also be considered here as possible penalties.

With regard to the International Trade Administration Act, 2002 (No 71 of 2002), the National Government is to be requested to amend the Act in order to accommodate the requirements



of Section 8(d) of Article 12 of the 1988 UN Convention which relates to the names of substances, quantities thereof and the names and addresses of the exporter and importer being provided on all commercial documents. What is important here is that appropriate penalties be attached to contraventions of such a stipulation, both for purposes of sanctioning offenders and for deterring potential offenders. In addition, the National Government is to be requested to consider significant sanctions to be introduced for public sector entities failing to implement the prescripts of this Act.

The National Government is also to be approached with a request to expand the scope of the Prevention of and Treatment for Substance Abuse Act, 2008 (No 70 of 2008) to, apart from approaching the problem from the perspectives of *social-based prevention* and *harm reduction*, also include provisions on how it should be approached from the perspectives of *crime prevention* and *law enforcement*. This will give effect to a holistic approach of which the foundation is already established in the Act, as mentioned in Section 8.3.1 of this dissertation. Such additions might necessitate that the title of the Act also be amended. In addition, the National Government is to be requested to consider significant sanctions to be introduced for public sector entities failing to implement the prescripts of this Act.

With regard to the Public Administration Management Act, 2014 (No 11 of 2014), the National Government is to be requested to consider the introduction of significant sanctions for public service entities that fail to meet the prescripts of the Act. Such an addition will strengthen the good governance and inter-agency collaboration intentions of the Act.

In addition, the Western Cape Provincial Government should develop provincial legislation that would see the introduction of comprehensive port security control measures at all sea ports in the province. This legislation will address the security matters addressed in the United States by the Security and Accountability for Every Port Act, 2006 (No 109-347 of 2006) (SAFE Act) as detailed in Section 4.4.1 of this dissertation. It will also support efforts to strengthen immigration control referred to earlier in this section.

Once the amendments and additions proposed in this section have been realised, the legislative framework will be conducive to the creation of an environment in which the methamphetamine problem can be effectively managed in a collaborative manner.

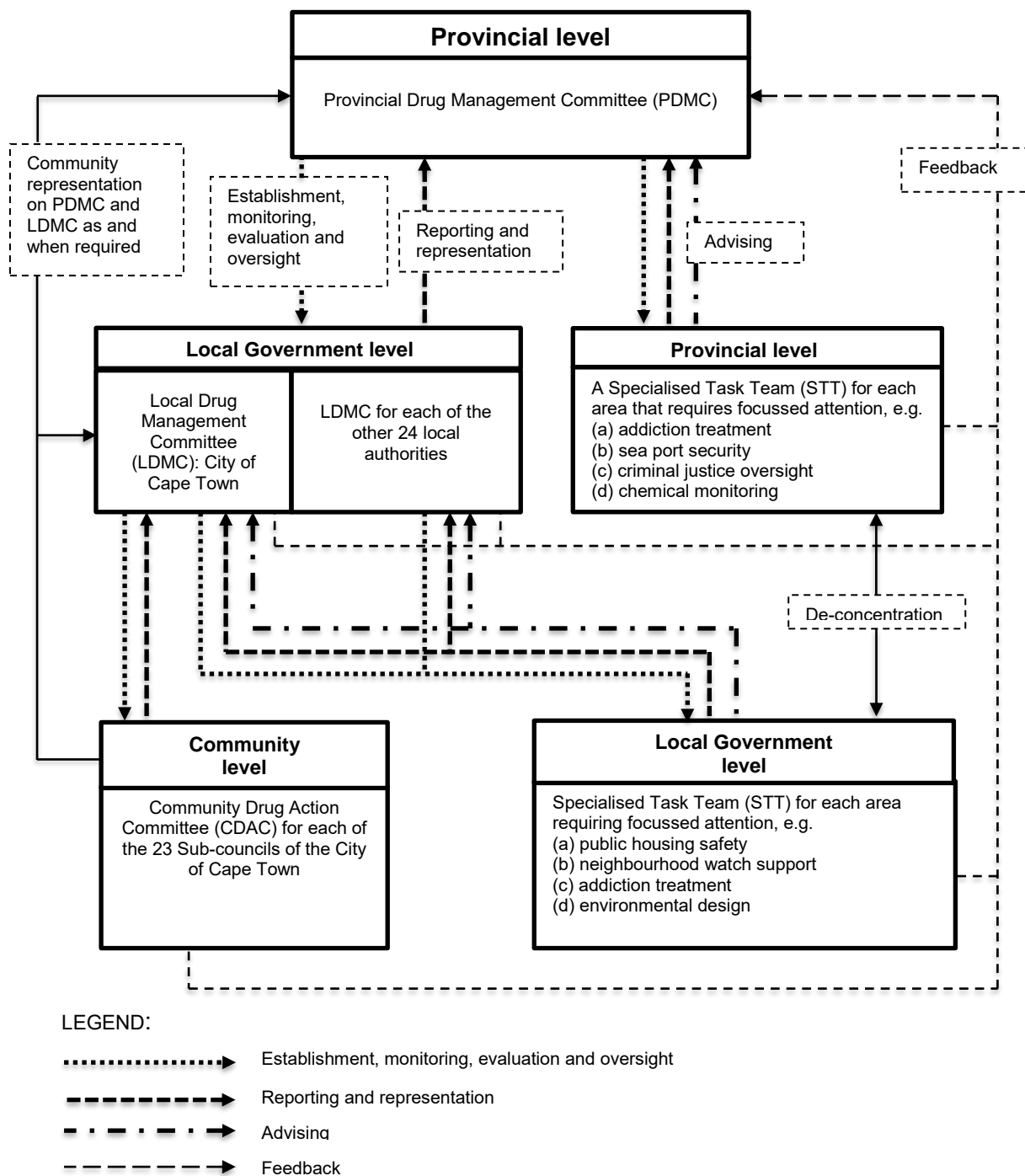
#### **9.4.2 Network of collaborative groups**

The use of networks has become a preferred method of implementing public programmes. This is due to the fact that the integration of service delivery that is made possible by means

of a network of service providers will result in less fragmentation and improved coordination which in turn leads to effective service delivery with positive outcomes (Turrini, Cristofoli, Frosini & Nasi, 2010:1). The establishment of a network of collaborative groups that will work together in addressing the methamphetamine problem is the second requirement for the Integrated Management System. This network of collaborative groups is to be embodied in an integrated structure which, according to Uys and Jessa (2016:187), will contribute to a community of stakeholders that are well-connected. Such a structure can be expected to provide for the necessary level of flexibility, agility and potential for growth that will enable the management system to create public value (Uys & Jessa, 2016:187).

In designing the different collaborative groups making up this network, cognisance should be taken of the fact that these groups should be unique to what they will be aiming to achieve, the resources that will be at their disposal as well as the stakeholders that are expected to participate in them (Hemmati, 2002:209). It is also necessary that sufficient time and resources are invested in this design process as failure at this critical stage can result in the collaborative group not being able to function effectively (Hemmati, 2002:210). As a result, the requirements relevant to designing a collaborative group that were identified by Hemmati (2002:213-214) and listed in Chapter 8 (Section 8.4.1) will guide this process and will be referred to throughout this section. In addition, cognisance needs to be taken of the fact that it is essential that the final design of the network of collaborative groups should ensure that Holism is being pursued, i.e. that every collaborative group in the management process forms a whole in its own right and also forms part of a larger whole. In order to achieve this, it is imperative that every collaborative group (with the exception of the Provincial Drug Management Committee) be established and its functioning properly being overseen by the collaborative group preceding it in the hierarchical sequence depicted in Figure 9.1. If local authorities, communities or the private sector are to establish their own collaborative groups, such groups will function independently from the provincial collaborative group and might even compete for resources. It will most probably be a duplication of the current situation with the WCSAF and CTADAC which is not conducive to optimum collaboration, the creation of a holistic state and therefore the realisation of additional public value.

In order to effectively manage the Western Cape's methamphetamine problem, collaborative groups will be required at provincial level, local government level and community level. This network is depicted in Figure 9.1 which is followed by an in-depth description of each of the proposed types of collaborative groups.



**Figure 9.1: Network of collaborative groups for managing the methamphetamine problem in the Western Cape**

#### 9.4.2.1 Provincial Drug Management Committee (PDMC)

A collaborative group on provincial level is to be established for purposes of the high level management of the methamphetamine problem, i.e. the Provincial Drug Management Committee (PDMC). The establishment of the PDMC will be a policy requirement of the Drug

Abuse Reduction Strategy (Section 9.4.1) as this will empower the collaborative group with the necessary authority to oversee the management of the problem across organisational boundaries. The PDMC will be responsible for managing the methamphetamine problem on a province-wide basis from all four of the previously defined perspectives of *social-based prevention, harm reduction, law enforcement, and crime prevention*. As is the requirement for the composition of the WCSAF as directed by the National Drug Master Plan, the new collaborative group to be established on provincial level (PDMC) will comprise all stakeholders responsible for education, social development, addiction treatment, policing, policymaking and legislation. The PDMC will therefore comprise representatives of the Office of the Premier, the Provincial Departments of Social Development, Health, Community Safety and Education, appropriate representatives from all the local authorities in the province, relevant NGOs, the Medical Research Council and academic institutions. Appropriate senior officials from relevant national departments will also serve on this committee, i.e. Health, Social Development, Education, the SAPS, the SANDF, the SSA and SARS. Direct community participation will be accommodated in accordance with the guidelines set out in Section 9.4.3 of this chapter.

The functions of this collaborative group (PDMC) should include the following:

- a) Oversee the implementation of the Provincial Drug Abuse Reduction Strategy which is in line with the requirements of the NDMP. This collaborative group will therefore oversee implementation of the overall strategic framework within which the other structures depicted in Figure 9.1 will perform their functions.
- b) Drive key interventions aimed at addressing drug abuse across the province.
- c) Establish Local Drug Management Committees (LDMC) for each of the 25 local authorities in the Western Cape.
- d) Establish Specialised Task Teams (STT) on provincial level for each area of specialisation deemed necessary.
- e) Provide guidance to the LDMCs and STTs it established.
- f) Perform oversight over the functioning of the LDMCs and STTs it established. This will include receiving and considering quarterly feedback reports from these structures and to monitor and evaluate their performance.

The continued existence of the Western Cape Substance Abuse Forum (WCSAF) is a NDMP requirement and as such it represents an appropriate platform for managing a drug abuse-related crisis like the Western Cape's methamphetamine problem. The existing WCSAF has, however, not been established in terms of the Drug Abuse Reduction Strategy contemplated in Section 9.4.1 and does therefore not have the authority required to establish

additional collaborative groups (in terms of this model) across organisational borders and oversee the management of the methamphetamine problem in such an optimum collaborative environment. It will therefore be required that the existing WCSAF be disestablished so that an appropriate collaborative group, namely the PDMC, can be established in terms of the policy requirements referred to in Section 9.4.1.

#### 9.4.2.2 Local Drug Management Committee (LDMC)

A Local Drug Management Committee (LDMC) needs to be established by the PDMC for each local authority within the Western Cape Province. LDMCs must be designed by means of a collaborative effort by the PDMC in consultation with all relevant stakeholders and will therefore comply with this requirement of Hemmati (2002:213) for designing a collaborative group (see Section 8.4.1). The LDMC needs to be responsible for managing the methamphetamine problem across the entire municipal area it is responsible for and will do so from all four of the previously defined perspectives of *social-based prevention*, *harm reduction*, *law enforcement*, and *crime prevention*. As is the requirement for the composition of the CTADAC as directed by the National Drug Master Plan, the new collaborative groups to be established on local government level will include representatives of all relevant stakeholders. The LDMC for the City of Cape Town will therefore comprise appropriate representatives of the Office of the Mayor, the City's Social Development and Early Childhood Development Directorate, City Health, the City's Safety and Security Directorate, the City's Sports and Recreation Department, the City's Human Settlements Directorate, the Provincial Departments of Health and Social Development, the SAPS, relevant NGOs, the local business sector, the Medical Research Council and other academic institutions. Direct community participation will be accommodated in accordance with the guidelines set out in Section 9.4.3 of this chapter.

The LDMC will be represented on the PDMC and such representatives will also serve as full members of the PDMC. Similar structures are to be established for each of the other 24 municipalities in the Western Cape. Their functions will include the following:

- a) Driving key interventions aimed at reducing drug abuse across the City (see Section 9.4.4).
- b) Report on its performance to the PDMC on a monthly basis (see Figure 9.1).
- c) Provide feedback to the PDMC on a regular basis (see Figure 9.1).
- d) Establishing Community Drug Action Committees (CDAC) to be described later on in this section for all communities in the area of jurisdiction of the municipality (applicable only to the City of Cape Town).

- e) Establishing Specialised Task Teams (STT) on local government level for each area of specialisation deemed necessary.
- f) Providing guidance to the CDACs and STTs it established.
- g) Perform oversight over the functioning of the CDACs and STTs it established. This will include receiving and considering regular feedback reports from these structures and monitoring and evaluating their performance (see Section 9.4.5 for a description of the monitoring and evaluation process).

The continued existence of the Cape Town Drug Action Committee (CTADAC) is an NDMP requirement and as such it represents an appropriate platform for managing a drug abuse-related crisis like the Western Cape's methamphetamine problem. However, as is the case with the WCSAF mentioned above, the existing CTADAC has not been established in terms of the Drug Abuse Reduction Strategy contemplated in Section 9.4.1 and does therefore not have the authority required to establish additional collaborative groups (in terms of this model) across organisational borders and oversee the management of the methamphetamine problem in such an optimum collaborative environment. It will therefore be required that the existing CTADAC be disestablished and that an appropriate collaborative group (the LDMC) be established in terms of the strategic requirements referred to in Section 9.4.1.

#### *9.4.2.3 Community Drug Action Committee (CDAC)*

Community Drug Action Committees (CDACs) need to be established for all communities. These CDACs must be established by the relevant LDMC on a level that is conducive to direct participation from civil society. To this end, it is proposed that for the City of Cape Town, a CDAC be established for each of the 23 Sub-council areas which will foster collaboration with the respective sub-councils and their ward committees. CDACs will be designed by means of a collaborative effort by the LDMCs in consultation with all relevant stakeholders and will therefore comply with the requirement of Hemmati (2002:213) for designing a collaborative group (see Section 8.4.1). The establishment of CDACs will only be required for metropolitan municipalities due to the number of residents it serves. The existence of LDMCs will suffice for other municipalities.

These CDACs will drive the delivery of drug abuse reduction services on grassroots level and will be expected to provide feedback to the PDMC and LDMC as and when required. They will comprise appropriate area representatives of all relevant municipal departments (i.e. Social Development and Early Childhood Development, City Health, Safety and

Security, Sports and Recreation and Human Settlements), representatives from the local SAPS, relevant NGOs, local interest groups and members of the local community. The composition of CDACs must be of such a nature that it enables them to address the methamphetamine problem from all four perspectives as is the case with the PDMC and the LDMCs.

Although it might not be practical for all the CDACs in the metropolitan area of the City of Cape Town to have representation on the LDMC, they must submit regular reports to the LDMC to highlight success and communicate requirements. They are also required to provide feedback to the LDMC as well as the PDMC. An official of the relevant local authority will be nominated to act as administrator of the CDAC.

#### *9.4.2.4 Specialised Task Team*

Specialised Task Teams (STT) are to be established for specific areas of intervention as determined by the PDMC and LDMCs and will therefore be present on provincial and local government level. STTs will be designed by means of a collaborative effort by the PDMC or relevant LDMCs in consultation with all relevant stakeholders and will therefore comply with this requirement of Hemmati (2002:213) for designing a collaborative group (see Section 8.4.1). These structures will be multi-disciplinary in nature and will be similar to the Task Team established to manage the Ravensmead Public Housing Safety initiative which was the subject of the field experiment described in Chapter 7. These Task Teams will focus on any specific functional area which can contribute to addressing any of the causal factors identified in the methamphetamine causal model (Figure 2.1), e.g. public housing safety, port control, strengthening of neighbourhood watches and support groups to persons addicted to drugs. Apart from driving drug abuse reduction interventions in these specialised areas, they are required to advise the PDMC or LDMC (depending on their level of operation) on matters pertaining to the specialised field. They will also be expected to provide feedback to both the PDMC and LDMC as and when required.

STTs on provincial level will comprise of a number of appropriate subject experts who represent relevant research institutions and NGOs as well as appropriate senior officials representing relevant public service departments. It should also be possible for suitably qualified and equipped members of the business community to contribute to the work of the STTs. These STTs will mainly be responsible for providing guidance to the PDMC in a particular specialised field and assist with strategy development pertaining to that particular field. An example would be an STT for addiction treatment. Members of such an STT would

include appropriate senior officials from the National and Provincial Departments of Health and Social Development, representatives of research institutions, representatives from NGOs specialising in medical, mental health and social matters and selected local government officials. The STTs on provincial level will be represented on the PDMC and these representatives will also serve as full members of the PDMC. An official from one of the relevant provincial departments will be nominated to act as administrator of an STT.

STTs on local government level will comprise a number of appropriate subject experts representing relevant research institutions and NGOs as well as appropriate senior officials representing relevant public service departments. Smaller municipalities might, however, not be able to secure the participation of such individuals. In such cases LDMCs will be required to ensure that other suitably qualified officials and members of the public serve on the STTs. Such persons might include the local medical practitioner, SAPS member or community worker. It should also be possible for suitably qualified and equipped members of the business community to contribute to the work of these STTs. These STTs will drive functional specific programmes that can contribute to the reduction of drug abuse. They will be represented on the LDMC, provide guidance to the LDMC as far as the specific functional area is concerned and provide the LDMC with regular reports on their performance. An official from the relevant local authority should be nominated to act as administrator of the STT. A good example of such an STT would be the Task Team established to manage the Ravensmead Public Housing Safety initiative that was described in Chapter 7.

Although the PDMC and the various LDMCs will decide on the areas of specialisation requiring the establishment of their STTs, circumstances might require that the PDMC and one or more of the LDMCs decide to establish an STT on the same area of specialisation. A scenario might therefore exist where two or more STTs within the network of collaborative groups focus on the same area of specialisation. Such a scenario will be acceptable and conducive to the functioning of the Integrated Management Framework, as long as a mechanism of de-concentration is provided for (see Figure 9.1). This mechanism should constitute a single database containing details of every collaborative group within the network. This will ensure that STTs are aware of other STTs within the network of collaborative groups and how they can complement one another in reaching their objectives. The establishment criteria of STTs as described as well as their positioning within a larger network of collaborative groups will prevent the fostering of a “silo mentality” as cautioned in Chapter 8 (Section 8.3.3).



### 9.4.3 Implementation of Collaborative Governance as the management approach to be followed

As mentioned in Section 9.4.1, in order to give effect to the requirements for the development of an integrated system as espoused by Bond *et al.* (2000:5-6), it is necessary that the establishment of the Integrated Management System be underpinned by a set of management directives that need to be stipulated in the inter-governance agreement to collaborate and entrenched in the Drug Abuse Reduction Strategy, as contemplated in Section 9.4.1. It will therefore be binding on all stakeholders that are represented in the various collaborative groups. The purpose of this set of management directives is to ensure the proper implementation of the principles of Collaborative Governance and therefore the integrated implementation of drug abuse reduction interventions. As these directives will be taken up in the inter-governance agreement to collaborate and as they will prescribe procedures that ensure accountability, democracy, transparency, inclusiveness and mutual trust, they will also comply with the requirements of Hemmati (2002:213) for designing a collaborative group (see Section 8.4.1).

The following directives will be stipulated in the inter-governance agreement to collaborate. The description of these directives also serves to answer research question (h):

Directive 1: Understanding of the concept of Holism: It was concluded in Chapter 8 that added public value (*emerging properties*) can be achieved in managing the Western Cape's methamphetamine problem if a particular set of management principles is adopted that is conducive to creating the ideal environment for a holistic state to manifest, i.e. Collaborative Governance.

It will therefore be important for all members of all the collaborative groups to understand the concept of Holism and the part their individual collaborative groups play in the larger network of collaborative groups in pursuit of a truly holistic state from which to manage the methamphetamine problem. If it is to be expected of all members of the different collaborative groups to pursue the establishment of a holistic state in the functioning of their groups, it will for instance be necessary for them to understand:

- a) that approaching the methamphetamine problem holistically can result in *emerging properties* which equates to additional public value that will greatly benefit and enhance the potential of their efforts;
- b) that keeping to the principles of Collaborative Governance can ensure that such benefits are secured; and

- c) the importance of their collaborative group's contribution to achieving a holistic state in the combined efforts of all the collaborative groups on all levels.

Understanding the potential benefits of this approach will ensure that stakeholders are aware of the incentives they can secure through participating in the collaborative process. All members of all the collaborative groups should therefore be thoroughly instructed on holistic thought, its relevance to the agreed upon management approach of Collaborative Governance, and its relevance to the objectives of their collaborative groups.

Directive 2: All stakeholders to participate: All relevant stakeholders will be required to participate in the collaborative groups. These will include representatives from the various state stakeholders, NGOs, and the local communities. The composition of these collaborative groups has been described in Section 9.4.2.

As indicated in Section 9.4.2, the Collaborative Governance requirement of community participation as applied in the field experiment will have to be provided for in respect of the Community Drug Action Committees and the Specialised Task Teams. This requirement can, however, not be that easily applied in respect of the PDMC or some of the LDMCs due to the large number of communities they serve. It is therefore recommended that direct community participation not be set as a requirement for the composition of these structures. Instead, a standard arrangement should be in place that will allow for the community representatives serving on the CDACs and Specialised Task Teams to attend PDMC and LDMC meetings on occasions where it might be of particular value to the PDMC or LDMCs. This might for instance be for purposes of sharing expertise or conveying a message of particular importance. Such an arrangement will ensure that community participation on the provincial, metropolitan and other municipal (B and C municipalities) structures remains meaningful. The PDMC and LDMCs will, however, be required to constantly monitor the requirement for direct community representation and make sure that such opportunities are made available to all CDACs, Specialised Task Teams and other relevant community groupings. It is in fact recommended that direct community representation be actively promoted by the PDMC and LDMCs and that it be accommodated as a standard agenda point at PDMC and LDMC meetings. Such an arrangement will ensure that the Collaborative Governance requirement of direct participation from civil society, is adhered to.

The media can be a valuable partner and their active participation should be encouraged. Much of the deliberations at PDMC and LDMC meetings will be confidential in nature which means that the media cannot be invited to all these meetings. It will, however, be important

that key decisions be communicated to the media on a regular basis and that they be sensitised on the potential value that they can bring e.g. securing public support for police drug enforcement operations and encouraging community participation in *social-based prevention* programmes.

Directive 3: Selecting appropriate persons to serve on the collaborative groups: As cautioned by Cartwright (Interview:2016) (see Section 7.4.4), merely establishing a transversal management structure and requiring all relevant stakeholders to be part of that structure, will not translate into effective collaboration towards addressing a given societal problem. It is imperative that those persons representing the different stakeholders are carefully selected to make sure that they have an adequate level of understanding of the problem and share the collaborative group's objectives on a personal level. Such a requirement will contribute in achieving the "Whole of Society Approach" referred to in Chapter 7 (Section 7.4.4) and will therefore be stipulated in the strategy. It is important that when a new collaborative group is established, proper consideration be given to nominating the appropriate individuals and not only relevant people to serve on it. Care must indeed be taken that all relevant stakeholders are represented on a collaborative group but when it comes to the individuals representing those stakeholders, selecting the appropriate people is essential. This should include a process of understanding who all the potential role players are and identifying those individuals who possess the relevant knowledge, resources or passion to effectively contribute towards addressing the problem. This requirement is applicable to representatives of both government and non-government stakeholders and will contribute towards achieving a holistic or "Whole of Society" approach. Government stakeholders should be represented in the different collaborative groups by suitably qualified and motivated officials. This will contribute to preventing a similar situation as was experienced with the Ravensmead field experiment where certain key members of the Task Team failed to deliver on commitments made (see Section 7.4.4).

In addition, cognisance should be taken of the fact that Turrini *et al.* (2010:545-546) identified the managerial competencies of being able to buffer instability and nurture stability as essential skills for the effective management of networks. This includes the ability of managers to resolve tense situations among stakeholders and to strengthen relationships. By doing so, the manager is able to strengthen the inner stability of the network and create an environment that is conducive to productive interactions (Turrini *et al.*, 2010:544). The stakeholders will therefore also be required to consider these factors when nominating representatives to serve on the collaborative groups.

These requirements are in keeping with the prescript of the Emerson Model that the appropriate people form part of the collaboration process and that these stakeholders be involved in the *principled engagement* (see Section 2.4.9). The responsibility of ensuring the adequate composition of a new collaborative group rests with the collaborative group establishing it.

Directive 4: Agreeing on the main objective: It is important that all stakeholders that are represented on the collaborative groups are in agreement with the fact that addressing the methamphetamine problem is the main objective of the collaborative process. This objective will therefore be stipulated in the inter-governance agreement to collaborate referred to in Section 9.4.1. Such a stipulation will ensure the required level of focus and prevent that the structures established in terms of the Drug Abuse Reduction Strategy be side-tracked or taken over by new political agendas or the personal preferences and opinions of senior officials. Such a stipulation will prevent the current dilemma of both the WCSAF and the CTADAC where their focus has largely shifted to alcohol abuse (see Section 8.3.4).

Directive 5: Building capacity to collaborate: As indicated in Chapter 2 (Section 2.4.7), it is vital that an adequate capacity for collaboration exists within each of the collaborative groups. This cannot be achieved if the different stakeholders are not prepared or able to devote sufficient resources to the collaboration process. The stakeholders that will be represented in the collaborative groups will therefore be required to contribute to building the necessary capacity to collaborate on all five levels where such capacity is required as identified by Sullivan and Skelcher (2002:112), i.e. strategic capacity, governance capacity, operational capacity, practice capacity and community capacity (see Section 2.4.7).

To this end, it is important that adequate budgetary provision be made for the effective functioning of each of the collaborative groups. This includes funds for the administrative and logistical arrangements associated with each group, e.g. the preparing and printing of agendas and minutes, meeting venues and communication requirements, as well as human resource requirements, e.g. dedicated administrators for the collaborative groups. In respect of the PDMC and STTs on provincial level, these resources are to be provided by Provincial Government departments represented on the committee i.e. the Office of the Premier, Social Development, Health, Community Safety and Education. This requirement will form an important stipulation in the inter-governance agreement to collaborate which will ensure formal commitment from these departments to provide the required resources. In respect of the LDMCs, STTs on local government level and CDACs (for the City of Cape Town), these resources are to be provided by the respective municipalities. This will also be stipulated in

the inter-governance agreement to collaborate. Where a municipality struggles to afford delivery of these services in remote rural areas, the district municipality can be required to take over the administration of this function.

Additional budgetary provision will have to be made for the implementation of specific drug abuse reduction strategies to be driven by the PDMC, LDMCs, STTs and CDACs. Some of these interventions are described later in this section. The budget requirements for each individual intervention will have to be considered by the PDMC if it is to be implemented on provincial level or the LDMC if it is to be implemented on local government or community level. In considering the required budget allocations, the PDMC or LDMC will be informed by the respective stakeholders serving on the PDMC or LDMC. The PDMC or LDMC (depending on the level of service delivery) will decide on the budget requirement for the specific intervention and on the source of the budget allocation. The source of the budget allocation can be an individual provincial or local government department or a number of state stakeholders, depending on the nature of the planned intervention and the prevailing circumstances. This will also be stipulated in the inter-governance agreement to collaborate. These arrangements will constitute important steps towards empowering the different collaborative groups with a *capacity for joint action* as envisaged by the Emerson model (Figure 2.3).

Directive 6: Delegation of authority: The *capacity for joint action* referred to in Directive 4 requires that a collaborative group be enabled to take decisions that will direct the actions and resource utilisation of the individual stakeholders. It has been consistently absent from previous collaborative efforts relating to managing drug abuse in South Africa and must therefore be provided for in the proposed Integrated Management System. Therefore, apart from identifying financial and other resources that can be dedicated for use towards the efforts of the different collaborative groups, the relevant government stakeholders will also be required to properly authorise their representatives to commit such departmental resources in accordance to joint decision-making by the collaborative groups. Such arrangements will prevent a situation where a government representative serving on one of the collaborative groups first has to get approval from his departmental head before the collaborative group can make a final decision on the utilisation of resources. It will enable real decision-making authority within the collaborative groups and therefore serve to strengthen the collaborative groups' *capacity for joint action*.

The requirement that all government stakeholders should arrange for the appropriate delegation of authority to be bestowed upon their representatives will in addition, allow

individual members to officially support recommendations made and therefore enable the collaborative groups to be consensus driven.

Directive 7: Terms of reference: A terms of reference will be adopted for each of the collaborative groups within the network. This will govern the internal arrangements within each of the collaborative groups and will support the Collaborative Governance requirement of fostering a culture of joint decision-making. Forcing down the decisions of senior officials or politicians on members of the structures will impair effective collaboration and should be avoided. The terms of reference will therefore explicitly stipulate the requirement that joint decision-making is to be promoted within all the collaborative groups. Adoption of a terms of reference by a collaborative group is also a requirement of Hemmati (2002:214) for designing a collaborative group (see Section 8.4.1).

Directive 8: Providing feedback: For the Integrated Management System to be able to maintain, adjust and redirect itself, it is important that positive and negative feedback be provided. Positive feedback can contribute to improving the stability of the system while negative feedback can lead to strengthening the network of collaborative groups (Uys & Jessa, 2016:188). The LDMCs should therefore be expected to provide positive and negative feedback on strategic and operational issues to the PDMC as and when required. The STTs and CDACs should likewise provide feedback directly the PDMC and relevant LDMCs as and when required (see Figure 9.1). For this purpose, quarterly written feedback reports are proposed. Additional feedback should, however, be provided by collaborative groups when it is deemed appropriate that a particular matter needs to be reported on without delay or when progress on a certain matter might be of particular interest to the parent collaborative group.

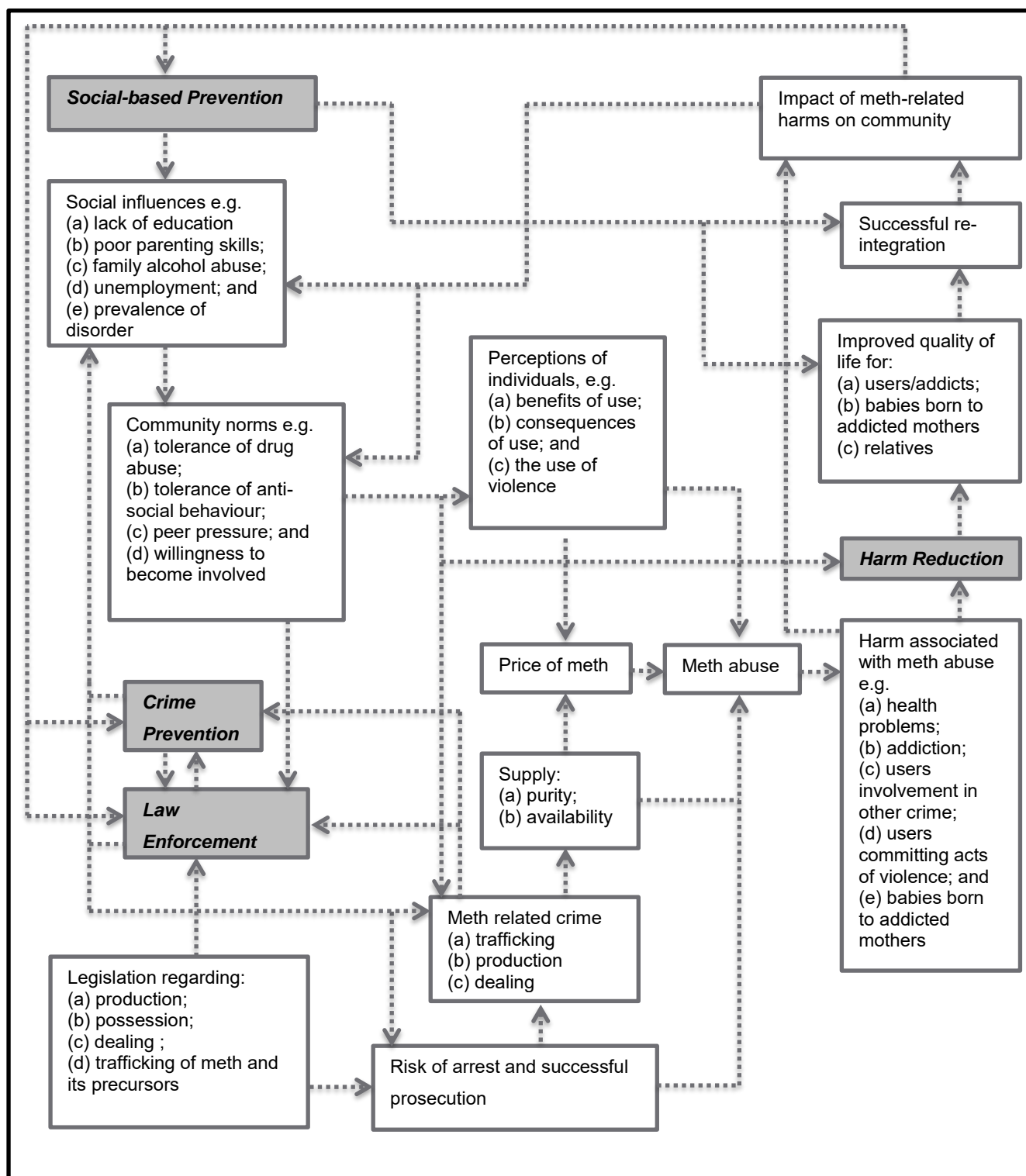
Directive 9: Accountability: An accountability mechanism should be introduced for purposes of ensuring that the government stakeholders represented in the different collaborative groups participate as required and implement the decisions taken by their groups. As experienced with the Ravensmead Public Housing Safety Project, it is imperative that government stakeholders be held accountable (see Section 7.4.4). This can be achieved by means of a monitoring and evaluation process which will be described in Section 9.4.5. Should these management directives be adhered to, the proper implementation of the principles of Collaborative Governance will be possible.

#### 9.4.4 Implementation of drug abuse reduction interventions

If the proper implementation of the principles of Collaborative Governance can be realised, the integrated implementation of specific drug abuse reduction interventions can be achieved. The normative approach to the implementation of drug abuse reduction interventions will be described in this section. For this purpose, the Methamphetamine Intervention Model was developed (Figure 9.2). In developing this model, the Methamphetamine Causal Model (Figure 2.1) of Birckmayer *et al.* (2008:4) was used as a starting point. The Methamphetamine Intervention Model demonstrates:

- a) how different factors contribute to causing drug abuse;
- b) how these factors link with each other to co-cause drug abuse;
- c) how these different factors can contribute towards drug abuse reduction interventions;
- d) how drug abuse reduction interventions (strategies and practices) from within the four perspectives from which the problem can be approached i.e. *social-based prevention, harm reduction, law enforcement, and crime prevention*, should be integrated for maximum impact; and
- e) how drug abuse reduction interventions from the four perspectives influences the factors that contribute to drug abuse.

The model therefore identifies the critical points of where collaboration is required and presents a roadmap of how the methamphetamine problem can be managed in an integrated multi-disciplinary fashion for optimum results.



**Figure 9.2: Methamphetamine (Meth) Intervention Model**

The model is built around the four perspectives from which the methamphetamine problem can be addressed, i.e. *social-based prevention*, *harm reduction*, *law enforcement*, and *crime prevention* and indicates how interventions from each of these four perspectives impact on



interventions from the other three perspectives, on society and on the methamphetamine problem. It depicts the methamphetamine problem as an ongoing cycle with no clear start or end point and a question therefore arises as to the most appropriate point from which to commence its description. As the empirical data presented in Chapter 6 (Sections 6.5.2 and 6.5.3) points to interventions from the perspective of *social-based prevention* to be the most important, it is deemed appropriate to use this perspective as the starting point for describing the model. For purposes of assisting the reader in understanding the model, italics are used in this description when referring to the main elements of the model. It is important to note that although the actual implementation of the different interventions will be driven from one, two or even three of the four perspectives, it will be essential that contributions from the other perspectives be considered continuously for purposes of pursuing Holism.

#### 9.4.4.1 *Social-based prevention interventions*

Interventions from the *social-based prevention* perspective are aimed at strengthening the social fibre of communities which mainly requires programmes designed to effect change in the prevailing *social influences*. These programmes should include the following:

- a) An educational campaign directed at parents of young children that is aimed at improving parenting skills. This should be driven by the PDMC and delivered as a collaborative effort between the Provincial Departments of Social Development, Education and Health as well as departments responsible for social development and health in each of the local authorities in the Western Cape. Collaboration with the various health authorities is required to ensure that the target audience is reached.
- b) Launching regular awareness campaigns aimed at responsible alcohol use and highlighting the risks associated with alcohol and drug abuse. A number of these campaigns should be driven by the PDMC while others are to be driven by the LDMCs. All these programmes are to be delivered in a collaborative effort between the Provincial Departments of Social Development and Health and the various departments responsible for social development at local authorities and the Medical Research Council. For purposes of achieving maximum awareness, delivery of these programmes are also to be done in collaboration with the SAPS, the Provincial Department of Education, municipal law enforcement, municipal housing departments, various community organisations and NGOs.
- c) An awareness campaign aimed at pregnant woman for purposes of raising awareness with regard to the risks associated with drug abuse during pregnancy. This campaign should be driven by the PDMC and delivered by means of a collaborative effort between the Provincial Department of Health, the Provincial

Department of Social Development, all the local government departments responsible for social development and health, the Medical Research Council, and various community organisations and NGOs.

Specific interventions from this perspective should also contribute to *harm reduction* by providing aftercare to persons recovering from addiction and those taking care of babies born to methamphetamine addicted mothers. These interventions are aimed at improving the quality of life of such individuals and are primarily to be accomplished through the provision of social counselling in collaboration with medical and mental health practitioners operating from the *harm reduction* perspective. In addition, interventions from the *social-based prevention* perspective need to target the successful *re-integration* of persons recovering from addiction and children born to methamphetamine addicted mothers in collaboration with stakeholders operating from the *harm reduction* perspective. Such interventions are delivered from both the *social-based prevention* and the *harm reduction* perspectives and include the following:

- a) A comprehensive aftercare programme for treating and supporting children born to methamphetamine addicted mothers. This includes medical assistance, the provision of regular counselling services to the children and those caring for them as well as mental health services. This programme will be driven by the PDMC and will be delivered by means of a collaborative effort between the Provincial Department of Social Development, the Provincial Department of Health, all the local government departments responsible for social development and health, the Medical Research Council, and various community organisations and NGOs.
- b) A specialised education programme designed to assist children that were born to methamphetamine addicted mothers to successfully enter primary school education. This programme will be driven by the PDMC and is to be delivered by means of a collaborative effort between the Provincial Departments of Social Development and Education, the local government departments responsible for social development, and various community organisations and NGOs.
- c) A life skills programme aimed at equipping those recovering from addiction with skills that will assist them to be gainfully employed. This programme will be driven by the PDMC and needs to be delivered by means of a collaborative effort between the Provincial Departments of Social Development, Education and Health, the various local government departments responsible for social development and health, and various community organisations and NGOs.

The *social influences* which are the main point of focus of *social-based prevention* interventions have a direct impact on *community norms* which include factors such as the community's tolerance of drug use and peer pressure. It also includes the community's willingness to contribute to drug abuse reduction efforts which can result in additional capacity for *social-based prevention* interventions as well as *law enforcement*, *crime prevention*, and *harm reduction* interventions. Community involvement in such programmes will be promoted by all CDACs. Examples of such direct community contributions are as follows:

- a) Community members taking part in a march to raise awareness (*social-based prevention*) in collaboration with the Provincial Government's Department of Social Development or the various local government departments responsible for social development, the local CPF and the local neighbourhood watch.
- b) Community members joining or assisting the local neighbourhood watch (*law enforcement* and *crime prevention*) and in doing so, collaborating with the SAPS, the community safety facilitators from local authorities that are responsible for neighbourhood watches and the local CPF.
- c) Community members doing voluntary work at the local drug treatment centres (*harm reduction*) in collaboration with health care professionals.

*Social-based prevention* interventions through changing *social influences* and establishing *community norms*, also shapes *individual perceptions*, e.g. about the benefits or consequences of methamphetamine use which in turn have a direct impact on an individual's decision to use the drug or not.

#### 9.4.4.2 *Crime prevention and law enforcement interventions*

Interventions from both the *crime prevention* and *law enforcement* perspectives are designed in accordance to the intensity of *methamphetamine related harm* experienced by the community which is in turn affected by the level of success that can be achieved by interventions from the *harm reduction* perspective. They are also designed with full consideration of the prevailing *community norms* described above and which can be influenced by interventions from the *social-based prevention* perspective. *Law enforcement* interventions need to be executed within the confines of existing *legislation*. In addition, both *law enforcement* and *crime prevention* interventions are influenced by the existing legislative framework as it relates to the production and possession of and the dealing and trafficking in methamphetamine. Law enforcement practitioners (e.g. municipal law enforcement, municipal police, traffic departments and the SAPS) and crime prevention practitioners (e.g. community safety facilitators, neighbourhood safety officers and those responsible for crime

prevention through environmental design) collaborate across boundaries on an ongoing basis as these two perspectives have a direct influence on the capacity of and challenges facing each other. Specific *crime prevention* interventions include the following:

- a) The adoption of policies by all local authorities within the province that requires all new building plans to be compliant with crime prevention through environmental design principles. This intervention should be driven LDMCs and delivered by means of a collaborative effort between the safety and security departments, planning and emergency service departments of all municipalities within the Western Cape, the Council for Scientific and Industrial Research (CSIR) and local communities.
- b) Ensuring that all neighbourhood watch members are trained in problem-orientated crime prevention practices that are grounded in the broken windows theory (described in Section 4.4.3 and depicted in Annexure D). This intervention should be driven by the STTs at local government level and will be delivered by means of a collaborative effort between the community safety facilitators of municipalities, relevant officials at the Provincial Department of Community Safety, the Provincial Department of Social Development, the SAPS, CPFs and existing neighbourhood watches.
- c) Expanding the City of Cape Town's neighbourhood policing programme to all local authorities in the province. This intervention will be driven by the LDMCs and delivered by means of a collaborative effort between the municipal law enforcement or metro police departments at all local authorities, community leaders, the faith-based community, neighbourhood watches, local business representatives, social development departments at local authorities, traffic departments at the municipalities, the Provincial Department of Community Safety, the SAPS, and various community organisations and NGOs.
- d) The introduction of sea port security regulations as required by the new provincial legislation to be adopted for purposes of regulating the standard of sea port security in the Western Cape. This intervention should be driven by an STT at provincial level and delivered by means of a collaborative effort between the Provincial Department of Community Safety, municipal law enforcement departments, the SAPS, the SANDF, the State Security Agency, the National Department of Agriculture, Forestry and Fisheries (as the inspection of sea going vessels is one of their responsibilities) and the National Department of Home Affairs.

Specific *law enforcement* interventions include the following:

- a) The deployment of a specialised drug enforcement unit similar to the unit established by the City of Cape Town in 2004 (referred to in Section 8.3.1 of this dissertation)

which was grounded in a collaboration agreement (between the Cape Town Metro Police, the SAPS and Department Home Affairs), focused on arresting drug dealers by means of buy bust (sting) operations, and operated from a secluded base to ensure confidentiality of operational planning. This province-wide intervention should be driven by an STT at provincial level. The City of Cape Town's Safety and Security Directorate should lead implementation due to its institutional knowledge of drug-related law enforcement and close relationship with the US Drug Enforcement Agency. The intervention is to be delivered in collaboration with municipal law enforcement departments, the SAPS, the Provincial Department of Community Safety, the National Department of Home Affairs, and the US Drug Enforcement Agency.

- b) An integrated information management system in which information is entered into that relates to all suspected drug dealers and traffickers, those suspected to be involved in the illegal trade of precursor chemicals, and the manufacturing of methamphetamine and information pertaining to methods used by such persons to further their illicit activities. This system should be driven by the PDMC and maintained as a joint venture between the Provincial Department of Community Safety and the City of Cape Town's Safety and Security Directorate. The municipal police and municipal law enforcement departments of all municipalities in the province, the DCS, the SAPS and the Department of Home Affairs and Interpol should be collaborated with as these stakeholders are expected to contribute information to the system and should be able to access the system for their operational purposes. This system will provide real-time intelligence to stakeholders and will enhance the INCBs PICS as described in Section 5.5.2.2.
- c) The deployment of a sea port security inspectorate to enforce the new provincial legislation to be adopted for purposes of regulating the standard of sea port security in the Western Cape. This intervention should be driven by the PDMC and delivered by means of a collaborative effort between the Provincial Department of Community Safety, municipal law enforcement at relevant municipalities, the SAPS, the National Department of Agriculture, Forestry and Fisheries, the Department of Home Affairs, the State Security Agency, and the relevant port authorities.
- d) The deployment of an inspectorate for enforcing the new provincial legislation to be adopted for purposes of the monitoring of precursor chemicals. This intervention should be driven by an STT at provincial level. The inspectorate should comprise members of municipal law enforcement and metro police departments of all municipalities within the province as well as dedicated auditors attached to the Provincial Department of Community Safety which drives the intervention. The

inspectorate should collaborate closely with the chemical industry as well as the National Departments of Trade in Industry and Home Affairs.

- e) The establishment of a specialised problem solving court for drug offenders as provided for in the US National Drug Control Strategy (See Section 4.3.2.4). This court should function on local government or regional level. A specialised court of this nature will be able to secure swift convictions, impose appropriate penalties and promote alternative sentencing options.

*Crime prevention* and *law enforcement* interventions both have an impact on the *social influences* (e.g. alcohol abuse and the extent of disorder) which in turn shapes *community norms* (e.g. tolerance of anti-social behaviour) which informs *crime prevention* and *law enforcement* interventions. Interventions from both these perspectives also impact directly on the risk associated with perpetrating *methamphetamine related crime* and the actual occurrence of such crime, i.e. trafficking, production and dealing. These crimes influence the availability and purity of methamphetamine which have an impact on the actual level of *methamphetamine abuse* experienced, either directly or through influencing the *price* of the drug. If the drug is in short supply prices can be expected to rise, making it less affordable and leading to a reduction in use. An increase in the purity of the drug can likewise result in an increase in price and make it less affordable for some users. Others might, however, welcome the increased purity and disregard the accompanying price increase. The level of *methamphetamine abuse* within a particular community determines the *harm associated with methamphetamine abuse* and therefore the nature and extent of the actual *harm reduction* interventions to be implemented. In other words, the extent of addiction treatment, medical treatment, psychological care and efforts to re-integrate will be dictated by the prevailing situation within a particular community.

#### 9.4.4.3 Harm reduction interventions

*Harm reduction* interventions are aimed at providing quality addiction treatment, the provision of proper aftercare and the *re-integration* of such recovering addicts into the community and include the following:

- a) Province-wide access to the matrix model drug treatment centres that are being operated in the area of jurisdiction of the City of Cape Town to ensure that quality addiction treatment can be accessed by all communities in the Western Cape. This intervention should be driven by the PDMC and delivered by means of a collaborative effort between the Provincial Department of Health, the City Health Directorate of the City of Cape Town, the various health departments of all the other municipalities

within the province, the Provincial Department of Social Development, the National Departments of Health and Social Development as well as the Medical Research Council.

- b) A confidential integrated drug abuse database for purposes of providing accurate information to health care professionals that enables them to take well informed decisions. The database should contain information on the addiction history of patients, their treatment history as well as related medical and mental health information. It should include an early warning system that will ensure that all hospitals in the Western Cape inform the Provincial Department of Social Development of the birth of babies to methamphetamine addicted mothers in order to ensure that proper support services are delivered to all affected children and their families. This intervention should be driven by the PDMC and delivered by means of a collaborative effort between the Provincial Department of Health, the Provincial Department of Social Development, the departments responsible for health and social development at all municipalities, the Medical Research Council, private addiction treatment centres and medical and mental health service providers from the private sector.

Such *harm reduction* interventions bring the process to full circle when they influence the actual *impact of methamphetamine related harms* on the community.

It is clear from the preceding description of the Methamphetamine Intervention Model that the quality of interventions from any one of the four perspectives has an impact on the nature and extent of the interventions required from each of the other three perspectives in pursuing the effective management of the methamphetamine problem.

#### **9.4.5 Monitoring and evaluation**

As indicated in Section 9.4.1, monitoring and evaluation (M&E) will have to be a key policy requirement of the Provincial Drug Abuse Reduction Strategy. This section describes how the performance of individual stakeholders should be monitored and how collaborative actions should be evaluated.

##### *9.4.5.1 Monitoring individual stakeholder performance*

Monitoring has been described in Chapter 2 (Section 2.4.10) as keeping track of what actions are being taken in real time so that corrective actions can be taken if necessary. In

order to keep track of the actions of individual stakeholders that are contributing to the collaborative process, it will be necessary for each of the collaborative groups to:

- a) identify the key actions required from each stakeholder in respect of specific drug abuse reduction interventions;
- b) develop key performance indicators (KPI) for each of these actions;
- c) set appropriate performance targets for each of the KPIs; and
- d) measure each of the KPIs against the set targets on a quarterly basis.

Although the interventions (see Section 9.4.4 for examples) should be delivered from all four perspectives of *social-based prevention, harm reduction, law enforcement, and crime prevention*, individual stakeholder performance will largely be confined to one or a combination of these perspectives. As the monitoring of performance relates to the specific actions taken by individual stakeholders, the KPIs to be developed should be based on the actions/outputs (see Section 2.4.10 for a description) required by each of the stakeholders. Measured performance against pre-determined targets that have been agreed upon by the relevant collaborative groups will enable the different stakeholders within each of the collaborative groups to continuously monitor what they as well as the other stakeholders are doing so that corrective actions can be taken when needed. Examples of suitable KPIs are listed in Table 9.1:

**Table 9.1: Examples of key performance indicators for monitoring individual stakeholder progress in respect of drug abuse reduction**

KPI based on required action/output	Perspective
The percentage completion of a substance abuse awareness campaign within a specific quarter e.g. 1 March to 31 May	Social-based prevention
Number of aftercare programmes facilitated within a specific quarter e.g. 1 March to 31 May	Social-based prevention and harm reduction
The number of trap operations conducted by a specialised drug enforcement unit within a specific quarter	Law enforcement
Percentage implementation of new access control measures at a particular sea port achieved in accordance with a pre-determined implementation check list. To be measured within a specific quarter	Law enforcement and crime prevention



#### 9.4.5.2 Evaluating collaborative performance

The performance evaluation of the Integrated Management System for managing the Western Cape's methamphetamine problem should be done in accordance with the matrix for assessing the performance of collaborative groups developed by Emerson and Nabatchi (2015:723) (see Section 2.4.10). This will entail the measuring of performance over three performance levels, i.e. actions/outputs, outcomes and adaptation for each of the three units of analysis, i.e. participant organisation (individual stakeholder), Collaborative Governance Regime (combination of stakeholders) and target goals. The performance levels and the units of analysis are then to be evaluated against the nine specific performance dimensions of productivity (see Table 2.3). The nine dimensions of performance have been described in Section 2.4.10 and it is considered prudent to provide examples of evaluations within each of the nine dimensions as it pertains to the functioning of the Integrated Management System for managing the Western Cape's methamphetamine problem. These are as follows:

- *Unit of analysis: participant organisation*

Example 1: Evaluating the efficiency (performance dimension) of actions/outputs (performance level) of the participant organisation (unit of analysis): As stated in Section 2.4.10 this refers to the efficiencies participant organisations might create for individual organisational operations. An example would be the level of efficiency that a police narcotics unit developed to conduct trap/sting operations. This can be measured by means of case docket research that will reveal the number of arrests that have been made for dealing in drugs.

Example 2: Evaluating the effectiveness (performance dimension) of outcomes (performance level) of the participant organisation (unit of analysis): This refers to the effectiveness or quality of outcomes generated by the actions of individual stakeholders within the collaborative group (see Section 2.4.10). In practice, this will entail determining the effectiveness of the contributions of individual stakeholders to every drug abuse reduction intervention (see Section 9.4.4 for examples) to be implemented. Evaluating the implementation of every drug abuse reduction intervention by individual organisations is in line with the previously mentioned requirement of Williams and Sullivan (2007:94) to determine "what worked where, with whom and why". Such an endeavour will require the development of appropriate outcomes-based (see Section 2.4.10 for a description) key performance indicators for each of the interventions against which the data gathered during the evaluation process can be analysed. As indicated in Section 9.4.4, although the different

interventions will be driven from one, two or even three of the four perspectives, it will be essential that contributions from the other perspectives be considered continuously for purposes of pursuing Holism. These evaluations will therefore have to be integrated evaluations that are done from all four perspectives i.e. *social-based prevention, harm reduction, law enforcement, and crime prevention*. Examples of suitable KPIs are listed in Table 9.2 below.

**Table 9.2: Examples of key performance indicators for evaluating individual stakeholder effectiveness in respect of outcomes**

KPI based on required outcome	Individual stakeholder
A reduction achieved in the number of suspected drug dealers being visible in a targeted hot spot for drug dealing	The SAPS or Cape Town Metro Police
A reduction achieved in the number of residents of a targeted public housing complex being approached by drug dealers	The SAPS, Cape Town Metro Police or the local neighbourhood watch

Example 3: Evaluating the equilibrium (performance dimension) of adaptation (performance level) of the participant organisation (unit of analysis): This refers to the extent to which a participant organisation is able to adapt and remain stable within a changing environment (see Section 2.4.10). As can be seen from Section 7.4.3, a number of the individual stakeholders within the collaborative group that was responsible for managing the Ravensmead Public Housing Safety initiative succeeded in responding successfully to the heightened expectations of residents after the crime and disorder situation was stabilised. These include the City's Sports and Recreation Department who was able to deliver appropriate development programmes and the Community Safety Liaison Officer who made good progress towards the establishment of a neighbourhood watch. On the other hand, the City's Human Settlements Directorate failed to make appropriate changes in their approach to contributing to the initiative and in so-doing, hampered the pace of progress of the collaborative group. The extent to which participant organisations are able to adapt can be measured by means of a perception survey to be done amongst all participant organisations within the collaborative group.

- *Unit of analysis: Collaborative Governance Regime*

Example 4: Evaluating the efficacy (performance dimension) of actions/outputs (performance level) of the Collaborative Governance Regime (unit of analysis): This refers to capacity of actions by the CGR as an integrated whole unit to produce the required results (see Section 2.4.10). The actions and outputs of the collaborative group (CGR) that was responsible for the Ravensmead Public Housing Safety initiative as detailed in Section 7.4.3 serves as a good example. This collaborative group comprised all relevant stakeholders and managed to approach the drug problem in a public housing complex from all four of the previously defined perspectives i.e. *social-based prevention, harm reduction, crime prevention* and *law enforcement*. These actions/outputs had the capacity to result in the drug abuse reduction achievements as detailed in Section 7.4.5.

Example 5: Evaluating the legitimacy (performance dimension) of outcomes (performance level) of the Collaborative Governance Regime (unit of analysis): This refers to the externally perceived legitimacy that the CGR enjoys (see Section 2.4.10). Section 8.3.2 of this dissertation for example, provides a detailed evaluation of the CTADAC and WCSAF as collaborative groups responsible for managing drug abuse in the Western Cape. This evaluation points to serious legitimacy concerns which are reflected in the lack of outcomes achieved by these collaborative groups. Replacing the CTADAC and WCSAF with the collaborative groups proposed in this chapter can be expected to generate a much higher level of legitimacy due to these groups being part of a larger Network of Collaborative Groups that will be founded on the principles of Collaborative Governance.

Example 6: Evaluating the viability (performance dimension) of adaptation (performance level) of the Collaborative Governance Regime (unit of analysis): As indicated in Chapter 2 (Section 2.4.10), the evaluation of outcomes should make it possible for performance practitioners to determine whether the achievement of the desired outcomes actually resulted in a change being effected on a particular societal problem and whether adaptive responses to such outcomes have been realised. It was also indicated that the “viability of adaptation” refers to the capacity of a collaborative group to adapt successfully to the changes brought about by collaborative action in order to continue to generate added public value. The collaborative group that was responsible for the management of the Ravensmead Public Housing Safety initiative (see Section 7.4) displayed such viability when they, after initial collaborative efforts resulted in stabilising the crime and disorder situation, managed to adapt to the changing environment and continued to add public value by introducing more

sustainable *social-based prevention* and *crime prevention* initiatives. This can be determined from the collaborative group's performance as detailed in Section 7.4.3.

- *Unit of analysis: target goals*

Example 7: Evaluating the equity (performance dimension) of actions (performance level) of the target goals (unit of analysis): Equity refers to the extent to which benefits that results from actions of the collaborative group have been distributed equally amongst the target population (see Section 2.4.10). The Ravensmead Public Housing Safety initiative can once again serve as an appropriate example as the benefits of actions taken by the collaborative group (*emerging properties*) as described in Section 8.4.4 were equally available to all residents of the 10<sup>th</sup> Avenue Flats (target population). The equitable distribution of benefits can be measured by means of a perception survey amongst members of the target population.

Example 8: Evaluating the effectiveness (performance dimension) of outcomes (performance level) of the target goals (unit of analysis): This refers to the extent to which the actions of the collaborative group produce the intended effect (see Section 2.4.10). It will require the development of appropriate outcome-based key performance indicators and the setting of performance targets for these indicators. Relevant data should then be gathered which is to be used for evaluating actual performance against the selected KPIs. Examples of outcome-based KPIs that are relevant to the overall goal of the network of collaborative groups, i.e. the reduction of methamphetamine abuse in the Western Cape, are as follows:

- a) The percentage increase or decrease of patients being admitted to drug rehabilitation centres who are seeking treatment for methamphetamine addiction. Although it may take years before a person addicted to the drug actually seeks treatment and although not all methamphetamine users reach a point where they seek treatment, this KPI will provide a reasonably reliable picture of the scope of the problem. Statistics by means of which this KPI can be measured is available and was referred to in Chapter 1 (see Section 1.1.2).
- b) The percentage increase or decrease of arrestees testing positive for methamphetamine use. Although not all methamphetamine users commit other crimes and only a portion of those that do will be arrested, this KPI will provide an account of the methamphetamine problem within a cross section of society and will therefore be of value in determining whether the overall problem is increasing or decreasing. Statistics by means of which this KPI can be measured are, however, not available as it is not the policy of the South African Police to subject arrestees to drug

tests. This is, however, an acceptable practice in US states that experience serious methamphetamine problems and should be considered for implementation in South Africa.

Measuring such KPIs that are specifically developed for evaluating an outcome will, according to Cradock-Henry (2013:2), involve a combination of methods, including surveys, questionnaires, interviews and outcome and logic models. As indicated in Section 2.4.10, outcome-based evaluation is complex and difficult to achieve due to the challenges associated with the development of valid causal mechanisms. This is especially the case with the evaluation of results achieved in managing a serious societal problem like drug abuse which indeed became apparent when the success of the Ravensmead field experiment had to be evaluated for purposes of this study. As explained in Section 7.3.2, this is due to the complex nature of the methamphetamine problem, the extent of the problem within the experimental population and the lack of available and reliable addiction treatment and crime statistics relevant to the housing complex. A number of alternative factors which are measurable and which could serve as proxies for the methamphetamine problem were therefore identified for the evaluation. The UNODC (2006:22) supports the use of proxy indicators for the evaluation of drug abuse prevention programmes provided that it can be demonstrated that a strong link exists between the proxy indicator and the indicator which is actually to be examined. In the case of the Ravensmead field experiment, sufficiently strong links were demonstrated between the proxy indicators and the actual indicator, i.e. an increase or decrease in the use of methamphetamine amongst the residents of the public housing complex (See Section 7.3.2). Proxy indicators can be action/output-based or outcome-based and can serve on a collective basis to inform conclusions about the overall outcome that has been achieved.

Example 9: Evaluating the sustainability (performance dimension) of adaptation (performance level) of the target goals (unit of analysis): This refers to the ability of the collaborative group to continuously achieve the desired results over time (see Section 2.4.10). An appropriate example is the inability of the CTADAC and the WCSAF to achieve the desired results on a continuous basis as indicated in Section 8.3.2. In order to evaluate the sustainability of adaptation of these two structures in respect of the achievement of their target goals it will be necessary that the extent of the drug problem in the Western Cape be determined on a regular basis and that the adequacy of their actions be evaluated against the prevailing threat. The extent of the drug problem can be determined by means of the two KPIs provided in Example 8. The collaborative groups proposed in this chapter can be expected to be much more adapt at achieving the desired results over time due to they being

part of a larger Network of Collaborative Groups that will be founded on the principles of Collaborative Governance.

#### *9.4.5.3 Evaluating the collaboration process*

The point was made in Chapter 2 (Section 2.4.10) that the evaluation of public services delivered from a multi-disciplinary perspective also requires that the process of collaboration itself be evaluated. To this end, the set of criteria proposed by Cradock-Henry (2013:1-2) (See Table 2.4) is recommended for initial evaluations. The extent to which stakeholders that are represented on the PDMC and LDMCs are committed to the process of collaboration, serves as a good example of such measurement. The existence of a comprehensive procedural framework for the PDMC, LDMCs and STTs that include terms of reference, operating procedures and protocols, will likewise be a valuable evaluation criterion. Once initial evaluations of the collaborative groups have been completed, the PDMC will be able to oversee the refinement of criteria for subsequent evaluations of the collaborative process.

The procedures set out in this section will ensure the adequate monitoring and evaluation of the Integrated Management System required for effectively managing the Western Cape's methamphetamine problem.

## **9.5 ANSWERING THE RESEARCH QUESTIONS**

The critical evaluation presented in this chapter enables sufficient conclusions to be drawn from both the theoretical and empirical dimensions of the study for adequately answering the research questions identified in Chapter 1 (Section 1.7.3). The answers to these questions are presented here.

Research question (a): What is the extent of the methamphetamine problem in the Western Cape?

Answer: The devastating consequences of methamphetamine abuse in the Western Cape have been detailed in Chapter 1. It is indeed a severe societal problem which can be expected to have a negative impact on the people and industries of the province for decades to come.

Research question (b): What is the societal impact of drug abuse internationally?

Answer: The harm that drug abuse inflicts upon the health and safety of the world population is immeasurable. It claims a significant toll on human lives in that it causes individuals to live

unproductive lives and can have a serious negative impact on relatives and other associates of drug users. Its negative impact on the global financial cost relating to the policing of drug-related crime and the provision of health care is equally severe.

Research question (c): How is drug abuse managed internationally?

Answer: The research findings presented in Chapter 4 indicate that a collaborative and holistic approach to managing drug abuse is being promoted internationally. This holds true for the International Drug Control System, the United States of America, as well as Thailand who has in recent years instituted a massive policy shift towards a collaborative and holistic approach. The actual implementation of this new policy by the Thai Government is, however, questionable.

Research question (d): Can a holistic approach to managing the methamphetamine problem be expected to produce positive results?

Answer: A holistic approach to managing the methamphetamine problem can indeed be expected to produce positive results. This has been the finding in respect of both the theoretical as well as empirical dimensions of the study.

Research question (e): What drug abuse reduction strategies have been proven to be successful internationally?

Answer: Chapter 3 makes the point that numerous successful strategies have been developed for addressing drug abuse from the four perspectives of *social-based prevention*, *harm reduction*, *crime prevention*, and *law enforcement*.

Research question (f): To what extent are public institutions in South Africa implementing practical drug abuse reduction strategies that have been proven to be successfully implemented internationally?

Answer: The theoretical research results presented in Chapter 5 as well as the empirical results presented in Chapter 6 reveal that many of the practical drug abuse reduction strategies that have been proven to be successfully implemented internationally, are indeed being applied locally. It was, however, found that the same level of integration is not present in the local management of structures and strategy implementation which results in less than satisfactory achievements.

Research question (g): Are South African public institutions employing the principles of Collaborative Governance in their efforts to combat the methamphetamine problem and if so, to what extent?

Answer: The drafting of the National Drug Master Plan which requires that the problem be addressed from a holistic perspective and the fact that the plan requires the establishment of a multi-disciplinary Central Drug Authority as well as Provincial Substance Abuse Forums and Local Drug Action Committees, constitute important progress by South African public institutions. The evaluation presented in Chapter 8, however, identifies serious limitations which effectively weakens any attempt at collaboration.

Research question (h): Can the management of a societal problem in accordance with the principles of Collaborative Governance result in emerging properties being realised?

Answer: Managing a societal problem in accordance with the principles of Collaborative Governance can indeed result in *emerging properties* being realised. The conclusion reached in Chapter 2 that Collaborative Governance represents a vehicle for inducing a holistic state for addressing societal problems, is in fact corroborated by the empirical evidence gathered by means of the qualitative field experiment (see Section 8.4.4).

Research question (i): What measures can be introduced to ensure the adoption of a proper collaborative approach in managing the Western Cape's methamphetamine problem?

Answer: A detailed description of the normative approach to managing the Western Cape's methamphetamine problem has been presented in this chapter.

Research question (j): What outcome can the full adoption and implementation of the principles of Collaborative Governance be expected to have on the Western Cape's methamphetamine problem?

Answer: It has been concluded in Chapter 8 that the full adoption and implementation of the principles of Collaborative Governance can indeed be expected to have a positive impact on the Western Cape's methamphetamine problem.

## **9.6 VALUE OF THE STUDY**

On a practical level, the study provides detailed guidance on how public institutions in the Western Cape can manage the methamphetamine problem with a reasonable expectation of success. Beyond that, it provides guidance on how all public institutions can ensure the effective management of serious societal problems.

In addition, the fact that the qualitative field experiment entailed the actual implementation of Collaborative Governance and the fact that it was demonstrated that the successes achieved stem from the introduction of this management intervention, means that the



empirical evidence gathered is of a high quality and therefore potentially valuable to other studies in Collaborative Governance.

The study furthermore serves to raise awareness of the importance of pursuing *emerging properties* in the management process and the benefits it can bring to society. It therefore also promotes the development of holistic thought in the management of societal problems. As indicated in Chapter 2, little consensus exists on the origin of Collaborative Governance and it is in fact, described as a “low-paradigm field”. By demonstrating that the Systems Theory offers a suitable theoretical framework for Collaborative Governance and by arguing that the development of Collaborative Governance might have been influenced by this theory which is also anchored in Holism, the study has potential value for the ongoing theoretical development of Collaborative Governance.

By demonstrating the relationship that Collaborative Governance has with Holism from a philosophical foundation to its practical manifestation regarding the management of societal problems (see Figure 8.1), the study contributes to the discourse on how a holistic state can be achieved in the management sciences and therefore to the wider discourse on holistic thought.

## **9.7 LIMITATIONS OF THE STUDY**

A major limitation of the study is that due to its specific demarcation and focus area in which the management model was developed, no generalisations can be made as to its application. The main findings of the study can, however, be expected to be of relevance to management of other societal problems as well.

Another limitation of the study is that the empirical field experiment could only be conducted within a localised collaborative group and not one operating at metropolitan or provincial level. While most of the data collected during the experiment could be regarded as being of relevance to all collaborative groups, a similar experiment on metropolitan or provincial level could yield additional valuable data on the specific application of certain principles of Collaborative Governance, e.g. how the requirement of community participation can be accommodated at provincial level.

## 9.8 RECOMMENDATIONS FOR FUTURE RESEARCH

The fact that the empirical field experiment could only be conducted within a localised collaborative group was identified as a limitation of the study under Section 9.7. It is therefore recommended that a similar field experiment be done within a selected collaborative group which is responsible for managing a societal problem on metropolitan or provincial level.

It is believed that the implementation of the recommendations contained in the study will prove to be feasible if all the costs and benefits attached thereto are to be calculated and taken into consideration. Further research that focus on performing a comprehensive cost-benefit analysis in this regard would therefore be of significant value.

The further theoretical development of Collaborative Governance is impeded by the lack of consensus over its theoretical basis. It is recommended that further research be conducted into the viability of the Systems Theory forming a theoretical basis for Collaborative Governance. Such a possibility might very well offer a satisfactory answer to the dissenting voices and in so-doing contribute to the further development of Collaborative Governance.

In addition, it is recommended that further research into the practical manifestation of Holism in the management sciences be conducted. In a country like South Africa with its deeply rooted societal problems, it is imperative that public institutions pursue the additional public value that can be attained by the manifestation of *emerging properties*. Additional research that brings practical recommendations on how this can be achieved will be invaluable.

## 9.9 CONCLUSION

It is concluded that the study generated sufficient knowledge for purposes of reaching a holistic understanding of the methamphetamine problem in the Western Cape and for the development of an effective approach for managing this problem to the wider benefit of society. To this end, the study found Collaborative Governance to be a suitable management approach to be followed if the problem is to be managed effectively and if added public value is to be secured. As a result, a normative approach to managing the Western Cape's methamphetamine problem could be developed and has been presented in this last chapter. The research study therefore succeeded in achieving what it set out to do.

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**Survey questionnaire for members of the WCSAF and CTADAC      Annexure A**



## Collaborative governance of drug abuse WCSAF

### Welcome to the Survey

**Thank you for participating in this survey. Your feedback is important.**

**The questionnaire will require approximately 15 minutes to complete.**

**Please answer all questions as honestly as possible**

**There are no right or wrong answers, simply answer in accordance to your perception of the current situation**

**For purposes of this survey, the "collaborative group" refers to the Western Cape Substance Abuse Forum.**

**Click on the "next" button to proceed**

## Collaborative governance of drug abuse WCSAF

### PART A

**Instructions: Please read each question and choose the appropriate response**

1. Your department/organisation actively promotes cooperation among different stakeholders in the collaborative group

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

2. Decision making within the collaborative group is done on the basis of consensus

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

3. Representatives of all the member departments/organisations in the collaborative group agree on the objectives to be achieved by the group

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

4. Collaboration among the different stakeholders in the group brings about public value in terms of drug abuse prevention/combating/treatment that could not have been achieved by individual members

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Collaborative governance of drug abuse WCSAF**

5. You have the authority to commit departmental/organisational resources towards the realisation of the drug abuse prevention/combating/treatment objectives of the collaborative group

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. The role that your department have to play in the implementation of drug abuse prevention/combating/treatment objectives of the collaborative group is well coordinated with that of the other stakeholders

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. All of the organisations/stakeholders who need to be part of the collaboration process are members of the collaborative group

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Members of the collaborative group represent a cross section of those who have a stake in what the group aims to achieve

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Collaborative governance of drug abuse WCSAF**

9. Non-state stakeholders also participate in this collaborative group

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. It will be in the best interest of your department/organisation to remain a member of the collaborative group for the duration of project implementation

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Your department will continue to meet its obligations as part of the collaborative group even if some of the other stakeholders do not meet their obligations

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. The collaborative group cannot be successful in its efforts to address drug abuse without your department/organisation's contribution

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Collaborative governance of drug abuse WCSAF

13. The collaborative group has a dedicated budget for the implementation of drug abuse prevention/combating/treatment initiatives

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. You make sure that you monitor the progress made by the other members of the collaborative group

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. You have clearly communicated to the other stakeholders what they can expect that your department/organisation will bring to the collaboration process

Strongly disagree	Disagree	Neutral	Agree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. You are clear on the reasons why other stakeholders are part of the collaborative group

Strongly disagree	Disagree	Neutral	Agree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Collaborative governance of drug abuse WCSAF

17. You willingly share resources with other stakeholders in the collaborative group in order to assist them in reaching objectives in respect of drug abuse prevention/combating/treatment

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. All the other stakeholders in the collaborative group contribute resources to the group's drug abuse prevention/combating/treatment efforts

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. You fully understand your department/organisation's roles and responsibilities as it relates implementation of drug abuse prevention/combating/treatment initiatives of the collaborative group

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. None of the stakeholders in the collaborative group have the capacity to successfully address drug abuse on their own

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Collaborative governance of drug abuse WCSAF

21. Your department/organisation would not be able to meet its objectives in respect of drug abuse prevention/combating/treatment without the collaboration process offered by the collaborative group

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Collaboration with other stakeholders in the collaborative group offers incentives to your department/organisation

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. The collaborative group offers a platform for representatives of different departments/organisations to jointly take action and implement decisions

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. You have no difficulty in contacting other stakeholders in the collaborative group when you need them

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Collaborative governance of drug abuse WCSAF

25. Your department/organisation actively promotes cooperation among different stakeholders in the collaborative group

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Other stakeholders in the collaborative group have had a positive influence on the way your department/organisation functions when it comes to drug abuse prevention, combating or treatment.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. In order for one of the stakeholders in the collaborative group to meet its objectives in respect of drug abuse prevention, combating or treatment, it needs the support, services and resources of the other stakeholders

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Collaborative governance of drug abuse WCSAF

PART B

---

**Instructions: Please answer the following questions**

28. Is your department/organisation required by law to participate in the collaborative group?

- Yes
- No
- Not sure

29. If so, what legislation requires your participation?

## Collaborative governance of drug abuse WCSAF

30. If decisions in the collaborative group are not made on the grounds of consensus, on what grounds are they made?

- Majority rule
- Senior officials within the respective departments
- Wishes of political office bearers
- Dominant personalities
- Not applicable – decisions are made on consensus

31. If you indicated in Part A that collaboration among the different stakeholders in the group brings about public value that could not have been achieved by individual members, please explain how any added value is achieved

## Collaborative governance of drug abuse WCSAF

32. If you indicated in Part A that you do not have the authority to commit departmental/organisational resources towards the realisation of the drug abuse prevention/combating/treatment objectives of the collaborative group, do you think it will be more beneficial to the functioning of the collaborative group if you had such authority?

Yes

No

33. Is the success of the collaboration group formally evaluated?

Yes

No

34. If you indicated in Part A that all the required stakeholders are not included in the collaboration process, please name the additional stakeholders which should be included

## Collaborative governance of drug abuse WCSAF

35. What could the reasons be for them not to be included?

36. If you indicated in Part A that there are non-state stakeholders that participate in this collaborative group, please name these stakeholders

37. Why is it necessary for these non-state stakeholders to be included in the collaborative group?

## Collaborative governance of drug abuse WCSAF

38. If you indicated in Part A that it will be in the best interest of your department/organisation to remain a member of the collaborative group for the duration of programme implementation, please provide reasons for your answer

39. What is it that your department/organisation can contribute to the collaboration process?

## Collaborative governance of drug abuse WCSAF

40. What resources do you share with other stakeholders in the collaborative group in order to assist them in reaching objectives in respect of drug abuse prevention/combating/treatment?

- Information
- Knowledge
- Funding
- Dedicated staff members
- Vehicles
- Equipment
- Accommodation and other facilities
- Administration and logistics
- None

## Collaborative governance of drug abuse WCSAF



41. What resources do the other stakeholders in the collaborative group contribute to the group's drug abuse prevention/combating/treatment efforts?

- Information
- Knowledge
- Funding
- Dedicated staff members
- Vehicles
- Equipment
- Accommodation and other facilities
- Administration and logistics
- None

## Collaborative governance of drug abuse WCSAF

42. If you indicated in Part A that collaboration with other stakeholders offers incentives to your department/organisation, what are these incentives?

43. Do these incentives result in better collaboration?

- Yes
- No

44. If you indicated in Part A that the collaborative group cannot be successful in its efforts to address drug abuse without your department/organisation's contribution, why do you think this is the case?

## Collaborative governance of drug abuse WCSAF

45. Do you think it would be beneficial to the work of the collaborative group if it had the capacity for its members to take joint action?

Yes

No

46. If you indicated in Part A that other stakeholders in the collaborative group have had a positive influence on the way your department/organisation functions when it comes to drug abuse prevention, combating or treatment, why do you think this to be the case?

## Collaborative governance of drug abuse WCSAF

47. Why do you think you have difficulty/no difficulty in contacting other members of the collaborative group when you need them?

48. Why do you think the different stakeholders in the collaborative group trust/do not trust each other to act in the best interest of the group?

49. If you have communicated to the other stakeholders what they can expect your department/organisation to bring to the collaboration process, how was this communicated?

## Collaborative governance of drug abuse WCSAF

PART C

**Instructions: Please choose the appropriate options**

50. The collaborative group address the drug problem from the following perspectives:

	Not at all	Very little	To some extent	Not at all	Definitely
Social -based prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Re-active policing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addiction treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Collaborative governance of drug abuse WCSAF**

51. Your department/organisation's contribution to the objectives of the collaborative group addresses the drug problem from the following perspectives:

	Not at all	Very little	To some extent	Definitely
Social-based prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Re-active policing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addiction treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Collaborative governance of drug abuse WCSAF**

52. It is necessary for the collaboration group to address the drug problem from all four perspectives mentioned above

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. Please rank the importance of these four perspectives in the order that they should be prioritised by the collaborative group

<input type="text"/>	Social-based prevention
<input type="text"/>	Crime prevention
<input type="text"/>	Re-active policing
<input type="text"/>	Addiction treatment

**Thank you for participating!**

## Invitation to participate in Survey: WCSAF

## Annexure B

**From:** Chantelle Pepper [mailto:Chantelle.Pepper@westerncape.gov.za]

**Sent:** 22 May 2015 04:05 PM

**Cc:** Denzil Cowley; Robert Macdonald; Errol Banda; Fatima Isaacs; Anton Visser

**Subject:** FW: Anton Visser: Survey on the level of collaboration within the WCSAF

Dear members,

I would like to introduce you to Anton Visser who is a city official enrolled at Stellenbosch University. Please read his invitation to participate in a survey for his PhD dissertation. Your cooperation would be highly appreciated.

### Attention: **Members of the Western Cape Substance Abuse Forum**

I am an official in the City's Safety and Security Directorate and have registered at the Stellenbosch University for purposes of obtaining a PhD. For my dissertation, I am examining the possible role of Collaborative Governance in addressing the drug problem in the Western Cape. As you are a member of the Western Cape Substance Abuse Forum, I am inviting you to participate in this research study by completing the attached survey. For this, I have secured permission from the Chairperson of the WCSAF, Mr Denzil Cowley.

The purpose of the survey is to gauge the level of collaboration within the WCSAF. The same survey will also be done amongst members of the Cape Town Drug Action Committee and the Central Drug Authority.

The questionnaire will require approximately 15 minutes to complete. There is no compensation for responding nor is there any known risk. You are not required to provide your name and the results will be treated as confidential. There are no right or wrong answers. Simply answer in accordance to your view of the prevailing situation. You can complete the survey online by following the link at the bottom of this message.

If you choose to participate in this project, please answer all questions as honestly as possible. Participation is voluntary and you may refuse to participate at any time. Your participation will, however, be greatly appreciated.

Thank you for taking the time to assist me in my educational endeavours. The data collected will provide useful information for the future management of drug and crime prevention related programmes. If you would like a summary copy of this study please reply to this email with such a request.

If you require additional information or have questions, please contact me at the email address or telephone numbers listed below.

Here is the link for completing the survey: <https://www.surveymonkey.com/s/WCSAF>

Sincerely,

Anton Visser  
Tel: 021 400 1170

Cell: 082 312 5176

Email: [anton.visser@capetown.gov.za](mailto:anton.visser@capetown.gov.za)

Study supervisor: Professor F Uys, School for Public Leadership, Stellenbosch University

Warm regards,

Chantelle Pepper  
Substance Abuse Programme  
Department of Social Development  
Western Cape Government

5<sup>th</sup> Floor, 14 Queen Victoria Street, Cape Town

Direct Tel: (+27) 21 483 4155

Fax: 086 641 0955

Mobile: (+27) 76 3989 662

Email: [Chantelle.Peppper@westerncape.gov.za](mailto:Chantelle.Peppper@westerncape.gov.za)

Website: [www.westerncape.gov.za](http://www.westerncape.gov.za)



Be 110% Green. Read from the screen.

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## Invitation to participate in survey: CTADAC

## Annexure C

**From:** Anton Visser

**Sent:** 21 April 2015 10:09 AM

**To:** Ferial Soeker

**Subject:** FW: Cape Town Drug Action Committee: Academic Survey

**From:** Anton Visser

**Sent:** 21 April 2015 09:52 AM

**To:** Rashid Adams; Ivan Bromfield; Linda Bosman; Alfonso Sauls; Shiobhan Williams; Alastair Graham; Aldred Charles; Alida Kotzee; Letitia Bosch; Nathan Ladegourdie; Schalk De Jager; 'wc-provcomm@saps.org.za'; 'kalap2@saps.gov.za'; 'Fatima.Isaacs2@westerncape.gov.za'; 'Phillip.Prinsloo@westerncape.gov.za'; 'Oscar.Apollis@westerncape.gov.za'; 'alethea.jeftha@westerncape.gov.za'; 'Siyabulela.Mayaya@westerncape.gov.za'; 'Tracey.Naledi@westerncape.gov.za'; 'Nobathembu.May@dcs.gov.za'; 'jennifer@CapeChamber.co.za'; Nadine Harker (nadine.harker@mrc.ac.za); Meloney Ravells; Ian McDonald; Zita Dronti

**Subject:** Cape Town Drug Action Committee: Academic Survey

### Members of the Cape Town Drug Action Committee

I am an official in the City's Safety and Security Directorate and have registered at the Stellenbosch University for purposes of obtaining a PhD. For my dissertation, I am examining the possible role of Collaborative Governance in addressing the drug problem in the Western Cape. As you are a member of the Cape Town Drug Action Committee, I am inviting you to participate in this research study by completing the attached survey. For this, I have secured permission from the Chairperson of the CTDAC, Cllr Suzette Little.

The purpose of the survey is to gauge the level of collaboration within the CTDAC. The same survey will also be done amongst members of the Provincial Substance Abuse Forum and the Central Drug Authority.

The questionnaire will require approximately 20 minutes to complete. There is no compensation for responding nor is there any known risk. You are not required to provide your name and the results will be treated as confidential. There are no right or wrong answers. Simply answer in accordance to your view of the prevailing situation. You can complete the survey online by following the link at the bottom of this message.

If you choose to participate in this project, please answer all questions as honestly as possible. Participation is voluntary and you may refuse to participate at any time. Your participation will, however, be greatly appreciated.

Thank you for taking the time to assist me in my educational endeavours. The data collected will provide useful information the future management of drug and crime prevention related programmes. If you would like a summary copy of this study please reply to this email with such a request.

If you require additional information or have questions, please contact me at the email address or telephone numbers listed below.

Here is the link for completing the survey online: <https://www.surveymonkey.com/s/CTDAC>

Sincerely,

Anton Visser

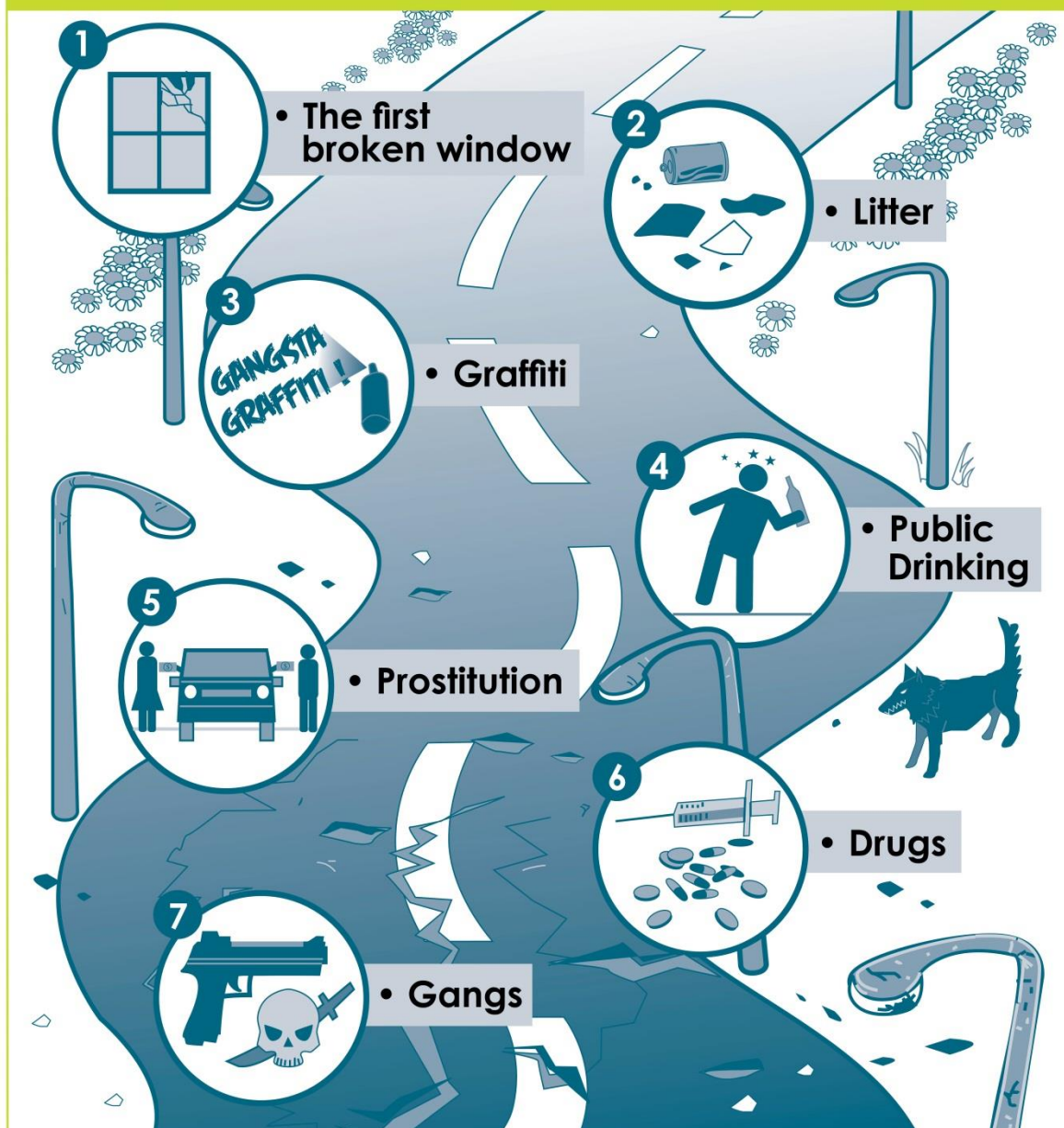
Tel: 021 400 1170

Cell: 082 312 5176

Email: [anton.visser@capetown.gov.za](mailto:anton.visser@capetown.gov.za)

Study supervisor: Professor F Uys, School for Public Leadership, Stellenbosch University.

# THE PROCESS OF DECAY



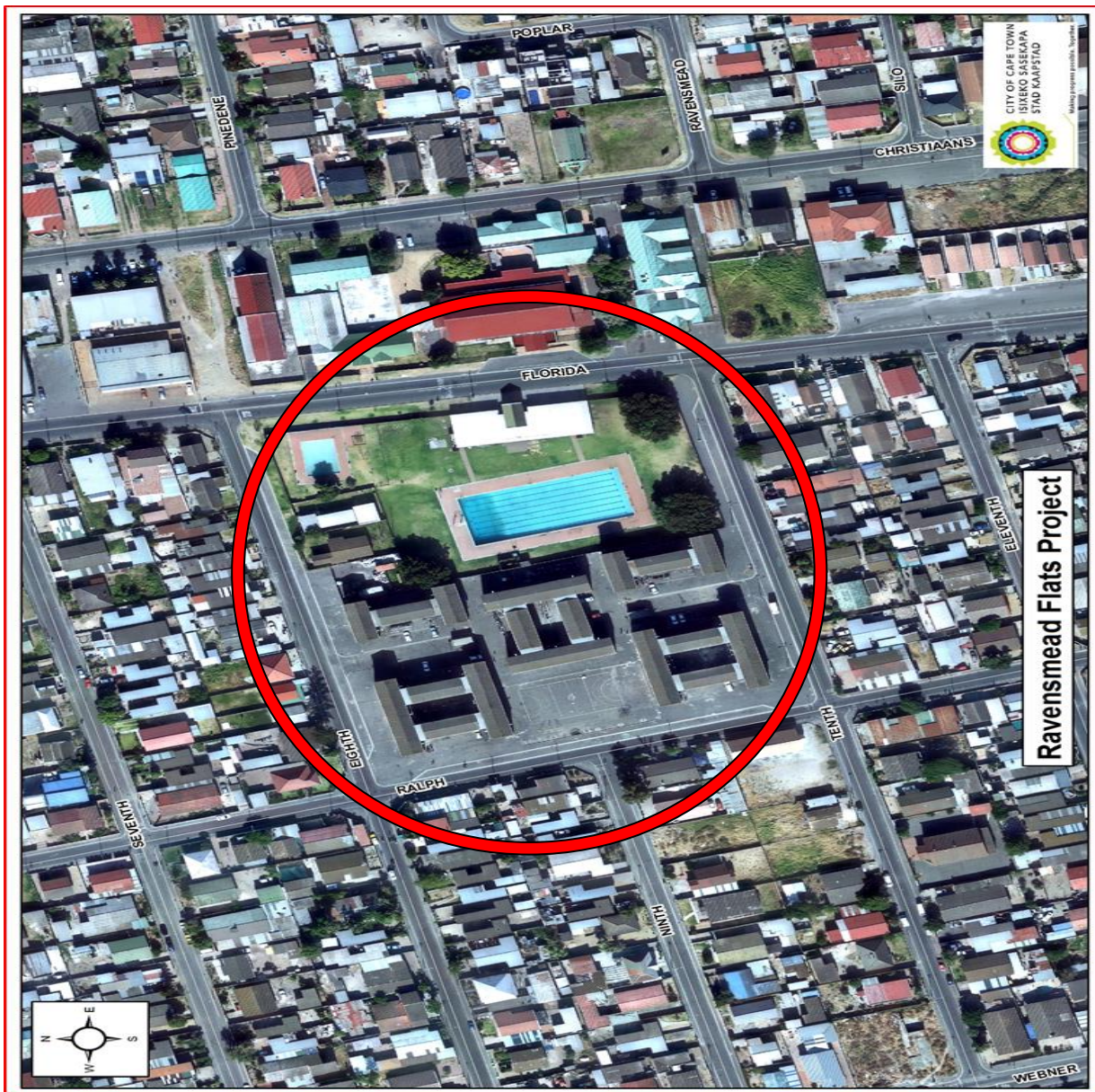
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Making progress possible. Together.



Location of the 10<sup>th</sup> Avenue Flats in Ravensmead, Cape Town

Annexure E



Ravensmead Flats Project

**Minutes of a meeting of the Ravensmead Task Team: 2 April 2015**

Meeting Location		Meeting Date	Meeting Time
No 1 Edgar Bullock Street, Ravensmead		02.04.2015	10:00 – 12:00
Meeting Called by :	Aldred Charles		
Type of Meeting:	Ravensmead Housing Project		
Facilitator:	Aldred Charles		
Note Taker:	Thandokazi Mrwebi		
Attendees:	Aldred Charles, Basil Petersen, Charl Viljoen, Frederick Snyders, Norman Jantjes, Samuel Mess, Hugh Luttig, Hendrik Bitterbos, Ashraf Slamdien, Macebo Pakade, Mark Wicks, T.Wells-Allen, Michael Benu, Thomas A Beukes, Karen November, Sydney Mkhize, Joseph Ross, Wendy Presens, Ramona Fortuin, Anton Visser		
Apologies:	Frederick Snyders, Councillor Beverley Van Reenen, Ashraf Slamdien		
Objective:	Key Decisions to be noted		
<b>Background:</b>			
<b>1. Welcome and Apologies</b>			
<b>Discussions:</b>	<b>Deadline</b>	<b>Owner</b>	<b>Type</b>
<ul style="list-style-type: none"> <li>Everybody was welcomed to the meeting</li> </ul>			
<b>2. Confirmation of Minutes</b>			
<b>Discussions:</b>	<b>Deadline</b>	<b>Owner</b>	<b>Type</b>
<ul style="list-style-type: none"> <li>The minutes of the previous meeting held on the 18<sup>th</sup> of March 2015 were accepted by all.</li> </ul>			
<b>3. Overview of Project</b>			
<b>Discussions:</b>	<b>Deadline</b>	<b>Owner</b>	<b>Type</b>
<ul style="list-style-type: none"> <li>Brief overview of what the project will encompass; it consists of 144 units called 10 de laan or 10<sup>th</sup> Avenue.</li> <li>This area was selected as it's one of the major crime generators in the Western Cape.</li> <li>The aim of the project is to make a meaningful difference in the communities' lives. This will be done by providing training to the community, creating awareness (on health or any social conditions).</li> <li>Various stakeholders are involved with this project, SAPS, Roads and Storm water, Traffic Services (Pedestrian Crossings &amp; Stop Streets signals), Electricity Department, Parks and Forestry, Sports &amp;</li> </ul>			

Recreation (to initiate various activities), City Health (to run with various projects).			
<b>4. Cooperative Governance – Anton Visser</b>			
<b>Discussions:</b>	<b>Deadline</b>	<b>owner</b>	<b>Type</b>
<p><b>Background</b></p> <p>Recent years have seen a fundamental reconsideration of how problems in the public domain are to be approached and dealt with. This gave rise to the development of a management approach that focuses on the integration of the efforts of a range of diverse role players and harnessing this collective power towards the achievement of a common objective. The main reason for embarking on a process of collaborative governance is to achieve an objective which cannot be achieved without the collaboration of all relevant stakeholders (Huxham &amp; Vangen, 2000:273), (Emerson <i>et al</i>, 2011:17) and (O’Leary &amp; Vij, 2012:514-510)</p> <p><b>Definition</b></p> <p>“The process and structures of public policy decision making and management that engage people constructively across the boundaries of public agencies, levels of government, and/or the public, private and civic spheres” (Emerson <i>et al</i>, 2011:2) through coordination, cooperation and collaboration (Uys, 2014:2) in order to realise a public goal that could not be otherwise accomplished (Emerson <i>et al</i>, 2011:2) and which creates public value as a result of the creative nature of the process (Uys, 2014:2) &amp; (Huxham, 1993:603).</p> <p><b>Elements of Collaborative Governance</b></p> <p><b>The main elements of Collaborative Governance are:</b></p> <ul style="list-style-type: none"> <li>• State and non-state stakeholder participation</li> <li>• Participation of all relevant public service departments</li> <li>• Civil society/community participation</li> <li>• Joint decision making</li> <li>• Consensus driven</li> <li>• Capacity for joint action</li> <li>• Public value creation – to create something special.</li> </ul> <p>The Ravensmead project is the ideal project to experiment. This can only be achieved by collaboration which cannot be</p>			

achieved by departments alone.			
<b>5. Feedback from the community meeting</b>			
<b>Discussions:</b>	<b>Deadline</b>	<b>Owner</b>	<b>Type</b>
<ul style="list-style-type: none"> <li>• As per Norman Jantjes, the minutes of the community meeting will not always be available for the task team due to confidentiality concerns of the community.</li> <li>• Almost all of the community members were there, it was well attended, and 1 or 2 changes were made.</li> <li>• Composition of a selected representative group was confirmed. They looked at terms of reference, roles and functions that the community identified &amp; applied their mind in this regard. A sheet was provided where community identified issues.</li> <li>• As per Norman Jantjes, advised officials to add their views and make changes on the list of issues that the community has provided.</li> <li>• Norman advised that the community should set examples in the way they conduct themselves:             <ul style="list-style-type: none"> <li>➤ To be respectful to one another, tenant and officials.</li> <li>➤ Ensure confidentiality, be trustworthy and patient.</li> <li>➤ Provide support to fellow tenants and community members.</li> </ul> </li> <li>• They also identified some other challenges that were prominent e.g.             <ul style="list-style-type: none"> <li>➤ Broken &amp; leaking down pipes and gutters</li> <li>➤ Broken electronic boxes</li> <li>➤ Blocked drains</li> <li>➤ Recycling business created the presence of rats.</li> </ul> </li> <li>• Anton Visser suggested they use some of the 16 representatives to create a block watch at a later stage to be available &amp; consulted and assist where they can.</li> <li>• Joseph Ross requested they expedite a neighbourhood safety person it would be a safety concern in principal. Safety issues will be addressed and attach the law enforcement compliment to this neighbourhood safety</li> </ul>			

issue. This will help with the continuous presence and sustainability.			
<b>6. Confirm composition of task team</b>			
<b>Discussions:</b>	<b>Deadline</b>	<b>Owner</b>	<b>Type</b>
<ul style="list-style-type: none"> <li>• Social development must attend this meeting (most of the issues evolve around social issues).</li> <li>• Councillor</li> <li>• CPF</li> <li>• As per Mr Ross, the other spheres of department will be required to be involved based on the needs analysis &amp; level of importance.</li> <li>• Present the finding of the survey - Prioritise the issues per unit (court) for the next meeting. Law enforcement will collate this and will send it through. This list must also be forwarded to the committee; they need to own this list.</li> <li>•</li> </ul>			
<b>7. Recycling site</b>			
<b>Discussions:</b>	<b>Deadline</b>	<b>Owner</b>	<b>Type</b>
<ul style="list-style-type: none"> <li>• As per Basil Petersen, their main concern is the influx of rats due to unhygienic containers and rubbish laying around on the property. Get the necessary role players (environmental health) involved with the conjunction of the committee if there's a health risk. If this recycling site needs to be relocated then it will have to be.</li> <li>• They are in discussions with the owner of the containers (John). John paid the previous committee R300.00 for utilising the containers situated on a field for recycling purposes. The Committee established a soup kitchen, student needs &amp; December Christmas parcels. John however has not paid for utilising the containers for more than a year. They will have to check what arrangement is in place, this must be formalised with Basil Petersen (new banking account etc.)</li> <li>• No decisions can be done without the new committee.</li> </ul>			

<ul style="list-style-type: none"> <li>The children of the courts are removing waste products and throwing it around the area. They broke down the gate of the electric box as well.</li> </ul>			
<b>8. Social Development- Programmes</b>			
<b>Discussions:</b>	<b>Deadline</b>	<b>Owner</b>	<b>Type</b>
<ul style="list-style-type: none"> <li>As per Michel Benu, the district manager accepted the invitation but couldn't make it today; he attended a meeting with the district director, regarding the (holiday programme for the schools).</li> <li>Mr Aboebakar will most likely attend the next meeting.</li> <li>Two district officials that will be assigned to this project.</li> <li>Mr Jantjes requested the officials could provide a brief overview of what they are doing in the district.</li> </ul>			
<b>9. C3 STATUS</b>			
<b>Discussions:</b>			
<ul style="list-style-type: none"> <li>5 service request notifications reported:</li> <li>Street lights- Lights were fixed on 12.01.2015</li> <li>Removal of refuse- in process and assigned to housing (Elsies River Maintenance). Thus housing is removing the refuse on each and every week.</li> <li>Potholes- they were repaired by (Mogammat Ariefdien) on 12.02.2015 thus there's still outstanding inside the courts. Macebo will create notification for the outstanding potholes. If it's inside of the courts it's housing responsibility to fix these potholes. It was requested that pictures must be taken of the potholes inside and around the courts and submit the information to Macebo Pakade to follow up on it.</li> <li>The role of the community committee if they could take responsibility to report the complaints at the task team meetings so that ownership for these complaints can be taken at the meeting. Notifications will be created; the official will take the responsibility and follow up on it.</li> <li>Graffiti was removed and it hasn't been reported again.</li> </ul>			

<ul style="list-style-type: none"> <li>Macebo will create notifications for potholes, down pipes and the electronic box &amp; follow up on it.</li> </ul>			
<b>10. General</b>			
<b>Discussions:</b>	<b>Deadline</b>	<b>Owner</b>	<b>Type</b>
<p><b><u>Challenges Identified by the community group</u></b></p> <ul style="list-style-type: none"> <li>Broken pipes, green water running through the courts, electrical boxes, blocked drains.</li> <li>The matter of urgency is the electric boxes (8boxes), blocked drains and down pipes that need to be fixed this is a huge health risk.</li> <li>Macebo must go around and take pictures of where the electric boxes are situated and escalate the problem.</li> <li>The potholes are added on the list for repairs.</li> <li>As per Macebo, it was requested that Erica Moses create C3 notifications and forward the references to Macebo who will follow up on them.</li> <li>Norman Jantjies suggested that you can Social Crime Prevention Project that's part of the mandate, for funding purposes that could assist in this community.</li> <li>CPF can also apply for funding for a holiday programme.</li> <li>As per Sydney Mkhize will interact with sector manager about the funding for this project and about the involvement of Neighbourhood watch. The station commander is currently on leave &amp; will only be back in 2 weeks' time.</li> <li>As per Karin November, Sport and Recreation scheduled the morning sessions for the holiday programme.</li> <li>They will set up sound system to announce the programme.</li> <li>Norman Jantjes advised committee member to encourage the children to attend those programmes.</li> </ul>			
<b>11. Date of next meeting</b>			
<b>Discussions:</b>	<b>Deadline</b>	<b>Owner</b>	<b>Type</b>
<ul style="list-style-type: none"> <li>Meetings will be scheduled every fortnight possibly on</li> </ul>			

<p>a Thursday@ 10:00</p> <ul style="list-style-type: none"> <li>The next meeting is scheduled for the 16<sup>th</sup> of April 2015 (Constitution of the Task Team)</li> </ul>			
<p><b>12. Closure</b></p>			
<p><b>Discussions:</b></p>	<p><b>Deadline</b></p>	<p><b>Owner</b></p>	<p><b>Type</b></p>
<ul style="list-style-type: none"> <li>The meeting was concluded at 12:00</li> </ul>			



**Presentation on public housing safety: August 2015**

**Annexure G**



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## Social Housing Safety Intervention

18 August 2015

Making progress possible. Together.

### Purpose

- Introduce the project to the Social Cluster Committee
- Familiarizing multiple levels of the City with the project aims as it needs broad support for success across all Directorates
- Obtaining advice and input on addressing the challenges with taking the project forward, particularly those of transversal collaboration



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### The Global Problem

- US Federal government 1980s enquiry - National duty to provide safe and drug-free public housing to residents
- Public housing is often associated with poverty, urban decay and high crime levels
- Crime and drugs were rampant in US public housing projects during the 1970s and 1980s – epidemic with residents were overwhelmed by this state of affairs
- US Government's failure to, as landlord, provide adequate security for residents of public housing units
- Resulted in numerous programmes aimed at controlling and preventing crime in public housing units



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### The Situation in Cape Town

- The City of Cape Town is the largest public housing landlord in the country
- 43 500 residential units – actual number of residents?
- Incubator of anti-social behaviour and crime, especially drug and gang related crime
- The policing resources – 24 dedicated members of the Law Enforcement Department
- State of Criminal Justice System



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## The Project Area

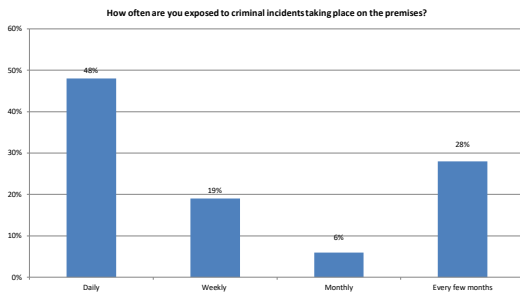


## The Project Area

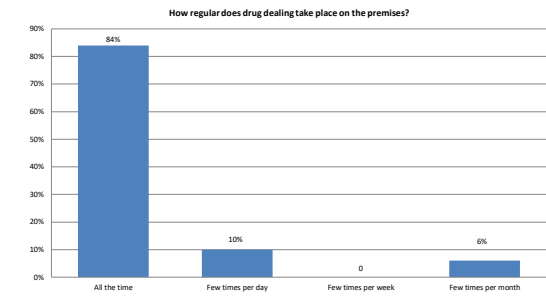
- Selected 10<sup>th</sup> Avenue Flats in Ravensmead (1100 residents) – high crime rate, proximity of other essential services
- Objective: Develop a blueprint for increased safety at public housing units
- Plan: 2 elements
  - a) Strategy: Crime prevention measures (physical improvements and establishing a block watch), social programmes, sport and rec, health. Mobilise community
  - b) The management approach - Collaborative Governance:
    - All stakeholders to participate, including community
    - Joint decision
    - Consensus driven
    - Capacity for joint action
    - Accountability / monitoring



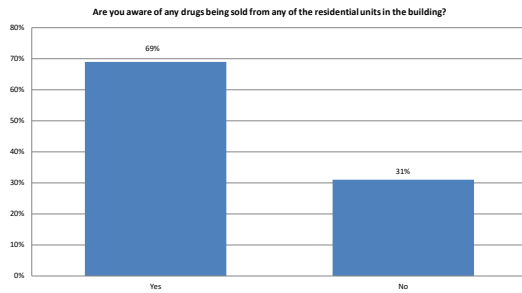
### Survey results 1 (January 2015)



### Survey results 2 (January 2015)



### Survey results 3 (January 2015)



CITY OF CAPE TOWN  
ISIKHO SASAKAPA  
STAD KAAPSTAD

### Progress made

- Initiate collaboration with relevant departments
- Stabilisation phase – Law Enforcement
- Community engagement
- Establishment of multi-disciplinary task team: Human Settlements, Social development, Sports and Rec., SAPS, Residents, MURP officials, Safety and Security (Law Enforcement, Neighbourhood Watch Programme and Strategic Support) and local councillor.
- Development of Draft Terms of Reference for Task Team
- Formal Community engagement - 93 community members attended.
- Election of resident reps to serve on task team
- Community Identification and prioritisation of community needs



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STAD KAAPSTAD

### Community meeting 17 March 2015



CITY OF CAPE TOWN  
ISIKHO SASAKAPA  
STAD KAAPSTAD

### Progress made (2)

- Improvement of service delivery (C3 Notifications)
- Capacity building of community and city officials
- Implementation of sport and recreation programmes – after school programme, kiddies camp, junior volunteer teams, netball tournament
- Situational crime prevention measures applied – lighting, peep holes
- Reduction in crime reported by SAPS
- Application submitted for Tirelo Boshia Public Service Improvement funding
- Foundation laid for community involvement - establishment of block watch – Neighbourhood Watch training commenced.



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## Collaboration



## Challenges

- Attendance of Task Team meetings
- Non-adherence to time frames in addressing complaints (C3)
- Mechanism to ensure accountability?
- Some degree of fear amongst residents
- Some level of mistrust towards the City



## Way forward

Real progress is being made towards developing an effective safety and security plan for public housing

- Collaboration needs to be strengthened – i.e. high level support from all relevant departments in order to ensure accountability
- Consider endorsement as transversal project
- Consideration of future role-out



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Thank You

Making progress possible. Together.

**Application for funding: Ravensmead housing safety project**

**Annexure H**



**CITY OF CAPE TOWN**  
**ISIXEKO SASEKAPA**  
**STAD KAAPSTAD**

**OFFICE OF THE EXECUTIVE MAYOR**

**Taru Jaroszynski**  
Manager: Policy & Research

T: 021 444 0218 F: 086 201 1251 M: 082 374 8271  
E: [taru.jaroszynski@capetown.gov.za](mailto:taru.jaroszynski@capetown.gov.za)

2015-07-03

Mr Kenny Govender  
Deputy Director-General: Governance  
Department of Public Service and Administration  
116 Johanness Ramokhoase Street  
Pretoria, 0001

e-mail: [tireloboscha@dpsa.gov.za](mailto:tireloboscha@dpsa.gov.za)

**RE: Submission of the Concept Note Application for the Tirelo Bosha Public Service Improvement Facility Reference: TB/CFP/2/2015: *Scaling and testing methodology for the stabilisation and improvement of Community Residential Units (CRUs)***

Dear Mr Govender

Thank you for your letter of 22 May 2015. The City of Cape Town is pleased to submit a concept note as the first phase of application for the Tirelo Bosha Public Service Improvement Facility Grant.

The City welcomes the establishment of this grant aimed at supporting research, development and piloting of new ways of delivering front-line public services by funding improvement initiatives in all three spheres of government.

The sub-theme of the second call for proposals "*The Back to Basics approach: through strengthening the performance of local government, the lives of the people can be directly improved*" is relevant to much of the work currently being undertaken within the City to improve services in the area of public housing. The City of Cape Town owns and manages more than 43 000 Community Residential Units, which pose a particular challenge in the areas of safety and maintenance.

In seeking new, innovative and cost-effective methods to improve the lives of CRU residents, the City has developed a methodology to stabilise and reduce crime in problematic CRUs, as well as to capacitate residents to be active in the maintenance of public apartment blocks.

The attached proposal is for funding to support the implementation of this methodology, developed in an initial pilot, for testing and refinement in a second location. By doing so, the City will be able to determine if the stabilisation methodology can be scaled up and rolled out to other CRUs.

The funding applied for would be used to:

- Consolidate, document and analyse data, learnings and methodology of the initial CRU pilot;
- Develop effective and appropriate monitoring and evaluation systems for empirically measuring success;
- Roll out the project in a second location to test if the methodology is replicable and sustainable.

We believe this sound and feasible proposal demonstrates alignment with the objectives of the grant as well as National Development Plan (developing a *"holistic approach to low-cost housing developments that include local recreational facilities... as well as community, social, and health services"* (NDP, pg. 203)), while also remaining integrally tied to the City's Integrated Development Plan. This proposal is one step towards making this vision a reality.

Please do not hesitate to contact my office for further information.

Yours faithfully



Achmat Ebrahim  
City Manager

Date: 07-07-2015.





## **SOUTH AFRICA**

### Grant Application Form

#### **PRIMARY THEME: CITIZEN FOCUSED SERVICE DELIVERY**

- Improving Service Delivery through the use of ICTs
- The Back to Basics Approaches

### **Call for Proposals Reference: TB/CFP/2/2015**

**DGCD CODE: NN 3009760**

**NAVISION CODE: SAF 10 019 11**

**Deadline for receipt of applications:**

**7 July 2015 at 2pm (14:00) South African time**

## Application Identification sheet

<b>Name of Applicant</b>	<b>City of Cape Town</b>
Title of the action	Scaling and testing methodology for the stabilisation and improvement of Community Residential Units (CRUs)
Location(s) of the action:	City of Cape Town
Name of the Partners to the Action/Project	None

<b>Total eligible cost of the action/project</b>	<b>Duration of the project</b>
ZAR 1 930 000	15 months

<b>Contact details for the purpose of this action:</b>	
Postal address of the applicant:	Office of the Executive Mayor City of Cape Town Private Bag X9181, Cape Town, 8001 Alternatively: 12 Hertzog Boulevard, Cape Town, 8000
Project Manager Telephone number: Cell Number:	Anton Visser Strategic & Operational Support, Safety and Security Directorate <b>Tel:</b> 021 427 8024
Fax number:	086 201 1215
Contact person for this action:	Taru Jaroszynski Manager: Policy & Research Tel: 021 444 0218
Second contact person:	Chair of the Safe Communities Work Group, Richard Bosman (Executive Director: Safety and Security) Tel: 021 400 2710 Cell: 079 269 2239
Contact persons email addresses:	Taru Jaroszynski: <a href="mailto:taru.jaroszynski@capetown.gov.za">taru.jaroszynski@capetown.gov.za</a> Richard Bosman: <a href="mailto:richard.bosman@capetown.gov.za">richard.bosman@capetown.gov.za</a>
Website of the Organisation	<a href="http://www.capetown.gov.za">www.capetown.gov.za</a>

**Any change in the addresses, phone numbers, fax numbers and in particular e-mail, must be notified in writing to the Contracting Authority. The Contracting Authority will not be held responsible in case it cannot contact an applicant.**

## CONCEPT NOTE

### 1. Relevance of the Action

Community Residential Units, usually multi-story apartment blocks, are leased to qualifying tenants to provide secure, stable rental tenure for lower income people and households earning below R3 500 per month. The City of Cape Town (“the City”) owns and administers approximately 43 500 Community Residential Units (CRUs), which makes it the largest public housing landlord in the country. The CRU programme is an important part of the City’s overall provision of housing. In an environment which is already characterised by a high demand for affordable housing, CRUs provide a substantial amount of housing to those in need of affordable accommodation in the City.

However, the management of CRUs by the City is becoming increasingly challenging. Many CRUs face problems of anti-social behaviour, crime, especially drug and gang related crime, illegal occupants, vandalism and general deterioration. One of the outcomes of these safety problems is that City officials can no longer freely access the units to conduct maintenance and repairs as staff are placed in danger. This has resulted in gradual deterioration of the relationships between tenants, the broader community and the City, adversely affecting the reporting and resolving of tenancy-related matters. It negatively impacts CRU residents, neighbourhoods in which problematic CRUs are located, as well as the City as owner of the properties.

In the City’s Integrated Development Plan (IDP), the City has committed itself to building a “Safe City” in which residents feel safe from crime and violence, enabling them to fully access opportunities and services. The City is committed to delivering an improved quality of tenancy management services to all of its CRU tenants and in order to do this the City needs to investigate how to play a collaborative partnership role with tenants.

The National Development Plan also focusses on the need for providing good living conditions through the provision of rental opportunities, noting that “emphasis should be on rental housing as many individuals do not settle permanently in towns and cities” (NDP, p.284). It is also important to provide rental opportunities as a way to “develop flexible human settlements, responsive to changing locations of work (such as available rental stock, and good and affordable public transport systems) (NDP, pg. 114).

Evidence from tenant participation arrangements in rental stock indicates that capacitating CRU residents to be active in their blocks and communicate with the City around crime and maintenance issues decreases housing management costs by reducing vandalism, anti-social behaviour and rent-arrears and helps to improve the efficiency of repair and maintenance services. Tenant participation schemes aid in community development and harness the skills and good-will of tenants in order to create a better living environment.

In 2014 the City began a transversal pilot programme, led by the Safety and Security Directorate and involving multiple City directorates, to develop methodology for stabilising problematic CRUs, rebuilding relationships with tenants and capacitating residents to interact with the City to improve the state of CRUs. This project has thus far shown to be effective in reducing crime in the pilot CRU, but the methodology will now need to be analysed and tested in second site in order to determine sustainability, replicability, scalability and effectiveness. If this is successfully conducted, the pilot could then be mainstreamed to other problematic CRUs within the City.

The City would like undertake a project in which to:

- Consolidate, document and analyse data, learnings and methodology of the initial CRU pilot;
- Develop effective and appropriate monitoring and evaluation systems for empirically measuring success;
- Roll out the project in a second location to test if the methodology is replicable and sustainable;

The proposed project would enable the City to provide improved services to residents of CRUs. The beneficiaries will include residents of a CRU (approximately 1 000 residents) selected on the basis of a number of criteria, such as SAPS Station statistics (high level of crimes reported), City Maintenance statistics through the C3 Notification System, Census 2011 Statistics and qualitative evaluation of the CRU and surrounding neighbourhood.

As such, it is well aligned with the objectives of the Tirelo Bosha Public Service Improvement Facility and particularly with the focus of the 2015 Call for Proposals on improving frontline service delivery through the Back to Basics approach. This project will strengthen the ability for the City to provide effective, citizen-focussed services; innovative public participation platforms; and capacitate staff to enable them deliver services in a complex environment.

It also enables the City to develop a “holistic approach to low-cost housing developments that include local recreational facilities... as well as community, social, and health services” (NDP, pg. 203).

## 2. Description of the action and its effectiveness

### 2.1. Project Description

The objective of the City of Cape Town's CRU Stabilisation Programme is to test a developed blueprint for improving safety in public social housing units to determine if it is replicable and scalable. The methodology has been developed from an initial pilot in a single CRU complex of 5 triple story courts amounting to 144 units. The units house more than 1000 residents with an average of 6 residents per unit, mainly elderly persons and children.

The CRU was identified as problematic due to a high number of reported incidents of crime, which was confirmed by initial research. Following a survey conducted in May 2015, among tenants of 96 of the 144 units indicated that drug dealing takes place regularly on the premises, 59 of the tenants indicated that they are exposed to criminal incidents daily.

The shortage of policing resources available for policing the City's public housing units necessitated the exploration of alternative crime prevention strategies that proved to be successful in the United States of America and which could be implemented with limited policing capacity.

This programme introduced a crime prevention initiative into the CRU based on international best practice and transversal collaboration, implementing crime prevention measures such as physical improvements in the building, establishing a block watch, linking residents to social programmes and mobilizing the community.

It utilized a Collaborative Governance management approach in which all stakeholders participate, including the community. This approach involves joint decision-making, is consensus driven, develops capacity for joint action and enables accountability monitoring.

The project methodology includes, *inter alia*, the following:

- a) Sensitising relevant departments in order to secure buy-in for possible collaboration;
- b) Increased law enforcement presence in the area to stabilise the situation in the CRU to the extent that project implementation can proceed as intended;
- c) High levels of disorder and community mistrust can make it difficult to secure the key element of community participation. An external service provider (a neutral party) assists in building a sound relationship with the community and enable a functioning working environment;
- d) Establishing a multi-disciplinary task team to manage project implementation in accordance with the principles of transversal collaboration. This includes relevant role players for the City, such as the Human Settlements Directorate, the Social Development and Early Childhood Development Directorate, Safety and Security Directorate (Law Enforcement, Neighbourhood Watch Programme and Strategic Support), the Sports and Recreation Department as well as South African Police Service (SAPS) and the CRU residents;
- e) Jointly developing a Terms of Reference for the Task Team;
- f) The election by residents of representatives to sit on a Community Action Forum;
- g) The identification and prioritisation of community needs by the Community Action Forum for submission to the Task Team for consideration and action;

Initial results of this methodology are promising. An overall improvement of service delivery was achieved after it was discovered that service requests from residents were not properly dealt with in the past. Physical improvements were effected for purposes of improving safety, including enhancing external building lighting and installation of peepholes in the doors of the 144 units. A number of sport and recreation programmes were implemented jointly by the Sports and Recreation Department. These include the after school programmes, a camp for children, junior volunteer teams, and a netball tournament.

The progress made so far has laid the foundation for involving residents directly in crime prevention initiatives which may include the establishment of a fully functional block watch (neighbourhood watch).

The overarching initiative is to develop the work undertaken in the pilot into a documented methodology and to test this methodology at a second CRU. Expert evaluation of the project is required for it to be replicated. This will enable the City to improve on the practice of the initial pilot, and if successful, will be implemented in other problematic CRUs.

## 2.2. Proposed activities

### 2.2.1. Project Design and Refinement of CRU Stabilisation Methodology (3 months)

This project shall be run by a programme manager (PM). The function will be overseen by Safe Communities Work Group, chaired by the Executive Director of Safety and Security, Richard Bosman. The work group shall report to the transversal management structures within the City, including: political clusters, the executive management team and the Mayoral Committee.

Documentation and analysis of the methodology will be critical for the rollout. The detail of the proposed implementation plan will be determined by the PM in consultation with the Safe Communities Work Group and rolled out to the selected second CRU. This will entail implementing the CRU Stabilisation Methodology.

The PM and the Safe Communities Work Group will, with the assistance of technical experts:

- Consolidate, document and analyse data, learnings and methodology of the initial CRU pilot into a coherent methodology which can be applied to a second pilot site;
- Develop effective and appropriate monitoring and evaluation systems to ensure that successes and challenges can be tracked and measured;
- Select a second pilot site using the developed methodology criteria and implement the methodology to test its replicability and sustainability;
- Use the findings as the basis of policy and strategy to mainstream the methodology into standard procedure.

### 2.2.2. Project Implementation (9 months)

The PM and the Safe Communities Work Group will develop a detailed implementation plan based on the methodology and including monitoring and evaluation measures. The project will be implemented at the second pilot CRU over 9 months.

### 2.2.3. Evaluation and Assessment of Project and Close out Report (3 Months)

Following the 9 month period of implementation, independent verification of results and monitoring and evaluation is required by appropriately qualified experts. The learnings will then be formulated into recommendations for further roll out and become the basis of a plan to scale up delivery.

## 2.3. Other stakeholders

The project will require effective co-operation between City-departments, especially Safety and Security and Human Settlements. This will be facilitated through the Safe Communities Work Group.

Other stakeholders include the community of the selected second pilot site as beneficiaries of the programme, as well as SAPS, which plays a leading role in crime prevention. The methodology focuses on bringing these stakeholders together to facilitate communications and build relationships which enable joint work to be undertaken.

## 2.4. Time Frames and Cost Estimate

This project shall be broadly phased as follows:

- Project Design and Refinement of CRU Stabilisation Methodology (3 months)
- Project Implementation (9 months)
- Evaluation and Assessment of Project and Close out Report (3 Months)
- Total: 15 months

	Estimated cost
Human resources: Professional fees	R 1 700 000
Equipment, supplies and workshops	R 200 000
Knowledge sharing: Materials, leaflets, flyers and information booklets	R 30 000
<b>Total</b>	<b>R 1 930 000</b>

### 3. Sustainability of the action

#### 3.1. The following risks have been identified and will be managed to mitigate their impact:

Identified risk and description	Measures to mitigate risk
<b>No buy-in for the project by the community</b>	
If the CRU community at the second pilot site do not buy in to the process, the project's success will be jeopardised.	Engaging all role-players and sensitising them through continuous engagement.
<b>No city facilities in proximity to the community</b>	
The methodology relies on access to City facilities within proximity to the project site.	Proximity to City facilities should be taken into consideration when the second pilot site is selected, and if this is not feasible then mobile programmes would have to be developed using containers.
<b>Aspects of the methodology are not applicable at Second Pilot</b>	
The process of adapting the methodology to suit the context of the second pilot could fundamentally alter the process so that it is no longer the coherent methodology which is being tested.	The methodology would need to be adapted in some areas to allow for the context of the second pilot site, while still upholding the principles of the methodology to ensure that it can be tested rigorously
<b>External role players are unable to achieve the same level of cooperation in a second location</b>	
The transversal approach requires cooperation of multiple external role players, such as SAPS, who, if they are uncooperative, would block the project.	Relationships and connections developed at the first pilot will be used to leverage contact with role players in a new location

#### 3.2. Preconditions for project implementation

The preconditions for this project require adequate capacity within City departments, particularly the Safety and Security Directorate, to implement the methodology. Because there is already an existing project team which has developed the methodology, the driving department already has the capacity to undertake further implementation.

In order for the methodology to be mainstreamed and scaled up throughout the organisation, there needs to be willingness at the political and executive level to roll out further projects on this basis. This willingness has already been expressed at multiple levels in response to the need to improve safety and living conditions in CRUs.

#### 3.3. Sustainability and Scalability

The project is designed to provide a methodology and case study to enable further roll out throughout City managed rental stock. The lessons learned from testing the methodology will contribute to its sustainability, as the lessons learned will reduce the cost of implementing the project at scale.

### 4. Conclusion

The high crime rates and the breakdown in the relationship between the residents and the City in many of the City's CRUs requires significant attention, and considering budget constraints for law enforcement, policing and maintenance, a reliable and effective model is required to improve the lives of residents in problematic CRUs. Funding for refining and testing the CRU Stabilisation Methodology in a second site would enable the method to be replicated if successful. It would provide the grounds to roll out this method to CRUs throughout the city, which would have a significant impact on the lives of residents in the City's more than 45 000 CRUs.

This project is aligned with the Tirelo Bosha Public Service Improvement Facility: The back to Basics approach. This project will enable the City to create safe, healthy and economically sustainable areas. Through strengthening the performance of the City in providing safety and maintenance services to problematic CRUs, the lives of residents will be directly improved. This new, innovative approach of stabilising CRUs will provide a basis for better public service systems and processes.

**Minutes of a meeting of the Ravensmead Task Team: 6 August 2015**

Meeting Location		Meeting Date	Meeting Time	
No 1 Edgar Bullock Street, Ravensmead		06 August 2015	10:00 – 12:00	
Meeting Called by :	Aldred Charles			
Type of Meeting:	Ravensmead Housing Project			
Facilitator:	Aldred Charles			
Note Taker:	Thandokazi Mrwebi			
Attendees:	Aldred Charles, Charl Viljoen, Councillor Beverly Van Reenen, Ramona Fortuin, N. Hendricks, Basil Petersen, Wendy Prens, Norman Jantjies, Hugh Luttig, Jerome Steens, Chantel Alexander, Charlotte Powel, Mark Wicks, Joseph Ross, Frederick Snyders,			
Apologies:	Karen November, Ashraf Slamdien			
Objective:	Key Decisions to be noted			
<b>Background:</b>				
<b>1. Welcome and Apologies</b>				
<b>Discussions:</b>		<b>Deadline</b>	<b>Owner</b>	<b>Type</b>
<ul style="list-style-type: none"> <li>Everybody was welcomed to the meeting</li> </ul>				
<b>2. Confirmation of Minutes</b>				
<b>Discussions:</b>		<b>Deadline</b>	<b>Owner</b>	<b>Type</b>
<ul style="list-style-type: none"> <li>The minutes of the previous meeting held on the 23 July 2015 were accepted by all.</li> </ul>				
<b>3. Feedback on Repairs- Noahmaan Hendricks</b>				
<b>Discussions</b>		<b>Deadline</b>	<b>Owner</b>	<b>Type</b>
<ul style="list-style-type: none"> <li>He requested latitude to deal with issues from a management perspective. He will liaise with Alida and Grace.</li> <li>Due to systemic challenges there's been no further progress with regards to repairs at Ravensmead.</li> <li>NH assured the team that a formal instruction will be issued to staff members that the outstanding issues must be included in their daily operations by the latest next Wednesday.</li> <li>An email will be sent out to (Arthur &amp; Majedie) that by end of day next week Wednesday that all commitments made on the Mandela Day issues must be addressed and concluded.</li> </ul>				

<ul style="list-style-type: none"> <li>• A consultant will be brought on board to do a high level assessment on the electric boxes throughout including (Christine court). If the risk is critical it would be imperative to acquire someone immediately to address this problem.</li> <li>• As per Aldred lighting is the main issue and reiterated that funds are available (solar lighting) etc.</li> <li>• Peter Prince is challenged because his one electrical superintendent for (Bishop Lavis, Elsie's River &amp; Macassar Depots)</li> <li>• With regards to the solar lighting solution, they have to ensure that the specifications are adequate &amp; can be managed. He wants to ensure that it's applicable and standardised from a maintenance perspective. This would apply for all other projects.</li> <li>• Use the funding available to obtain a service provider that will provide us with a solution and specifications to the solution of solar lighting. Also to ensure that maintenance can be effectively managed within their processes &amp; that adequate stock are available in the stores.</li> <li>• NH stated that they could work through their annual tenders &amp; contractors they have in place, to do certain sections of the work that can be done immediately.</li> <li>• NH will email Aldred regarding the lighting, service providers including the specifications &amp; quotations</li> </ul>			
<p><b>4. C3 Feedback</b></p>			
Discussion	Deadline	Owner	Type
<ul style="list-style-type: none"> <li>• NH met with corporate C3 notifications this will be a longer process. He's changing the whole approach of how C3's gets addressed through the whole of the human settlement area. Having certain compulsory documentation completed as part of the process also ensuring continuous feedback on the C3 notification system as well as including close out reports. His hoping that this new process with take effect by the</li> </ul>			



middle to the end of September.			
<b>5. Report on Crime situation- SAPS</b>			
<ul style="list-style-type: none"> <li><b>Discussions:</b></li> </ul>	<b>Deadline</b>	<b>Owner</b>	<b>Type</b>
<ul style="list-style-type: none"> <li>W/O Wicks reported that no crime has been reported for the past 2 months. The presence of law enforcement in the area is assisting with the low report of crime. They are heading towards a peaceful community. This is important on the presentation to the Mayor that she knows that there's a forum and a transversal approach dealing with these issues.</li> <li>Any complaints regarding Anti-social behaviour (drug houses) especially the flats, this is followed-up immediately after the matter has been reported. Ongoing raids are performed with search warrants etc.</li> <li>W/O Wicks was advised to set-up a meeting with the station commander relating this project this will help going forward.</li> <li>The Maintenance staff should be educated on the five pillars of the city. NH approached Grace to include a customer care education broadened out to the maintenance staff as well. The maintenance staff has no caring nature nor do they have any urgency to resolve these issues.</li> <li>Joseph Ross requested that they assign a dedicated person in the estate office especially when there's a need to respond to these urgent matters. NH said that this can be resolved through the flat committee and an EPWP worker. You would require someone with expertise and not just someone who would be a link between the community and the estate office. As per previous requests for a maintenance person by the councillor this request was subsequently denied by Arthur. With regards to the social housing recommendations for (Scottsdene) maybe this could be recommended for this rental stock project to the Mayco member for consideration. A meeting must be setup to discuss this matter further, implementation is key, as the work is not being done.</li> </ul>			

<ul style="list-style-type: none"> <li>Councillor to send Charl an email with regards to Gerald Geduld his very hands on and passionate about assisting the community to incorporate him as an EPWP worker for this project (12 months). He would make the perfect maintenance person.</li> </ul>			
<p><b>6. Report on Social Development programmes</b></p>			
<p><b>Discussions:</b></p>	<p><b>Deadline</b></p>	<p><b>Owner</b></p>	<p><b>Type</b></p>
<ul style="list-style-type: none"> <li>As per Aldred, Norma informed him that they don't have any services available for this specific project he will continue to engage with Norma.</li> </ul>			
<p><b>7. General</b></p>			
<ul style="list-style-type: none"> <li><i>Disaster Risk Management</i>- Charlotte Powel referred to the presentation Chantel gave on the community based risk assessment. She's the project manager for this program.</li> <li>This is a 2 day workshop (Saturdays) so that there's no break in communication. This will be done at the DRM centre which is in Goodwood. She needs a contact person from the community. They will arrange transport to pick up the persons attending the workshop. The first day is about the disaster management concepts (type of concepts used in communities and training on community based risk assessment. There's an opportunity to highlight the risks and hazards your community face. It also includes hazard analysis and risk mapping you will be able to see visuals of the area you live in. The second Saturday includes awareness of fires and floods. Certificates will be handed on completion of the workshop. You will be collected at 9 as the programme starts at 10 and will end at 3pm.</li> <li>NH the concern is they don't have fire hoses nor do they have extinguishers in all the flats. This furthers the concerns that if the community would want this that it is not practical at this stage to be able to provide it to them. Charlotte reiterated that this type of course is to create awareness and to educate the community what can be done when something major occurs. Charlotte will write a report on what came out of the workshop and present it to the forum.</li> </ul>			

<ul style="list-style-type: none"> <li>• Provincial government of the Western Cape assists with First Aid training or a service provider like St Johns. She suggested they negotiate with an NGO that subsidises communities that can't afford it. The community would first have to express this need in the assessment before it can be addressed.</li> <li>• Joseph Ross said that as per the survey and previously discussed that persons in wheelchairs residing on the 3<sup>rd</sup> floor must be relocated to ground floor as a matter of urgency.</li> <li>• Training commences on the 05<sup>th</sup> and 12<sup>th</sup> September members of the forum are welcome to attend, please indicate if you are willing to attend.</li> <li>• Charlotte mentioned another training programme that will be introduced called the woman and girls the invisible forum of resilience (Natural disasters, major incidences or any disruption in community, social and environmental issues). It's the woman and girl that stand up and assist the community, they will reconstruct and rehabilitate and bring the community back together again. This project looks at particular young females (grade 11 &amp; 12) this will be done in the 1<sup>st</sup> or 2<sup>nd</sup> week December holidays this is a one week programme, where they would enhance their leadership and basic life skills. The forum agreed that this will be good for the Ravensmead Project.</li> <li>• The Coordination of the names will be done by the councillor. They will target the girls in grades 11 and 12.</li> </ul>			
<p><b>8. General</b></p>			
<p><b>Discussions:</b></p>	<p><b>Deadline</b></p>	<p><b>Owner</b></p>	<p><b>Type</b></p>
<ul style="list-style-type: none"> <li>• Meetings schedule- it was agreed that meetings be scheduled for every fortnight. It's important to stay abreast with the issues discussed. Once there's implementation and improvement then there could be a consideration of having it once a month.</li> <li>• It was suggested that an additional meeting be held once a month which would include the key people focussing on key focus areas.</li> <li>• NH suggested they arrange a walk about for the</li> </ul>			

<p>team so that he can bring along his maintenance superintendent including his area manager so that they can see the plight of the people and the challenges they face.</p> <ul style="list-style-type: none"> <li>• Law enforcement are the mentors and are absent at the community action forum meetings. It is mandatory for law enforcement to attend the community meetings. This will be scheduled for the 18<sup>th</sup> August. As per law enforcement they are not informed of the dates of the meetings they would love to attend these meetings.</li> <li>• JR informed the forum that he was requested he do a presentation to the ED regarding this project. He will keep the forum informed on the outcome. It was suggested he include the housing estate with their many problems.</li> <li>• Aldred is liaising with Karen regarding the competition and the availability of the money. It was suggested that they restrict entries to only people of the Ravensmead project. They can include multiple entries in the box.</li> <li>• Logistics- will be discussed at the next meeting.</li> <li>• Training on broken window concept for the community will be facilitated by Charl on the 07<sup>th</sup> August 2015 this will be 2 hours (11 – 1). It was suggested that Gerald Geduld also be invited to attend.</li> <li>• The next meeting is scheduled for the of 20<sup>th</sup> August 2015, Thursday at 10:00 (Constitution of the Task Team)</li> </ul>			
<p><b>10. Closure</b></p>			
<p><b>Discussions:</b></p>	<p><b>Deadline</b></p>	<p><b>Owner</b></p>	<p><b>Type</b></p>
<ul style="list-style-type: none"> <li>• The meeting was concluded at 12:00</li> </ul>			



CITY OF CAPE TOWN  
ISIXEKO SASEKAPA  
STAD KAAPSTAD

Making progress possible. Together.

E-Mail: Joseph.Ross@capetown.gov.za

## SAFETY AND SECURITY

### OFFICE OF DIRECTOR P. ROBERTS

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#### **RAVENSMEAD PROJECT**

The inception of the Blue flag Project has reaped tremendous results as crime and complaints in the area have reduced. Ravenmead SAPS confirmed and applauded the inception of the project and the interaction of Social Housing members have had in the community.

To date certain identified residents have completed the a Disaster Risk Management training which entailed

- Identification of hazards
- Identifying safety hazards
- What one should do when disaster does happen
- What should be done when accidents happen.

The next phase will be the training of the NSO that will be done with Charl Viljoen from the Safety and Security office.

The initiative to self-repair and maintain the units is slowly coming to speed, the resident has being issued with paint and brushes to clear all graffiti, and it works well.

Constant monitoring of the complaints and service request dealt with by the block mentors with a shorter turnaround time. Some of the pot holes and down pipes has been repaired.

The area lighting is on track we await feedback to introduce solar panel lighting as part of a low maintenance program to light the area.

The five (5) physically challenge tenants, who are currently living on the top floor, have been identified and motivation put forward to have them moved from the top floors to the bottom, making access possible with their wheel chairs. There is a sound relationship between the community and the department, the introduction of an informer network is imminent that will yield better results to curb vandalism drugs anti-social behaviour and crime.

Continuous surveys are being done and identified challenges and problems are being handled by the block watch members, who then forward service request to Housing for attention.

A keen sense of wanting to change the neighbourhood can be felt in the project.

The other role players such as Social Development, Sports and Recreation, Health Services and Disaster Management all are on-board.

Yours in service

J F Ross

## Annexure K

### STRUCTURE FOR THE BASIC INDIVIDUAL INTERVIEWS OF MEMBERS OF THE WCSAF AND CTADAC

#### 1. Introduction

Introduction by the interviewer – to include background to the research, a brief overview of the methamphetamine problem and a brief overview of Collaborative Governance

#### 2. Interactive discussion

- a) Status afforded to the methamphetamine problem within the collaborative group – Is the methamphetamine problem recognised and managed as a priority.
- b) The extent to which the main elements of Collaborative Governance is applied by the collaborative group.
- c) The concept of Holism and its relevance to the work and functioning of the collaborative group. Is the collaborative group functioning as a whole in its own right that forms part of a greater whole?
- d) The four identified perspectives from which the management of drug abuse can be approached and the extent to which the collaborative group is managing the problem from each of these perspectives.
- e) The composition of the collaborative group.
- f) Administrative arrangements applicable to the collaborative group. i.e. frequency of meetings, representation on other groups, budgetary allocation etc.

## Annexure L

### STRUCTURE FOR THE BASIC INDIVIDUAL INTERVIEWS OF MEMBERS OF THE RESEARCH ASSOCIATE ATTACHED TO THE CENTRE OF CRIMINOLOGY AT UCT

#### 1. Introduction

Introduction by the interviewer – to include background to the research, a brief overview of the methamphetamine problem and a brief overview of Collaborative Governance

#### 2. Interactive discussion

- a) The management approach followed by public institutions in the Western Cape in managing drug abuse and crime prevention initiatives.
- b) The suitability of existing structures responsible for managing social programmes, policing and crime prevention initiatives.
- c) The concept of Holism and its relevance to the management of crime prevention initiatives and the drug abuse problem.
- d) The viability of managing drug abuse from all four identified perspectives from which it can be approached and the need for a multi-disciplinary approach.
- e) Collaborative groups and the ideal management structure.

## Annexure M

### STRUCTURE FOR THE BASIC INDIVIDUAL INTERVIEWS OF REPRESENTATIVES OF THE RESIDENTS OF THE 10<sup>TH</sup> AVENUE FLATS IN RAVENSMEAD

#### 1. Introduction

Introduction by the interviewer – to include background to the research, a brief overview of the methamphetamine problem and a brief overview of Collaborative Governance

#### 2. Interactive discussion

- a) The management approach followed by the Ravensmead Housing Safety Task Team (collaborative group).
- b) The extent to which the main elements of Collaborative Governance is applied by the collaborative group.
- c) The experience of the prevalence of crime and disorder at the housing complex.
- d) Visible changes at the housing complex which could have an effect on the levels of crime and disorder.
- e) The extent to which the residents are informed on actions that can be taken in the event of the possible addiction of a family member.
- f) Overall impressions of the functioning of the collaborative group.



## Annexure N

### STRUCTURE FOR THE BASIC INDIVIDUAL INTERVIEWS OF THE CITY OFFICIAL WHO SERVED AS THE PROJECT ADMINISTRATOR FOR THE RAVENSMEAD HOUSING SAFETY PROJECT

#### 1. Introduction

Introduction by the interviewer – to include background to the research, a brief overview of the methamphetamine problem and a brief overview of Collaborative Governance

#### 2. Interactive discussion

- a) Challenges experienced with the implementation of Collaborative Governance as the management approach for the Ravensmead Housing Safety Task Team (collaborative group).
- b) The extent to which the main elements of Collaborative Governance has been applied by the collaborative group.
- c) The concept of Holism and its relevance to the work and functioning of the collaborative group.
- d) The four identified perspectives from which the management of drug abuse can be approached and the extent to which the collaborative group is managing the problem from each of these perspectives.
- e) Achievements of the collaborative group.
- f) Impressions of Collaborative Governance as a management approach.

## Annexure O

### STRUCTURE FOR THE BASIC INDIVIDUAL INTERVIEWS OF THE ASSISTANT CHIEF OF THE CITY'S LAW ENFORCEMENT DEPARTMENT RESPONSIBLE FOR THE HOUSING LAW ENFORCEMENT UNIT

#### 1. Introduction

Introduction by the interviewer – to include background to the research, a brief overview of the methamphetamine problem and a brief overview of Collaborative Governance

#### 2. Interactive discussion

- a) Challenges experienced with the implementation of Collaborative Governance as the management approach for the Ravensmead Housing Safety Task Team (collaborative group).
- b) The extent to which the main elements of Collaborative Governance has been applied by the collaborative group.
- c) The experience of crime and disorder at the 10<sup>th</sup> Avenue Flats since inception of the project.
- d) The experience of crime and disorder during the same time at the two public housing complexes identified as control groups for the experiment.
- e) Impressions of Collaborative Governance as a management approach.