Community-based initiatives in preventing and combatting drug abuse in a South African township

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ABSTRACT

Substance abuse is one of the most pervasive problems facing our nation, especially in the townships. Curbing this problem requires an integrated approach in which community stakeholders and society work together to improve safety by tackling the fundamental causes of criminality through mobilising state and non-state capacities and resources at all levels. This study seeks to assess the strategies and successes of community initiatives and circumstances that bestow on the path towards helping to fulfill the community's aim to prevent and combat drug abuse. This study made use of a sample of 90 respondents 18 years and older who responded to the survey. A purposive sample of 10 staff members from the community-based organisations participated in oral interviews, while a simple random sample of 80 community members responded to questionnaires. Furthermore, secondary data sources were consulted to back up the claims that emerged from this study. While the study evaluated community strategies and documented some of the successes, including the rehabilitation of drug addicts, it also highlighted the lack of capacity of community organisations to make meaningful contributions in this regard. In particular, the lack of cooperation/collaboration and trust between the South African Police Service (SAPS) and the community stakeholders is a cause for concern that may hinder any efforts to combat drug abuse. This study, therefore, highlights strategies that require a collective effort from government stakeholders.

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Introduction

In any democracy, the police and the community need each other to ensure vibrant and safe communities, especially because the legitimacy of the police depends on broad and active public acceptance and support (Dempsey & Forst, 2008:330). This view suggests that all aspects of police service delivery in every country, including South Africa, are dependent on partnerships with the society. The social, political and economic structures in a community are key factors in the development and prognosis of crime in the community. Existing community structures therefore influence the quality of life of individuals, the possibilities open to them and how they are treated by others (Makgoke & Mofokeng, 2020:95).

Within this milieu, the individual becomes aware of systems of values, opportunities and prohibitions and how they influence the progress of their life. For this reason, community structures should be considered in the creation of programmes attempting to address

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crime. The community structures that play a vital role in crime prevention are the family, the school, the church, law enforcement structures, recreational activities and the environment. All these structures form an integral part of the community and must be understood before preventive actions can be implemented. Regarding the role of the church and spiritual community, Lawson (as cited in Masombuka, 2013:95) asserts that religious organisations play an important role in the inner city and within drug-affected communities. They are often focal points for community activities and family gatherings, providing spiritual support to the neighbourhood. In addition, the moral and ethical principles provided in spiritual guidance are incompatible with drug abuse values. Parents have resorted to seeking religious support in the belief that their addicted children will adopt “new accepted moral values”, which in turn will help them to overcome/conquer their addictive behaviour. Similarly, non-governmental organisations (NGOs) have been identified by various scholars as important agents within community study. Most NGOs are intermediaries in the sense that they work between the grassroots or community level and other levels and sectors of society (such as the government, the public and other institutions of the market), providing a range of support services that connect these different institutions with one another and with groups that are poor or socially excluded (Edwards & Fowler, 2002:275). In this way, NGOs can make valuable interventions in drug abuse prevention.

Good prevention exists in the context of health-centred substance use policies, which encompass both demand and supply reduction. Within the context of demand reduction, these policies address both treatment and the prevention of the health and social consequences of substance use. Effective substance use prevention addresses the predictors or root causes of substance use, often many years before the youth would engage in substance-using behaviours. Effective prevention thus reduces the risk factors that increase the probability of youth’s engaging in drug use and strengthens the protective factors that buffer youth from risk (United Nations Office on Drugs and Crime [UNODC], 2020:33).

Globally, some of 210 million people use illicit drugs each year, and almost 200 000 of them die from drugs (UNODC, 2011:8). In South Africa, the rise of drug abuse among youths is alarming. Youths are understood to be anyone between the ages of 11 and 29, in line with the United Nations [UN] definition (United Nations Department of Economic and Social Affairs [2013], as cited in UNODC, 2020:33). The meaning of youth can vary at the local level and may be influenced by socioeconomic and cultural contexts (UNODC, 2020:33). Dube (2007:16) found that drug abuse by children under 16 is becoming more prevalent across the City of Tshwane Metropolitan Municipality (CTMM), Gauteng, South Africa.

The South African National Council on Alcoholism and Drug Dependence’s (SANCA) Castle Carey Clinic in the city released a report on the staggering extent of drug abuse among the youth. The report states that nyaope-dagga (marijuana) mixed with mandrax is becoming more popular among children, especially in townships to the north of the city, including Ga-Rankuwa. Researchers claim that drug and alcohol abuse among the youth has become normalised, meaning that prior understandings of the behaviour are increasingly becoming obsolete and that drug and alcohol abuse in general is mainstream rather than deviant (Masike & Mofokeng, 2017:115; Mathosa & Mofokeng, 2017:134).

Drug abusers may be part of a powerful “culture” where drug use is considered “normal”. They may come from a tradition of social drug use, such as a community of adults who drink home brew, smoke cannabis or chew khat as a social activity, despite the negative effects that these habits have on their health and the well-being of their families. Drug use, particularly drinking, may be part of their family culture. Therefore, drunkenness – whether resulting in good-natured or violent behaviour – may be tolerated within the family. Parental drug use is an especially powerful influence on children’s behaviour (United Nations Office for Drug Control and Crime Prevention [UNDCP], 2002:25).

In August 2012, the residents of Ga-Rankuwa took matters into their own hands and acted against nyaope drug smokers by setting their hideout – an old, abandoned shack – on fire. The residents complained of having suffered many losses through burglary and theft activities committed by the drug addicts, who steal to maintain their habit of drug use (Thamaga, 2012). Reports of desperate users, who will do anything to be able to spend up to R400 a day on the drug, have also surfaced in many townships of the CTMM (Taunyane, 2013). This increasing number of addicts in the CTMM townships and the corresponding number of children and youth involved in this social problem place an enormous burden on the community organisations and South African Police Service (SAPS) attempting to curb this problem.

In Ga-Rankuwa township, some religious organisations (church groups) and NGOs are intervening to ensure a drug-free society through spiritual/faith healing, rehabilitation and various other strategies that will be highlighted in this paper. Despite the envisaged combined efforts of NGOs and religious organisations, the drug addiction problem, especially the use of nyaope, persists among youths and even schoolchildren in the area. (Nyaope is a street drug commonly found in South Africa. It is a mixture of low-grade heroin, cannabis products, antiretroviral drugs and other materials added as cutting agents, which is smoked by users and is highly addictive physiologically.) This situation raises concerns about the possible disorganisation in the community structures and unrealistic partnerships between the community and relevant government agencies.

Against this background, this paper articulates the initiatives by the community-based organisations in fulfilling their vision and mission of creating a drug-free township in Ga-Rankuwa, which falls within the northern part of Gauteng Province.

Literature review

Conceptual Background

Interventions to combat the drug abuse problem

According to Fields (2001:217), a definition of “prevention” covers three basic categories. Primary prevention assumes that the individual has never tried drugs or alcohol and enforces a no-use norm by building positive self-esteem, developing good coping skills and providing information on alcohol and drugs. Lawson and Lawson (1992:27) posit that primary prevention is intended to prevent disorder before it occurs. Coleman (1988:272) is of the opinion that many people agree that the best way to deal with drug problems is to discourage young people from ever starting to use drugs. One common approach is to try to frighten them by presenting horror stories in “drug education” classes.

Secondary prevention assumes that the individual is in the early stages of use but does not use drugs regularly. Secondary prevention/intervention strategies try to stop drug use by providing drug information, developing the individual’s decision-making and assertiveness skills, and improving family communication; it may also include individual counselling. Lawson and Lawson (1992:27) point out that secondary prevention is an attempt to detect and halt the progress of a disorder early in its development. Lab (2010:247) posits that from the standpoint of secondary crime prevention, drug use can be used as a predictor of individuals who are at higher risk of committing other criminal acts. While not every user of drugs commits other offences, the evidence shows that those who regularly use illicit drugs and/or use large amounts of drugs are more disposed to criminal behaviour. At the very least, drug use can identify individuals for further intervention. To the extent that drug use is a cause or contributor to criminal activity, drug prevention or treatment programmes may be effective at limiting or eliminating other crimes (Mahamba, Mofokeng, Mabunda, Aphane & Kockott, 2021:509).

According to Fields (2001:217), tertiary prevention assumes that the individual is regularly using drugs but has not become a habitual user. Tertiary prevention/intervention includes counselling, drug education and family therapy. There is a very little difference between the tertiary level of prevention, intervention and treatment services. Lawson and Lawson (1992:27) contend that therapeutic intervention is used at this point to restore health and, hopefully, prevent future problems. For Coleman (1998:273), individual psychotherapy has proven to be the least successful approach to combatting drug problems. Drug use is a social phenomenon and no matter how much psychiatric care users receive, strong social support is usually needed to help them give up the drug habit. The most successful drug treatment programmes therefore involve some type of group therapy. Kappeler and Gaines (2011:345) maintain that community anti-drug campaigns are a variation on neighbourhood watches. Here, people band together to fight drugs in their neighbourhood and focus exclusively on drug trafficking and crime associated with the drug trade. Community anti-drug campaigns employ a variety of measures: anti-drug rallies, reporting and surveillance programmes, citizen patrols, code enforcement where drugs are sold, group meetings, drug trafficking hotlines and others. These programmes attempt to band people together to fight neighbourhood drug problems.

Miller and Hess (2002:445) echo the views of Fields (2001) and have identified some strategies to deal with the drug problem. These strategies include improving the physical environment, removing offenders, reducing the demand for drugs, improving /crime intelligence (information) and empowering residents. According to Miller and Hess, improving the physical environment entails improving the indoor and exterior lighting, which has been successful in some projects. Clean-up efforts in trash-strewn lots, which provide easy hiding places for drugs, have also been successful. Some housing projects have developed identification cards for their residents so that outsiders can be readily identified. Others have limited access by limiting the number of entrances and exits (Miller & Hess, 2002:445).

Removing offenders involves increased efforts at enforcing laws against dealing in drugs; increasing prosecution is also a deterrent to some drug dealers. Sometimes the local housing authority makes premises available to the local police department in which to set up an office, since visible police presence can be a strong deterrent. It can also provide residents with a feeling of security, as well as concrete evidence that the city is working on the problem (Miller & Hess, 2002:446). Ultimately, in Miller and Hess’s view, reducing the demand for drugs – which is yet another approach to the drug problem – involves focusing on those who use drugs. Some police officers have used sting operations, during which undercover police agents sell drugs and then arrest those who buy them. However, educating users might be a more fruitful and, perhaps, more ethical approach to the drug problem. School programmes can help youths to resist peer pressure to experiment with drugs. Providing diversions or alternatives to finding acceptance or excitement through drug use may also help. Providing community recreational programmes, improving ball fields and parks, installing a basketball court or sponsoring contests are all important additions to: options available to a community in its fight against drugs. Providing treatment and rehabilitation for drug users is sometimes also an effective strategy, although residents are often not aware of the existence of such treatment facilities. In many communities, however, such facilities do not exist (Miller & Hess, 2002:446).

Mahamba et al. (2021:508) posit that the manner (strategies employed) in which crime is policed determines the outcomes, regardless of the capacity and other resources. Improving intelligence can therefore be very useful and if the police can enlist citizens to provide information about drug dealing to the police, much can be accomplished (Makgoke & Mofokeng, 2020:98). Most residents in public housing know where drug deals are made. Many also believe, however, that the police either do not care or are corrupt because they arrest few dealers; and when dealers are arrested, they are often back on the street within hours. Therefore, residents should be

educated about the difficulties of prosecuting drug dealers and the need for evidence. Some departments conduct community surveys in low-income neighbourhoods to learn about how residents view the drug problem. Some departments have established tip lines where residents can provide information anonymously. Finally, but equally importantly, is the strategy of empowering residents in particular localities plagued with drug problems. In this case, many police agencies have focused on the broader needs of residents in low-income housing. Residents can also be empowered in other ways, for example by forming associations or holding rallies. Greene and Gabbidon (2009:242) state that two major lines of action are taken to prevent juvenile drug use: the employment of youth drug prevention programmes and the enforcement of drug laws.

Youth prevention programmes typically are school-based and utilise primary prevention strategies designed to prevent juvenile drug initiation. Drug prevention programmes shown to have the most promise for preventing or delaying drug use include those founded on the social influence model. According to Dempsey and Forst (2010:349), currently the most popular anti-drug programme aimed at children is Drug Abuse Resistance Education (DARE). In DARE programmes, police officers teach students in their own classrooms about the dangers of drug abuse. The programme is designed to help youths (1) build self-esteem, (2) build self-confidence, (3) manage youthful stress (4) redirect behaviour to viable alternatives, and (5) see police officers as positive role models.

The mandated police role and citizen involvement in improving service delivery

An effective police response to crime and disorder requires community mobilisation and active citizen involvement as, in the long run, vibrant neighbourhoods are the best defence against crime. Involvement is a process by which a person or persons actively participate in meaningful activities along a continuum, from less active and autonomous roles, such as being a recipient of a prevention activity, to more active roles, such as being an informant or key stakeholder in the process of planning effective prevention systems and activities (UNODC, 2020:33). The law enforcement community has recognised this principle in embracing community policing and seeking to address and solve local problems through partnerships with residents (Hess & Wroblewski, 2006:198; El-Khatib, Herrera, Campello, Mattfeld & Maalouf, 2021:3). According to Lab (2010:85) and El-Khatib et al. (2021:3-4), the police play a major role in many community crime prevention activities and organisations. In fact, the police may be the initiators and/or leaders of neighbourhood watches and other programmes.

This is largely because of the interdependence between citizens and the police. Government programmes alone cannot stop the flow of drugs or keep people from using them. Effective initiatives to reduce drug-related crime require the active support and participation of youth, key community leaders, professionals and concerned citizens at the local level through community policing. Participation is a sustained and meaningful participation of youth in an activity focused outside of themselves, that is, taking part in a prevention activity or activities in a way that allows their efforts and achievements to be recognised; it thus provides opportunities to learn and to contribute to something larger than themselves (UNODC, 2020:33). However, these prescriptions are not without hindrances in terms of the expected performance by the police and the cooperation from the community members (Makondo, Mofokeng & Khosa, 2021:169). Having taken cognisance of the above, the present study articulates the community milestones during drug abuse control and prevention and the obstacles that exist empirically. Most of the participants interviewed in NGOs stated that the police help them only when they refer clients to them who are victims of violence or domestic abuse; they don't usually pay attention to drug abusers. Few of the NGO participants interviewed have members within the police with whom they can work closely to refer clients to available programmes. However, one of the participants mentioned that they work with certain police officials who deal with substance abuse. These police members share information and provide the NGO staff with guidelines on what they should do about the problem. However, another participant claimed: "The SAPS do not help. The Tshwane Metro Police sometimes come to teach the clients about how to take care of themselves (self-defence) and the Department of Correctional Services (DCS) use to bring inmates to help us with gardening and other duties many years ago but now they do not bring them anymore. No one is concerned about our kids who abuse drugs." Another participant commented that only when they hold marches against drug abuse do they invite the police; in turn, the police invite them to drug awareness workshops occasionally. This participant maintained: "We are only invited after a long period when they conduct drug awareness workshops; there is nothing else that the police offer."

Another participant said that the police assist only by educating members of the community about drugs once or twice in a year, whereas most participants stated that the SAPS does not help them at all. One of the church participants stated that "the police only assist in tracing clients who flee from the rehab; however, some of the clients are sons and daughters of the government officials from all over South Africa".

Theoretical orientation of the study

The causes of substance use are complex and differ among individuals. There are various theories explaining the etiology of substance use disorders. These include stress relief theory, social learning theory, social control theory, social disorganisation theory and situational control theory. The integrated theories are the point of departure in this study, as the study intended to investigate the role played by participants in preventing and combatting drug abuse. These theories were also considered to contextualise the reasons for substance abuse among the Ga-Rankuwa community.

Social control theory

From a control theory perspective, social control refers to those elements that keep an individual from committing a criminal or deviant act. Examples include the family, church and school (Akers & Sellers, 2013:21). Travis Hirschi's social control theory and Hawkins's social development model both assume that emotional attachment to peers who use substances is the primary cause of substance abuse (Schmallegger & Bartollas, 2008:394). Hirschi asserts that the deviant impulses that most adolescents share are held in check or controlled by strong conventional society, families, schools and religions. However, adolescents who do not have such controlling influences will not feel compelled to adhere to convention or to engage in socially acceptable behaviours (Schmallegger & Bartollas, 2008:395).

The social development model proposes that adolescents become attached to substance-using peers if they feel uncommitted to conventional society or positive role models. The social development model focuses more on individuals, their social development and their social interactions. This focus shifts developmentally, with parents dominating the preschool years, teachers dominating preadolescent years, and peers dominating behaviours during adolescence (Schmallegger & Bartollas, 2008:395). According to Voorhis and Salisbury (2014:267), alcoholism and other addictions are learned through the same behavioural mechanisms that other behaviours are learned. Causation, then, is rooted in classical and operant conditioning models of learning. Drinking and other types of drug use are reinforced through peer approval, tension reduction, improved social confidence and festivity (operant conditioning). At the same time, addicts come to appreciate the various stimuli of addictive behaviours, such as certain friends, settings and paraphernalia (classical conditioning).

Social disorganisation theory

Social disorganisation refers to the breakdown in traditional social control and organisation in the society, community, neighbourhood or family so that deviant and criminal activity result. It is most often applied to urban crime (Ronald, Sellers & Sellers, 2013:27). These researchers further explain that social disorganisation is a macro theory that crosses different communities or neighbourhoods. The theory was developed by Shaw and McKay, who demonstrated that juvenile offenders followed a very consistent pattern over several decades, with the highest rates of deviance concentrated in the inner city and diminishing outward from the core of the city. This suggests that forces are at work beyond the individual delinquents. Those larger forces may be found in the structure or organisation of the city itself. Factors in a city that have been examined by others include the poverty rate, unemployment rate, percentage of female-headed households, percentage of those under the age of 18, as well as various measures of community involvement. Social disorganisation theories explain the onset and escalation of adolescents' drug use by claiming that a bleak economic environment for certain disenfranchised groups has created a generation of young adults in urban inner cities who regularly experience doubt, hopelessness and uncertainty. According to this perspective, the hopelessness of the poor leads them to seek relief. Hence, drug and alcohol abuse provide an immediate fix for hopelessness but, in the long run, create other problems (Schmallegger & Bartollas, 2008:395).

This theory is supported by Winick (as cited in Lyman and Potter, 2003:27), who believes that the correlation between drug abuse and young minority group members is tied to factors such as racial prejudice, low socioeconomic status, lack of positive self-esteem and uncharitable urban surroundings. As a result, the link between drug use, poverty and race has been associated with high levels of mistrust and deviance common to lower-class urban areas. Lyman and Potter (2003:75) further maintain that some theorists suggest that in those socially ravaged areas, the necessary social services, educational opportunities, housing and health care are inadequate or totally unavailable, thus exacerbating the problem of disorganisation and criminality.

According to the social disorganisation theory, residents of high-crime communities often lack the skills and resources to assist others effectively. They are poor and many are single parents struggling with family responsibilities. As such, they often face problems in socialising their children against crime and providing them with a stake in conformity, such as the skills to do well in school or the connections to secure a job. These residents are also less likely to have close ties with their neighbours and to care about their community (Simpson et al., as cited in Haefele, 2011:78). Similarly, Haefele (2011:78) noted the following responses: from participants, which corresponded with the elements of the social disorganisation theory, in a study conducted in Mitchells Plain in the Western Cape Province of South Africa:

- i. Breakdown of family life – Substance abuse leads to family breakdown, destitute adults, lack of family values and moral degeneration. Substance abuse is a way in which women deal with the stress of family problems and the lack of discipline in their children.
- ii. Family disintegration – Substance abuse has a negative impact on the community. It leads to a lack of family structure, family disintegration, child neglect, domestic violence and mental illness; mothers often neglect their children because they (the mothers) are abusing alcohol. It destroys family life and people become fearful of drug addicts.
- iii. Behavioural problems – People use drugs to escape from reality; this is often associated with personality and mental disorders. They have serious behavioural problems and experience frustration and a general feeling of helplessness. They use drugs because they want to be free of their problems, but while this may make them feel good in the short term, it has negative effects in the long term.
- iv. Boredom – The youth abuse substances because there are not enough activities to keep them occupied. The lack of recreational facilities leads to boredom.

- v. Acceptance – Youths want to be in fashion; they view the gangsters and drug lords as people who are successful (e.g. wearing designer clothes) and they aspire to achieve this too. For young people, it is a prestigious thing to do drugs. They want to be in fashion and lose weight and it is socially acceptable to use alcohol. Drugs also make people relax; they start using alcohol and eventually ended up addicted.
- vi. Availability of drugs– Drugs are readily available in Mitchells Plain.
- vii. Peer pressure – The youth often experience peer pressure to try something new.
- viii. Lack of moral values – People no longer have any moral values.

Despite all these elements, Haefele found that the reason given most often for the substance abuse problem was the poor economy in the area and the promise of quick and easy money by becoming a drug dealer (Simpson et al., as cited in Haefele, 2011:78).

Situational control theory

Clarke (1997:7) describes this model, which was first dubbed by Downes and Rock (1982) and was subsequently developed into the rational choice perspective on crime. It served initially to deflect criminological criticism of the theoretical nature of situational prevention and, more importantly, to guide thinking about practical ways of reducing opportunities for crime. Clarke (1997:4) explains that situational crime prevention comprises opportunity-reducing measures that are directed at highly specific forms of crime; involves the management, design or manipulation of the immediate environment in as systematic and permanent a way as possible; and makes crime more difficult and riskier, or less rewarding and excusable, as judged by a wide range of offenders. He further explains that situational measures must be tailored to highly specific categories of crime, which means that distinctions must be made, not between broad categories such as burglary and robbery, but rather between the different kinds of offences falling under each of these categories.

Methodology

Data for this discourse were generated from a study conducted in the Ga-Rankuwa policing area at local churches and non-governmental organisations (NGOs) that play a social crime prevention role by rehabilitating drug abusers and attempting to prevent drug abuse through various programmes. Ga-Rankuwa township is located about 37 km north of Pretoria. Provincially, it falls under Gauteng Province in South Africa. The study made use of a sample of 90 participants of 18 years and older, who responded to the survey. A sample of 10 staff members from the community-based organisations participated in oral interviews. Furthermore, a simple random sample of 80 community members responded to self-administered questionnaires.

These community members gave their perceptions regarding the role played by churches and NGOs. From the community-based organisations, a total sample of ten (10) staff members – comprising two (2) staff members from each of the two (2) churches and three (3) staff members from each of the two (2) NGOs – was studied. A purposive sampling method was used to acquire a sample of members from the community-based organisations and a simple random sampling method was used to select the 80 community members. Semi-structured interviews and questionnaires were the main methods that were used to collect data. Besides the primary data, secondary data sources were also consulted to corroborate the claims that emerged from this study. The data collected by means of questionnaires were analysed with STATA V12 statistical software. Frequency tables were computed to summarise all the variables, since they were all categorical. The data were cross-tabulated by using demographical characteristics of respondents and were then transformed into tables and analysed, supported by qualitative data. Analysis of data obtained from interviews was done by identifying common themes from the respondents' descriptions of their experiences. Irrelevant information was separated from relevant information. The relevant information was then broken into phrases or sentences that reflect a single/specific thought. The phrases or sentences were further grouped into categories that reflect the various aspects of meanings.

Empirical data and analysis

The role of community-based organisations' collaboration with the police in combatting and preventing drug abuse

Community policing involves police officers and private citizens' working together to reduce crime and disorder and restore community cohesion. The central figure in this strategy is the community police officer, whose mission is to maintain direct contact with the citizens of a small, defined area. This officer serves as a liaison between the community and the police. The community needs to support the police, in particular, with information; it also needs to support the whole criminal justice cluster. Government in all its spheres, civil society, faith-based organisations, businesses, community-based organisations and NGOs must all join forces and deal a decisive blow to the scourge of drugs (SAPS, 2010).

Table 1 below reveals that 33.33% of respondents who participated in NGOs were familiar with the partnership between the police and community-based organisations. About 12.50% of respondents who belonged to local churches concurred that the police have partnerships with NGOs and churches. Surprisingly, 26.53% of respondents who did not participate in any community-based organisation were also familiar with the existence of such partnerships. However, most of the respondents disagreed that such partnerships exist. The reason for this discrepancy might be that the churches and NGOs that assist drug abusers do not share information with the police to maintain confidentiality of the information received from their clients. Additionally, most churches operate independently.

One of the NGO participants interviewed claimed that the police assist only by giving drug education once or twice a year and by inviting the local NGOs to attend these drug awareness workshops. This participant also indicated that the NGOs, in turn, invite the police when the former arrange marches against crime. A few of the NGO participants pointed out that they work with certain police officials who deal with substance abuse; they share information with them and receive guidelines on what they should do. Another participant stated that the SAPS does not help them but that the Tshwane Metro Police sometimes come to teach their clients about self-defence.

One of the church participants claimed that the police assist only when a client runs away from the rehabilitation centre. In that case, they contact the police to locate the escaped client and bring them back to the rehabilitation centre. Besides this, the police do not help at all. Another church participant concurred by stating that the SAPS invited them to a drug workshop once a long time ago, but that they no longer involve them as a church. He concluded: "It is better for the church to collaborate with other community-based organisations rather than the police." The study therefore revealed that the partnerships between the police and community-based organisations of Ga-Rankuwa are ineffective.

Table 1: Partnerships between the police and community-based organisations in Ga-Rankuwa

Respondents' membership of community-based organisations	Strongly disagree	Disagree	Uncertain	Agree	Total
Respondents who participate in/work for NGOs	2 (13.33)	4 (26.67)	4 (26.67)	5 (33.33)	15(100)
Respondents who are church members	1 (6.25)	8 (50.00)	5 (31.25)	2 (12.50)	16(100)
Respondents who are ordinary community members	6(12.24)	16(32.65)	14(28.57)	13(26.53)	49(100)
Total	9(11.25)	28(35.00)	23(28.75)	20(25.00)	80(100)

Community initiatives for dealing with drug abuse by NGOs and churches in townships

Community outreach programmes

Community-based organisations reach out to the community to inform the residents of the services that their organisations provide to help fight drug abuse. A community outreach programme involves home visits to identify problems and to look after clients, as well as workshops and drug awareness campaigns conducted in public places such as shopping centres to enhance public awareness about the dangers of drugs. These efforts enhance resilience and promote individual strengths among high-risk populations, such as children of substance abusers, pregnant teens and juvenile offenders.

Most of the NGO participants interviewed stated that they often visit schools, clinics and various public places to inform people about the availability of their services. One participant stated: "We also spread the word around local churches and community halls about our services to recruit people to join our organisation." This participant further stated: "We also reach out to communities especially the youth who are at risk to empower them and lead them to a better life." Most of the NGO participants conduct home visits to identify the problems experienced within particular families and to invite the family members to come to their centres to get help. The home visits are conducted daily by the NGO staff. Each NGO staff member is assigned to provide several clients with care and to monitor their progress. The number of clients assigned to each NGO member ranges from a minimum of 10 to a maximum of 40 persons per caregiver. Clients range in age from children up to the elderly. Some caregivers recruit vulnerable youth to participate in sports activities to make sure that they avoid harmful activities such as drug abuse.

The respondents belonging to churches indicated that during church services, they encourage the church members to bring addicted individuals to the church for rehabilitation. One of the church walls is painted with "no smoking" signs and messages that people can see from far away. One participant remarked: "Sometimes we go out directly to drug abusers and invite them to the church because their parents and families have already given up on their children. Some drug addicts come voluntarily after hearing about the rehabilitation services offered by the church." The study revealed that most church respondents inform the community members from time to time about how they are able to help drug addicts. Sometimes they go out to drug abuse hotspots to talk to drug abusers and to recruit them into their rehabilitation programmes.

Youth support programmes within community-based organisations

The after-school hours are high-risk periods for alcohol and illicit drug use, unprotected sex and violence among youths. Many community-based organisations are implementing after-school youth programmes that include substance abuse prevention. Activities range from programmes that offer alternative activities with a drug prevention message to programmes for high-risk youth that involve more intense intervention, specifically addressing risk and protective factors for substance abuse. The study findings show

that most of the NGOs we studied offer love-life youth programmes, counselling and career guidance. In addition, youth who are in poor health are provided with medical support and supervision, as well as the necessities to survive. Most of the NGO participants interviewed have access to persons who specialise in counselling the clients and they also work with social workers in assisting the clients. Some NGOs operate with clinic nurses who provide care for clients that need medical attention.

Most of NGO participants interviewed supply pamphlets at local schools, churches and shopping centres to inform the people about the availability of their services and the activities in which the youth can participate. One of the NGO staff interviewed pointed out that they direct the youth towards better education and skills as a way of redirecting them away from dangerous circumstances/activities, such as drug abuse and crime. Another NGO participant launched sporting activities to encourage the youth to stay away from drugs. Other activities, such as drama, singing in a choir, karate, aerobics and dancing help to mitigate boredom and exposure to a drug abuse lifestyle.

Another NGO participant interviewed has been involved in dancing competitions and has won many sports medals and trophies for athletics, karate and dance. These skills have enabled the participant to avoid substance abuse and to help others to discover their sporting or other talents. Most of the NGO staff participants who are involved in youth programmes have considerable experience in sports and have won many awards, which has motivated them to recruit people to participate in sports and recreational programmes. Another reason why these participants recruit the youth to become involved in sports and recreation is to prevent government recreational facilities from being used inappropriately, for instance when the youth occupy abandoned buildings, street corners and parks to engage in drug taking and gambling activities. Consequently, these NGO participants have seen the need to introduce more innovative sports and recreational activities within the neighbourhood.

Education programmes and child care as primary forms of drug abuse prevention

Effective school programmes and after-school child care teach young people to resist drugs by developing their personal and social skills, such as decision-making, stress management, communication, social interaction, conflict resolution and assertiveness. These programmes can enhance youth awareness and help them to resist the lure of drugs. Here the learners are informed that most of their peers do not use drugs and they learn to recognise social and peer influences on drug use. With this new awareness, youths are better able to resist the pressure to take drugs. Most of the NGO participants interviewed focus more on children to make sure that they attend school and stay away from drugs and crime; this is done by providing them with basic needs, such as school uniforms and stationery, which enables them to attend school; the participants also monitor the children's school attendance and performance. One NGO staff participant interviewed is assigned vulnerable children by local schools that have identified problem learners that require special attention. Most of the NGO staff participants interviewed have sufficient skills, experience and/or qualifications to provide care and educational programmes for the children. One of the NGO staff participants stated: "I was a high school educator before and I have seen many kids who were brilliant whom I have taught in school that have turned to abuse drugs." Thus, by using their experience, skills or qualities, most participants give back to the community by helping vulnerable children who are either exposed to or devastated by illicit drugs.

One of the NGO staff interviewed, who is now involved in educational programmes and child care, acknowledged: "I have been helped by the centre to be able to acquire my matric education and now I am giving back to others who are in need of our services." Another participant stated: "I volunteered to help the community because I realized that as an unemployed graduate I will end up smoking, gambling or being involved drugs, instead I decided to help children to do their school homework after schools. The kids who do not want to go to school are taught about the careers they would like to take and are referred to relevant institutions which will help them to follow their goals." Most NGOs help orphans and vulnerable children to stay away from drugs by encouraging them to attend school.

Client counselling in community-based organisations

According to Lawson, Lawson and Rivers (1996:1), most people who enter the field of chemical dependency counselling have some personal history with substance abuse or addiction. They may be recovering from their own personal struggles with chemical dependency or from the effects of living with someone with an addiction. Lawson, Lawson and Rivers (1996:3) further pointed out that there are three major areas of consideration for becoming a chemical dependency counsellor: knowledge and skills; experience; and knowledge of self. Although knowledge, skills and experience are important for becoming a good counsellor, people who are aware of their own values, belief systems, philosophies of life, strengths, weaknesses and their impact on others will have valuable tools for the art of counselling. All the community-based organisations we studied have participants who provide clients with counselling.

One of the church staff members we interviewed has a degree in psychology and social work. She left her job and started to help the drug addicts at the church with counselling and emotional support. The counselling helps the clients to be strong and motivated to persevere through the rehabilitation process. Another church participant stated: "I went to a government rehabilitation centre and failed to get helped. One church member approached me and invited me to the church. I cooperated and got helped." Currently this participant helps others with his experience in drug abuse. The counselling at churches we studied is offered by people who are skilled and trained. One of the NGO staff interviewed indicated that the NGOs have a professional counsellor and rely on the assistance of professional social workers. Most of the NGO participants indicated that they refer some of their clients to social workers

if they themselves cannot help them. Most NGO staff who participated in the interviews had also attended courses and training programmes to be able to assist their clients.

Drug awareness campaigns in townships

Kappeler and Gaines (2011:345) maintain that community anti-drug campaigns are a variation on neighbourhood watches. Here, people band together to fight drugs in their neighbourhood and focus exclusively on drug trafficking and crime associated with the drug trade. Community anti-drug campaigns employ a variety of measures: anti-drug rallies; reporting and surveillance programmes; citizen patrols; code enforcement where drugs are sold; group meetings; drug trafficking hotlines and drug house raids where police were informed about possible illegal storage by perpetrators. These programmes attempt to help people to join forces to fight neighbourhood drug problems.

Table 2 shows that 53.33% of community respondents who participate in NGOs agreed that the NGOs conduct drug awareness campaigns within the community. About 56.2% of respondents who are church members concurred. Surprisingly, the majority (57.14%) of the ordinary community members questioned, who are not members of any community-based organisation, also agreed. Only 20% of all respondents disagreed, while 23.75% were uncertain. The reason for this overall positive response might be that these organisations are diligent in informing the community about their plans and programmes.

Based on the interviews conducted at NGOs, most of the participants believed that the drug awareness campaigns and marches arranged by the police and the community are just a coping mechanism. Another participant argued that, in her experience, “there are no coping mechanisms or effective strategies that can eradicate drug abuse currently because there are no proper resources and capability”. Some participants indicated that helping schoolchildren to stay away from substance abuse is working well. They make sure that the children love school and they provide them with stationery so that they can be like the other children at school. Most drug abusers perform poorly at school. Therefore, helping learners is a primary prevention strategy against drug abuse.

Table 2: Drug awareness campaigns conducted by the community

Community-based organisation membership	Disagree	Uncertain	Agree	Total
NGO	1 (6.67)	6 (40.00)	8 (53.33)	15(100)
community participants				
Church members	1 (6.25)	6 (37.50)	9 (56.25)	16(100)
Ordinary community members	14 (28.57)	7 (14.29)	28 (57.14)	49(100)
Total	16 (20.00)	19 (23.75)	45 (56.25)	80(100)

Success of community-based organisations in rehabilitating drug abusers

Substance abuse treatment is the most cost-effective way to reduce addiction, improve the health of drug abusers and reduce the growing burden of drug-related health care costs. With treatment, addicts can get off drugs, get jobs and become productive members of society. In addition, crime levels in the townships will be reduced.

Table 3 below indicates that 26.67% of respondents who participated in NGOs agreed that the community-based organisations are succeeding in helping drug abusers. About 18.37% of respondents who did not participate in any of the community-based organisations concurred with this statement. Only a few respondents (8.75%) who were church members agreed with the statement, while a total of 46.94% of all the respondents disagreed with the statement. Based on the interviews conducted with staff from churches, one of the participants stated that “their techniques of chaining drug abusers to church benches, monitoring them, counselling, and praying for them are best because people from distant places bring their children to the church for help”. The participant believed that government rehabilitation centres are complicated and expensive, whereas their church helps the community free of charge with support from parents in the community. The process is straightforward and reasonable. Another church participant stated that “supporting victims of drug abuse religiously and psychologically is effective. The church effectively helps a lot of sufferers and some of the victims become victorious”. Another church participant indicated that emotional counselling and continuous support are the best mechanisms adopted by community-based organisations.

One of the churches studied accommodates drug addicts from all over South Africa to help them to conquer their drug addiction. Each day the participants interviewed provide their clients with food and accommodation. They also teach them the word of God and pray for them. One of the churches is well-known for its methods of chaining the drug abusers to ensure that they do not escape from the church and the provision of sufficient support throughout drug rehabilitation. One of the participants interviewed indicated that the clients who have been at their rehabilitation centre for a long period and who are physically fit perform small duties, such as gardening. Certain parents within the community donate money to the church, which is used to buy the clients’ necessities, such as toiletries and food.

The other church studied also helps drug addicts to quit drug abuse. They support the clients with counselling and direct them to appropriate activities that they can perform within the church. They provide their clients with spiritual and physical healing. One of the church participants interviewed has helped many drug abusers through his own past experiences of drug abuse; he motivates them and tells them how he managed to give up his drug abuse lifestyle. This participant further indicated that five (5) of his former clients are now gainfully employed.

Table 3: The success of drug rehabilitation in community-based organisations

Community-based organisation membership	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree	Total
NGO community participants	4(26.67)	4(26.67)	2(13.33)	4(26.67)	1(6.67)	15(100)
Church members	1(6.25)	10(62.50)	1(6.25)	3(18.75)	1(6.25)	16(100)
Ordinary community members	7(14.29)	23(46.94)	3(6.12)	9(18.37)	7(14.29)	49(100)
Total	12(15.00)	37(46.25)	6(7.50)	16(20.00)	9(11.25)	80(100)

Findings and Discussion

The findings of this study have shown that drug awareness campaigns conducted in Ga-Rankuwa seldom take place, so awareness is not enhanced. The Prevention of and Treatment for Substance Abuse Act 70 of 2008 indicates that the Minister must, in consultation with the National Youth Commission (NYC), SAPS and the Ministers of the Department of Basic Education (DBE), Department of Health (DoH), Department of Justice and Constitutional Development (DoJ & CD), Department of Sport, Arts and Culture (DSAC), provincial and local government and the Department of Correctional Services (DCS), facilitate the establishment of integrated programmes for the prevention of substance abuse. The programmes contemplated in subsection (1) of the Prevention of and Treatment for Substance Abuse Act 70 of 2008 may include elements that (a) address the values, perceptions, expectations and beliefs that a community associates with substances; and (b) develop the personal and social skills of people, especially children and youth, to increase their capacity to make informed and healthy choices (South Africa, 2009:20).

The Prevention of and Treatment for Substance Abuse Act 70 of 2008 further states that the purpose of prevention programmes is to prevent a person from using or continuing to use substances that may lead to abuse or result in dependence. Prevention programmes must focus on (a) preserving the family structure of the persons affected by substance abuse and those who are dependent on substances; (b) developing appropriate parenting skills for families at risk; (c) creating awareness and educating the public on the dangers and consequences of substance abuse; (d) engaging young people in sports, arts and recreational activities and ensuring the productive and constructive use of leisure time; (e) peer education programmes for youth; (f) enabling parents and families to recognise the early warning signs with regard to substance use and equipping them with information on appropriate responses and available services; and (g) empowering communities to understand and to be proactive in dealing with challenges related to substance abuse and its link to crime, human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) and other health conditions. From this point of view, it is evident that the drug community initiatives such as awareness campaigns can serve as a primary prevention method to drug abuse if conducted effectively and more frequently. This will prevent drug dealers, cartels and syndicates from operating freely (South Africa, 2009:20).

The dysfunctional nature of the Community Policing Forums (CPFs) in Ga-Rankuwa township has led to a rise in crime rates and a decrease in relevant crime information to the police. Prevention and combatting drug crime requires an effective community policing strategy and a strong partnership with civil society. MacQuoid-Mason, Coetzee, De Grandpre, Lotz et al. (2004:133) state that CPFs in South Africa were introduced during the period of transition from apartheid to democracy. CPFs play an important role in assisting the police and they are a mechanism intended to establish the legitimacy of state institutions – especially the SAPS. The causes/consequences of dysfunctional or ineffective community-police relations are lukewarm community members that lack effective social crime prevention initiatives. It was a common but prominent finding that all community-based organisations interviewed lack capacity building. Strengthening people's capacity to determine their own values and priorities and to act on these is the basis of development. Capacity building in NGOs strengthens these organisations to perform specified activities, such as drug abuse prevention and control. It also strengthens NGOs to survive and fulfil their mission, as defined by each organisation. Therefore, the failure of the police to control drug abuse and trafficking in Ga-Rankuwa is, in part, a fundamental failure of the relevant stakeholders, including the NGOs, which lack the necessary capacity to make a meaningful contribution in this regard.

According to Burger (2007:130), the term “social crime prevention” itself is restrictive and moulds a wider socioeconomic responsibility into a narrow function, which appears to fit only the profile of the police. He maintained that the role of the police in this regard should be only to identify the socioeconomic and other risk factors in crime-prone areas and to provide that information to the coordinating structures created for this purpose. Alternatively, the police should be able to relay such information to government departments or local authorities better suited to addressing those specific problems. Dempsey and Forst (2010:140) posit that the police are crime fighters concerned with law enforcement (crime fighting) and they are order maintainers concerned with keeping the peace and providing social services to the community (order maintenance).

Regarding the role played by the community-based organisations, the study found that among all the community-based organisations investigated, the churches focus most on drug abuse rehabilitation and more clients are assisted in churches than in government rehabilitation centres. The NGOs, on the other hand, focus more on broad primary prevention of social problems, such care for orphans and the elderly. The study revealed that most NGOs in Ga-Rankuwa have directed their efforts to combatting social problems such as diseases and poverty more than to preventing and combatting drug abuse. In this regard, the churches perform a tertiary prevention role by rehabilitating the clients and offering continuity of support to ensure that the victims remain drug-free. The major role played by most NGOs in respect of drug abuse is in providing care to vulnerable children and ensuring their school attendance.

When communities feel unsafe and live in fear, both the country's economic development and people's well-being are affected, thus hindering the latter's ability to achieve their potential. Although there are links between South Africa's high poverty rate and the high crime levels, crime is attributable to more than poverty. Despite being impoverished, most people do not resort to crime. Rather, it is organised syndicates that launder money, deal in drugs and smuggle guns, and these mob-like criminals are not necessarily from poor communities (South Africa, 2014:349).

Conclusions

The study examined the successes and effectiveness of community initiatives, revealing that churches and NGOs have a powerful influence in the lives of drug abusers. Moreover, ordinary community members have a critical role to play in drug abuse prevention, not only within the family, but also in collaboration with schools and community groups. More importantly, the weak or non-existent partnerships between the SAPS and community-based stakeholders is a cause for concern if the dream of a drug-free society is to be achieved. Most community members do not get fully involved in the operational planning to fight against drug abuse.

There is great potential among the community-based organisations to get drug abusers off drugs, but this cannot be achieved because of the lack of adequate resources and capacity building. The lack of finance also prevents these community-based organisations from performing their services effectively. More community coalitions must be established, comprising community stakeholders, service providers, residents, community and business leaders, educators, government officials, law enforcement officers and others; they must combine their human and financial resources to control and prevent drug-related issues within the community.

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