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The determinants of South Africa’s drug policy in the area of demand reduction

Abstract: The article examines the evolution of drug policy in South Africa, highlighting the change from a punitive, prohibition-based “war on drugs” paradigm to a health-based, harm-reduction, and human-rights-oriented model. It situates drug use within South Africa’s socio-historical context marked by apartheid, inequality and social exclusion, which shape patterns of psychoactive substance use. The analysis discusses the impact of the 2018 Constitutional Court judgment and the 2024 Cannabis for Private Purposes Act, along with the increasing importance of harm reduction strategies. The article identifies key challenges, including insufficient funding, institutional fragmentation and persistent stigma. The conclusions emphasize that a sustainable paradigm alteration requires integrated health, social, and legal responses, as well as a transformation of public narratives surrounding drug use.

Keywords: drug policy in South Africa, harm reduction, human rights, decriminalization

1. Introduction

Drug policy in South Africa is one of the most complex issues in the public, legal, and health arenas today. Its nature has evolved over the decades – from a strict criminal justice regime rooted in the UN’s international drug conventions¹ and the “war on drugs” concept, to increasingly visible attempts to pursue a health-based approach based on harm reduction

¹ Single Convention on Narcotic Drugs of 30 March 1961, with its amending Protocol of 1972, the Convention on Psychotropic Substances of 21 February 1971 and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 19 December 1988.

and human rights.² At the heart of this transformation lies the conflict between the paradigm of repressive responses and the need to integrate issues related to psychoactive substance use into public health policy.

South Africa is a country with an extremely complex social and historical structure. The legacy of apartheid, profound economic inequality, and high unemployment provide a backdrop against which the problem of drug use takes on an additional dimension.³ In many cases, psychoactive substances become not only a source of addiction, but also a form of escape from violence, poverty, and exclusion.⁴ In this context, drug policy cannot be viewed solely in legal terms but must be analyzed as part of a broader social system encompassing education, health, and safety.

Historically, South African drug law has been closely linked to the ideology of social control. As early as the 1970s and 1980s, influenced by global trends, South Africa adopted a policy model based on the criminalization of drug possession and use. The Drugs and Drug Trafficking Act of 1992 played a central role in this system,⁵ providing harsh penalties for possession and use of psychoactive substances. These laws made little distinction between users and dealers, leading to the criminalization of thousands of people, often from poor and marginalized communities.⁶ Over time, however, it became increasingly clear that the repressive approach was not yielding the desired results. Despite the increase in arrests and penalties, the problem of psychoactive substance use remained unabated. Furthermore, penal policies contributed to worsening health problems, including the spread of HIV/AIDS among people who inject drugs. Users,

² United Nations Office on Drugs and Crime, *World Drug Report 2023*, Vienna 2023.

³ Kennedy Kipkoech, Jack Stone, Hannah Fraser, Andrew Scheibe, Leigh Johnson, Peter Vickerman, "Trends and factors associated with drug use in South Africa: findings from multiple national population-based household surveys," *Epidemiology and Public Health Research*, 2021, accessed October 29, 2025, <https://inhsu.org/resource/trends-and-factors-associated-with-drug-use-in-south-africa-findings-from-multiple-national-population-based-household-surveys>; Karl Peltzer, Shandir Ramlagan, Bruce D. Johnson, Nancy Phaswana-Mafuya, "Illicit Drug Use and Treatment in South Africa: A Review," *Substance Use & Misuse* 45, no. 13 (2010), accessed October 29, 2025, https://www.tandfonline.com/doi/10.3109/10826084.2010.481594?url_ver=Z39.882003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed.

⁴ Mokopane Charles Marakalala, "The drugs and substance abuse among youth in South Africancommunity: The case study of youth-network engaged scholarship project," *International Journal of Research in Business and Sociel Science* 14, no. 6 (2025): 407–413.

⁵ Drugs and Drug Trafficking Act 140 of 1992.

⁶ 'Mampolokeng' Mathuso Mary-Elizabeth Monyakane, "The South African Drugs and Drug Trafficking Act 140 of 1992, Read with the South African Criminal Law Amendment Act 105 of 1997: An Example of a One Size Fits All Punishment?," *Criminal Law Forum* 27 (2016): 227–254.

fearing sanctions, avoided contact with medical facilities, leading to isolation and hindering the implementation of prevention programmes.⁷

In this context, the first voices calling for a paradigm change began to emerge – a shift away from the “war on drugs” toward evidence-based policies and effective health interventions. This process was influenced by both non-governmental organizations and academics promoting a harm reduction approach.⁸ In South Africa, this alteration only began to take shape in the second decade of the 21st century, with the adoption of the *National Drug Master Plan 2019–2024* and the introduction of cannabis policy reforms in 2024.

It is worth emphasizing that the modification in thinking about drug policy in South Africa is not an isolated phenomenon. It is part of a broader trend observed worldwide, in which a growing number of countries are moving away from repressive strategies in favour of solutions based on public health, human rights, and prevention. However, in Africa, this process is particularly acute, as it is combined with a long-standing lack of access to healthcare, infrastructure problems, and limited funding for social programmes.⁹ From this perspective, the South African experience takes on a model significance – as an example of a country attempting to combine a traditional legal system with a modern approach to health.

Constitutional jurisprudence has played a significant role in the evolution of South African drug policy. In 2018, the Constitutional Court issued a landmark judgment in which it found that the criminalization of cannabis use and possession in private spaces violates the individual's constitutional right to privacy.¹⁰ In this judgement, the Court clearly stated that the law cannot interfere with the private sphere of citizens' lives in a way that is not proportionate to the objectives of protecting public health or safety.¹¹ This judgment opened a new chapter in South African drug policy, leading to the passage of the Cannabis for Private

⁷ “UNAIDS, South Africa Country Progress Report on HIV/AIDS Response 2023,” Geneva 2023; Harm Reduction Information Note: South Africa, 2024.

⁸ “NACOSA Advocates for People-Centred Drug Policy,” accessed October 29, 2025, <https://www.nacosa.org.za/nacosa-advocates-for-people-centred-drug-policy>; Andrew Scheibe, Shaun Shelly, Johannes Hugo, Matilda Mohale, Sasha Lalla, Wayne Renkin, Natasha Gloeck, Senzao Khambule, Lorinda Kroukamp, Urvisha Bhoora, Tessa S. Marcus, “Harm reduction in practice – The Community Oriented Substance Use Programme in Tshwane,” *African Journal of Primary Health Care & Family Medicine* 12, no. 1 (2020): 1–6, accessed October 29, 2025, <https://doi.org/10.4102/phcfm.v12i1.2285>.

⁹ NACOSA, “Human Rights and People Who Use Drugs in South Africa: Policy Brief,” Cape Town 2021.

¹⁰ Minister of Justice and Constitutional Development and Others v Prince and Others (CCT108/17) [2018] ZACC 30.

¹¹ *Ibidem*.

Purposes Act in 2024.¹² This Act introduced significant changes by legalizing the possession and cultivation of cannabis by adults in private settings.¹³ Although their sale and public use are still prohibited, this regulation symbolizes a deeper paradigm modification – from treating users as criminals to recognizing their autonomy and right to privacy. This reform also sparked a broader public debate about the need to decriminalize the possession of other psychoactive substances for personal use and the need to build a coherent support system encompassing prevention, treatment, and social reintegration.¹⁴

In parallel with these legal changes, thinking about the very nature of psychoactive substance use has evolved. It has become increasingly recognized that addiction is not merely an individual or ethical issue, but a complex social and health phenomenon that requires a comprehensive response.¹⁵ From this perspective, drug policy should focus on reducing demand, not solely on combating supply.

The understanding that effective drug policy requires a multidimensional approach has led to the development of integrated strategies, combining public health, education, social policy, and law. *National Drug Master Plan 2019–2024*¹⁶ an attempt at such an approach – it describes the goals and directions of state action in reducing the demand for drugs and minimizing the harm associated with their use.

2. Health policy and harm reduction

Contemporary South African drug policy is increasingly moving away from traditional policies of punishment and control, toward health-based and humanitarian solutions. At the heart of these changes is the premise that psychoactive substance use is a public health problem that requires appropriate medical, psychological, and social interventions. This approach, known as demand-side policy, is based on efforts to reduce

¹² Cannabis for Private Purposes Act 2024 (Act No. 7 of 2024).

¹³ *Ibidem*.

¹⁴ Bessie M. Mogoro and Kola O. Odeku, “Paradigm Shift from Criminalisation to Constitutional Legal Protection for the use of Cannabis in South Africa: Issues and Perspectives,” *African Renaissance* 17, no. 3 (2020): 279–298, accessed October 29, 2025, <https://journals.co.za/doi/epdf/10.31920/2516-5305/2020/17n3a14>.

¹⁵ Andrew Scheibe, Shaun Shelly, Anna Versfeld, Simon Howelliv, Monique Marks, “Safe treatment and treatment of safety: call for a harm-reduction approach to drug-use disorders in South Africa,” in *South African Health Review* 2017, 20th ed., ed. Ashnie Padarath and Peter Barron (Durban: Health Systems Trust, 2017), 197–202.

¹⁶ *National Drug Master Plan 2019–2024*, Department of Social Development, Pretoria 2019.

drug demand through education, prevention, treatment, and rehabilitation of addicts. The transition from repression to support represents not only a shift in public policy, but also a profound cultural and social transformation, redefining the way addiction is perceived.¹⁷

The *National Drug Master Plan 2019–2024* clearly states that drug demand reduction is a key pillar of the national strategy. The plan emphasizes the need to integrate various sectors – from public health to education, social work, and the justice system – to create coherent support mechanisms. It also recognizes that effective drug policy requires the active participation of local communities and non-governmental organizations, which best understand the specific challenges at the local level.¹⁸ In this sense, the South African model is sustainable: it combines prevention with treatment and rehabilitation, while maintaining a limited role of criminal law as the *ultima ratio*.

One of the central elements of the South African approach is the concept of harm reduction. This approach, developed since the 1990s in Western European countries, is based on the premise that complete elimination of drug use is impossible, and that the state has a duty to minimize its negative health, social, and economic consequences. This is particularly significant in the context of South Africa, as the country grapples with one of the highest numbers of people living with HIV in the world and a tuberculosis epidemic, which particularly affects people who inject drugs.¹⁹

As part of its harm reduction strategy, South Africa has implemented a number of public health programmes. Among the most important are needle and syringe exchange programmes, which provide drug users with access to sterile injecting equipment, reducing the risk of blood-borne virus transmission. These programmes are primarily implemented in major cities like Pretoria and Cape Town and represent a practical implementation of the principle that even if substance use cannot be prevented, its consequences can be effectively reduced.²⁰

The second pillar of the South African harm reduction strategy is opioid agonist therapy (OAT), which provides opioid-dependent individuals with controlled medications such as methadone or buprenorphine. This reduces the risk of overdose, reduces contact with the illegal drug market,

¹⁷ Scheibe, Shelly, Versfeld, Howelliv, Marks, “Safe,” 197–202.

¹⁸ *National Drug Master Plan 2019–2024*.

¹⁹ Scheibe, Shelly, Versfeld, Howelliv, Marks, “Safe,” 197–202; “HIV and TB Overview: South Africa,” *Public Health* 30.06.2025, accessed October 29, 2025, <https://www.cdc.gov/global-hiv-tb/php/where-we-work/southafrica.html>.

²⁰ Harm Reduction International, “Harm Reduction Information Note,” South Africa 2024.

and stabilizes the lives of those addicted. These programmes are conducted, among others, within the Community Oriented Substance Use Programme (COSUP), operating in Tshwane, Pretoria, one of the largest and most comprehensive harm reduction projects on the African continent.²¹

COSUP exemplifies an interdisciplinary approach to addiction. The programme combines medical care with psychological support, social counseling, and vocational reintegration. Collaboration with universities and community organizations makes it a model that can be replicated in other regions of the country. However, despite its successes, the programme faces significant barriers, primarily financial and institutional. Most of its funding comes from foreign sources, such as the Global Fund and PEPFAR. The lack of sufficient central government involvement limits the sustainability of these initiatives and makes them dependent on financial grants.²²

Another important element of demand-side policy is prevention and public education. South Africa has been conducting campaigns for years to increase public awareness of the effects of psychoactive substance use. These programmes are primarily targeted at youth and implemented in schools, local communities, and health centres.²³ Their goal is not only to convey knowledge about risk but also to build social and emotional skills that allow young people to cope with peer pressure and stress without resorting to drugs. In many cases, these activities are combined with vocational skills development programmes.²⁴

It is important to note that drug prevention in South Africa is gradually moving away from the traditional, normative-repressive paradigm,

²¹ Andrew Scheibe, Likwa Ncube, Dimakatso Nonyane, Magriet Coetzee-Spies, Tessa Marcus, "Community Oriented Substance Use Programme in the City of Tshwane: A Cross-sectional Survey of Stakeholder Perceptions," *Southern African Journal of Social Work and Social Development* 35, no. 3 (2023): 1–19, accessed October 29, 2025, <https://doi.org/10.25159/2708-9355/13358>.

²² Global Fund and UNAIDS reports on financing harm reduction programmes in South Africa: e.g. South Africa Progress Assessment, Global Fund (2024); Shaun Shelly, *Harm Reduction Financing Landscape Analysis in South Africa* (London: Harm Reduction International [HRI], 2022), 1, 7.

²³ *Ibidem*.

²⁴ For example: "Ke Moja I'm gree without drugs": Priscalia Khosa, Nkosiyazi Dube, Thobeka S. Nkomo, "Investigating the Implementation of the Ke-Moja Substance Abuse Prevention Programme in South Africa's Gauteng Province," *Open Journal of Social Sciences* 5, no. 8 (2017): 70–82, accessed October 29, 2025, <https://doi.org/10.4236/jss.2017.58006>; "Tswa Daar Anti-Substance Abuse Campaign: Siyabonga Sithole, 650 young substance abuse victims have a new hope thanks to the Tswa Daar initiative," *The Star*, October 30, 2025, accessed December 10, 2025, <https://thestar.co.za/news/2025-10-30-650-young-substance-abuse-victims-have-a-new-hope-thanks-to-the-tswa-daar-initiative>.

which viewed substance use solely as a manifestation of social pathology or personality deficits. Contemporary educational programmes are increasingly driven by the principles of reliable information sharing, dialogue, and active involvement of local communities in the preventive and educational process. This approach is particularly important in a society where social inequalities and a lack of life prospects are key risk factors for addiction. In this sense, drug prevention in South Africa is not limited to warning about the effects of substance use, but is becoming part of a broader social strategy – including combating exclusion, improving access to education, and supporting families in crisis.²⁵

It is difficult to discuss demand-side policy without addressing the issue of addiction treatment. South Africa has a network of public and private treatment centres, but access to them is unequal and often limited. Rural provinces lack specialized facilities, and the psychiatric care system is overburdened.²⁶ Despite this, efforts have been underway in recent years to integrate addiction treatment with primary healthcare. The goal is to allow someone struggling with addiction to receive help at a local health center without having to go to a specialized facility.²⁷ This approach increases the availability of services, reduces stigma, and integrates addiction treatment into the public health system.

A crucial complement to this model is the social and vocational rehabilitation of individuals recovering from addiction. In many cases, the treatment process does not end with detoxification or the completion of therapy, but requires long-term support in rebuilding family relationships, acquiring professional qualifications, and re-entering the workforce. In this regard, South African programmes rely on collaboration with non-governmental organizations and local social institutions, which offer vocational training, legal assistance, and psychological support.²⁸

Cultural and religious aspects are also important. In many African communities, support for addicts is organized based on religious structures, such as: churches, Christian communities, and traditional healers. Although this approach can be inconsistent, in many cases it serves as a significant

²⁵ Nadine Marker and Goodman Sibeko, “Navigating public health priorities: Substance use research in a constrained funding environment,” *South Africa Journal Science* 121, nos. 5/6 (2025), accessed December 20, 2025, <https://doi.org/10.17159/sajs.2025/21942>.

²⁶ Irene Mohasoa and Sello Mokoena, “Challenges facing rural communities in accessing substance abuse treatment,” *International Journal of Social Sciences and Humanity Studies* 11, no. 1 (2019): 35–50.

²⁷ Bronwyn Myers and Katherine Sorsdahl, “Addressing Substance Use within Primary Health Care Settings in South Africa: Opportunities and Challenges,” *Addicta* 1 (2014): 80–94.

²⁸ Harm Reduction International, “COSUP in South Africa model form domestic harm reduction funding” (2024), 13.

complement to the formal healthcare system, especially in areas lacking state-funded support institutions.²⁹

Drug demand reduction policies in South Africa are multifaceted, encompassing prevention, education, treatment, rehabilitation, and harm reduction. Their potential stems from the integration of diverse approaches and the involvement of multiple stakeholders. However, the effectiveness of these policies depends on sustained institutional support, adequate funding, and changing social attitudes toward substance users. As long as addiction remains perceived primarily as an individual problem or a personal deficit, even the best-designed programmes will encounter significant implementation barriers.

3. Decriminalization of consumer possession in the context human rights

The contemporary debate on drug policy in South Africa centres on the question of the wisdom of maintaining criminalization for possession of psychoactive substances for personal use. There is a growing belief in many circles that criminalizing drug use not only fails to deliver results but also deepens social, health, and economic problems. The argument that users are not criminals, but patients or citizens who require help instead of criminal sanctions, is increasingly being raised in public discussions.³⁰

In South Africa, both social organizations and political parties are speaking out on this issue. Representatives of the Economic Freedom Fighters (EFF) are particularly active, advocating for the decriminalization of drug possession for personal use and the redirection of public funds from repression to prevention and treatment. They believe the current system leads to inequality because, in practice, it primarily punishes poor people living in marginalized urban areas, while wealthier users rarely face legal consequences.³¹ This class dimension of drug policy is one of the most important and controversial topics in public debate.

²⁹ Michael Galvin, Lesley Chiwaye, Aneesa Moolla, “Religious and Medical Pluralism Among Traditional Healers in Johannesburg, South Africa,” *Journal of Religion and Health* 63 (2024): 907–923.

³⁰ Lester Kiewit, “The case for decriminalising personal drug use,” *Mail&Guardian*, October 3, 2020, accessed November 3, 2025, <https://mg.co.za/health/2020-10-03-the-case-for-decriminalising-personal-drug-use>; Andrew Scheibe, Shaun Shelly, Anna Versfeld, “Prohibitionist Drug Policy in South Africa – Reasons and Effects,” *Drug Policies and Development* 12 (2020): 1–29, accessed October 29, 2025, <https://doi.org/10.4000/pol-dev.4007>.

³¹ April Motaung, “Combatting Drug Abuse: EFF’s Push for Government-Funded Rehab and Harm Reduction Strategies,” *The Post*, April 1, 2025, accessed October 29, 2025,

NGOs such as NACOSA (Networking HIV/AIDS Community of South Africa) point out that South Africa's repressive drug laws contribute to human rights violations. According to reports from this organization, drug users are often victims of police violence, forced arrests, and degrading treatment. Many detainees are imprisoned, where the lack of access to treatment and hygiene contributes to the further spread of infectious diseases. Such actions, experts point out, not only fail to solve the problem, but also exacerbate its consequences, creating a vicious cycle of marginalization and stigmatization.³²

From a human rights perspective, criminalizing drug possession violates constitutional guarantees of personal liberty, the right to privacy, and health protection. In its aforementioned judgment, the Constitutional Court of South Africa in 2018 emphasized that the state cannot punish citizens for actions undertaken in the private sphere, provided they do not threaten public safety or the rights of others. This judgment, while concerning cannabis, set a significant precedent that could serve as a basis for future changes regarding other substances.

However, it cannot be overlooked that resistance to reform remains strong. For many residents, drugs still symbolize moral threat and social decline. Public discourse is dominated by the belief that strict laws are necessary to protect youth and families from degradation. This approach has deep cultural and religious roots, and its roots can be found in traditional patterns of upbringing, in which discipline and morality are the pillars of the social order.³³ As a result, any attempt at reform is met with emotional reactions, and the discussion about decriminalization is often dominated by ethical, rather than scientific, arguments. In this context, the role of public education and social communication is crucial. A paradigm modification in drug policy requires not only new regulations but also a transformation in public awareness. It is increasingly being argued that criminal policies against drug users contradict public health goals: they

<https://iol.co.za/opinion/2025-04-01-combatting-drug-abuse-effs-push-for-government-funded-rehab-and-harm-reduction-strategies>.

³² "NACOSA advocates for people centred drug policy," accessed October 29, 2025, <https://www.nacosa.org.za/nacosa-advocates-for-people-centred-drug-policy>; "NACOSA Annual Report 2024," accessed October 29, 2025. <https://www.nacosa.org.za/wp-content/uploads/2024/08/NACOSA-Annual-Report-2023-Digital.pdf>.

³³ "South Africa's highest court legalises cannabis use," *BBC News*, September 18, 2018, accessed December 3, 2025, <https://www.bbc.com/news/world-africa-45560474>; "HSRC (Human Sciences Research Council) *Perceptions on substance use*," accessed December 29, 2025, <https://www.hsrc.ac.za/press-releases/hsrc-perceptions-on-substance-use/>.

deter people from seeking medical care, hinder preventive programmes, and increase the risk of blood-borne infections.³⁴

Another fact worth noting is the economic dimension of repressive drug policy. Maintaining a penal system that handles thousands of minor possession cases annually generates significant costs for the state budget. Arrests, trials, and the upkeep of inmates – all of these activities consume resources that could be allocated to treatment and education. From an economic perspective, a system based on punishing users is inefficient and expensive, and its social impact is questionable. Data also indicates that, in practice, most people convicted of minor possession come from poor urban neighborhoods or peripheral communities. This is because in these environments, police action is more intense, and residents lack the resources for legal defense. As a result, this type of drug policy generates numerous social inequalities.³⁵ This phenomenon fits into the broader context of South Africa's post-colonial reality, where poverty, violence, and exclusion are still unresolved structural problems.³⁶

In the face of these challenges, a growing number of experts are calling for solutions based on the Portuguese model,³⁷ on which possession of small amounts of drugs has been decriminalized and users are referred to addiction commissions rather than to the courts. This system, based on therapeutic and counseling interventions, avoids stigmatization while providing effective assistance to those at risk of addiction. In South Africa, however, such a solution would require significant institutional changes – creating appropriate structures, training specialists, and ensuring stable funding.

The decriminalization debate also has an international dimension. South Africa, as one of the continent's most important countries, is

³⁴ The position of organizations, including TB HIV Care and NACOSA, accessed December 3, 2025, <https://tbhivcare.org/south-africas-punitive-drug-laws-undermine-public-health>; People Who Use Drugs Research, accessed December 3, 2025, <https://www.nacosa.org.za/our-work/people-who-use-drugs/>.

³⁵ Joan Christodoulou, Lynissa R. Stokes, Jason Bantjes, Mark Tomlinson, Jackie Stewart, Stephan Rabie, Sarah Gordon, Andile Mayekiso, Mary Jane Rotheram-Borus, "Community context and individual factors associated with arrests among young men in a South African township," *PLOS*, January 17 (2019): 1–14, accessed December 3, 2025, <https://doi.org/10.1371/journal.pone.0209073>; Priviledge Cheteni, Gisele Mah, Yohane Khamfula Yohane, "Drug-related crime and poverty in South Africa," *Cogent Economics & Finance* 6, no. 1 (2018), accessed December 3, 2025, <https://doi.org/10.1080/23322039.2018.1534528>.

³⁶ *An Incomplete Transition: Overcoming the Legacy of Exclusion in South Africa* (World Bank Group 2018), 1.

³⁷ "The Southern African HIV Clinicians Society states its support for the decriminalisation of drug use" (2019), accessed December 3, 2025, <https://www.sahivsoc.org/Subheader/Index/statements>, 1.

under pressure from international UN conventions, which still criminalize possession of controlled substances. At the same time, calls are increasingly being made within the UN framework for a review of these principles and the recognition of member states' right to pursue their own policies based on scientific evidence and local circumstances. South Africa therefore faces the following dilemma: How to reconcile international obligations with the need to modernize domestic law?

The issue of decriminalization also affects the relationship between public health and the justice system. Currently, both spheres often operate independently, leading to discrepancies and conflicts of authority. The police and courts focus on enforcing regulations, while healthcare and social organizations strive to provide assistance to addicts. This lack of cohesion results in a situation where various institutions pursue conflicting goals – some punish, others treat. Modern drug policy requires their integration to make the system not only more humane but also more effective. This approach is based on the principles of proportionality and rationality of intervention. This means that punitive measures should only be applied in situations where an individual's actions genuinely threaten others or public order. In all other cases, the state's response should be based on assistance, therapy, and support.³⁸ In this way, drug policy becomes part of the public health system, not the opposite of it.

The process of shifting from repression to a health-oriented approach is lengthy and requires not only a modification in the law but also in institutional culture. Police, prosecutors, judges, and healthcare workers must be trained in interdisciplinary collaboration and an understanding of the problem of addiction. This implies a change in the mentality and practice of the state apparatus. In many countries, such processes took decades, but ultimately yielded tangible results: a decline in HIV infection rates, a reduction in crime, and an increase in the number of people accessing treatment.³⁹ South Africa is currently at the beginning of this journey. The country is witnessing a growing number of local and regional initiatives that seek to integrate policing with medical and social interventions. This approach aligns with current international standards, which increasingly view the drug problem not in terms of repression but in the context of community responsibility for protecting public health and the safety of its citizens.

³⁸ Ibidem.

³⁹ See the examples of Portugal, the Czech Republic or Switzerland: Caitlin E. Hughes and Alex Stevens, "The effects of decriminalization of drug use in Portugal," *The Beckley Foundation Drug Programme*, 2007: 1–10; Katarzyna Malinowska-Sempruch, "Polityka narkotykowa w kontekście zdrowia publicznego w Polsce i na świecie," *Global Drug Policy Program* (Open Society Foundations, 2011): 41–46, 57.

4. Current challenges in South African drug policy

South Africa's drug policy, despite visible progress in humanizing and health-oriented approaches, still faces numerous institutional, financial, and social barriers. Transforming from a punitive model to an approach based on harm reduction and prevention requires time, resources, and political commitment, which are often lacking. The greatest challenge remains the lack of cohesion between levels of government – national, provincial, and local – which hinders the effective implementation of national strategies.

One key issue is the funding of health programmes. Most harm reduction and addiction treatment initiatives rely on support from international partners such as the Global Fund and PEPFAR/CDC,⁴⁰ while domestic funding is insufficient. Their dependence on external aid makes these programmes vulnerable to political and economic fluctuations, which in turn undermines their stability and sustainability.⁴¹ In practice, this means that access to treatment or substitution therapy is limited and the number of people using harm reduction services remains far below the actual needs.⁴²

Another barrier is the lack of adequate healthcare infrastructure and a shortage of qualified medical personnel. Addiction treatment centres are concentrated primarily in large cities such as Johannesburg, Pretoria, and Cape Town, while much of the country, especially rural provinces, remains without access to specialized care. Addicts seeking treatment often have to travel hundreds of kilometers, making it practically impossible to continue treatment. The lack of infrastructure also affects laboratories that could conduct research on new psychoactive substances. As a result, the state reacts late to changes in the drug market, and preventive measures are less effective.⁴³

⁴⁰ United States Centres for Disease Control and Prevention (CDC), the United States President's Emergency Plan for AIDS Relief (PEPFAR).

⁴¹ Shelly, *Harm Reduction*, 17–21.

⁴² "Harm Reduction Information Note," 2; Lesley Odendal, "Low harm reduction coverage for people who inject drugs in South Africa," *Aidsmap*, July 23, 2019, accessed October 29, 2025, <https://www.aidsmap.com/news/jul-2019/low-harm-reduction-coverage-people-who-inject-drugs-south-africa>.

⁴³ December Mandlenkosi Mpanza, Pragashnie Govender and Anna Voce, "Perspectives of service providers on aftercare service provision for persons with substance use disorders at a Rural District in South Africa," *Substance Abuse Treatment, Prevention, and Policy* 17, no. 60 (2022): 1–17, accessed December 2, 2025, <https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-022-00471-5>; Richard Vergunst, "From global-to-local: rural mental health in South Africa," *Glob Health Action* 11, no. 1 (2018): 1–6, accessed November 13, 2025, <https://doi.org/10.1080/16549716.2017.1413916>; Ruthlyn Sodano, Donnie W. Watson, Solomon Rataemane, Lusanda Rataemane, Nomvuyo Ntlhe, Richard Rawson, "The Substance Abuse Treatment Workforce of South Africa," *International*

Equally important is the problem of stigma and social exclusion. Despite educational efforts, drug users are still perceived as “different” – inferior and dangerous. This attitude not only hinders their access to help but also weakens society’s willingness to support policies based on compassion and solidarity. In many cases, it is the fear of judgment, not a lack of financial resources, that prevents people from seeking treatment. Stigmatization also takes institutional forms – in schools, the workplace, and even the healthcare system, where people with a history of addiction may be treated with suspicion or distance.⁴⁴

Another challenge is the discrepancy between the law and its practical application. Although the law provides for the possibility of using alternatives to imprisonment or treatment instead of punishment, in practice these mechanisms operate very limitedly. Many judges and prosecutors still prefer the traditional penal model, considering it more “fair” and deterrent.⁴⁵ There is also a lack of a sufficient system for monitoring the impact of drug policy. Data on the number of people using treatment, the effects of prevention programmes, and HIV infection rates among drug users are fragmented and often outdated. The lack of reliable data hinders planning and assessing the effectiveness of public actions.⁴⁶

One of the most visible problems in the context of recent reforms is the lack of development of implementing regulations for the Cannabis for Private Purposes Act 2024.⁴⁷ While the law itself represents an important

Journal of Mental Health and Addiction 8 (2010): 608–615, DOI: 10.1007/s11469-009-9245-x.

⁴⁴ Andrew Scheibe, Shaun Shelly, Anna Versfeld, “Prohibitionist Drug Policy in South Africa—Reasons and Effects,” *Drug Policies and Development* 12 (2020), accessed October 29, 2025, <https://doi.org/10.4000/poldev.4007>; Katherine Sorsdahl, Dan J. Stein, Bronwyn Myers, “Negative attributions towards people with substance use disorders in South Africa: Variation across substances and by gender,” *BioMedCentral Psychiatry* 12, no. 101 (2012): 1–8, accessed November 29, 2025, <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/1471-244X-12-101>; Tichaenzana Nyashanu, Maretha Visser, “Treatment barriers among young adults living with a substance use disorder in Tshwane, South Africa,” *Substance Abuse Treatment, Prevention Policy* 17, no. 75 (2022): 1–11, <https://doi.org/10.1186/s13011-022-00501-2>.

⁴⁵ Lukas Munting, “Alternative sentencing in South Africa: an update,” in *Beyond Retribution – Prospects for Restorative Justice in South Africa*, ed. Traggy Maepa (Pretoria, 2005), p. 4; Dap Louw and Lezahne van Wyk, “The perspectives of South African legal professionals on restorative justice: an explorative qualitative study,” *Social work* 52, no. 4 (2016): 1–22, accessed October 29, 2025, DOI: 10.15270/52-2-527.

⁴⁶ Abel Basutu and Jane Marie Ogola Ongolo, “Prioritising research and data collection in Africa’s drug control policy,” *Journal of Illicit Economies and Development* 5, no. 3 (2024): 1–10, <https://doi.org/10.31389/jied.179>; Scheibe, Shelly, Versfeld, “Prohibitionist,” 18.

⁴⁷ “Cannabis Bill signed into law but unlikely to be operational,” SA Legal Academy 2024, accessed December 3, 2025, <https://legalacademy.co.za/news/read/cannabis-bill-signed-into-law-but-unlikely-to-be-operational>.

step towards liberalization, its practical implementation has been challenging. There are still no clear guidelines on what constitutes “private use” or how law enforcement agencies should handle disputes. Issues regarding the sale of seeds, the transportation of cannabis, and the enforcement of the ban on public consumption also remain unregulated. As a result, there is a risk of inconsistent application of the law, which could undermine public trust in public institutions.

Analyzing the effectiveness of South Africa’s drug demand management policy, it must be acknowledged that while the paradigm modification is noticeable, its effects remain uneven. Harm reduction successes are undeniable, but their reach is limited. The number of needles and syringes distributed remains significantly below recommended standards.⁴⁸ Access to substitution therapy is concentrated in a few urban centers, which means that most addicts have no real opportunity to benefit from this type of help.⁴⁹ The issue of political will is also significant. Although strategic documents declare support for a health-based approach,⁵⁰ in practice the dominant discourse is still criminal. A paradigm alteration requires not only new institutions but also a shift in narrative – both in the media and in politicians’ statements. As long as drug users are portrayed solely as a social problem, rather than a segment of society requiring support, progress in this area will be limited.⁵¹

5. Conclusions

From the perspective of the further development of South Africa’s drug policy, it is crucial to change from a punitive approach to an integrated model based on public health, human rights, and harm reduction. First, it is necessary to guarantee stable domestic funding for health interventions and harm reduction programmes by permanently anchoring them in the budgets of the ministries of health and social development. Second,

⁴⁸ “Harm Reduction Information Note – South Africa,” 3.

⁴⁹ “Connecting with Care – South Africa,” International Network on Health and Hepatitis in Substance Users, accessed October 29, 2025, <https://inhsu.org/connecting-with-care-south-africa/>; Andrew Scheibe, Monique Marks, Shaun Schelly, Tara Gerardy, A. K. Domingo, Jannie Hugo, “Developing an advocacy agenda for increasing access to opioid substitution therapy as part of comprehensive services for people who use drugs in South Africa,” *South African Medical Journal* 108, no. 10 (2018): 800–802, DOI: 10.7196/samj.2018.v108i10.13397.

⁵⁰ *National Drug Master Plan 2019–2024*, 22 ff.

⁵¹ Scheibe, Shelly, Versfeld, “Prohibitionist,” 2; Shaun Shelly and Romi Sigsworth, “Rethinking prohibition: Towards an effective response to drugs in South Africa,” ENACT, 2020: 17–18.

implementing comprehensive training for representatives of the justice system, police, and health care sector can contribute to the standardization of institutional practices and increase coherence between policy and implementation. Third, the development of a systematic and reliable system of monitoring and data analysis is a prerequisite for assessing the effectiveness of interventions and adapting them to real social needs.

At the same time, actions aimed at transforming social narratives regarding psychoactive substance use are essential. The effectiveness of reforms depends on changing cultural norms and the way drug users are portrayed – from objects of stigmatization to entities requiring support. This requires long-term communication strategies based on education, empathy, and dialogue, implemented in collaboration with the media, educational institutions, and local communities. In the long term, the success of reforms will depend on the integration of health, social, and legal measures within a coherent strategy. Shifting the emphasis from punitive to supportive policies does not eliminate accountability, but redefines it toward caring for the individual and the common good. This approach aligns with global trends that seek a balance between public safety and the protection of human rights.

Due to its political and economic position on the continent, South Africa has the potential to become a regional leader in modern drug policy. Consistent development of solutions based on scientific evidence, public health, and social solidarity could make the South African model a significant reference point in the global debate on the future of drug policy.

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