J Sociology Soc Anth, 8(2): 82-88 (2017)
DOI: 10.31901/24566764.2017/08.02.04

From a Vision to Action: Making the National Drug Master Plan(s) Work in South Africa

S.P. Mbulayi[1] and Abigail Makuyana[2]

[1]Development Studies, University of Fort Hare, Private Bag X1314, Alice, 5700, South Africa
[2]Social Work, University of Fort Hare, Private Bag X1314, Alice, 5700, South Africa
E-mail: [1]<mbulayies@yahoo.com>, [1]<200910028@ufh.ac.za>
[2]<makuyanaaby@gmail.com>, [2]<200909479@ufh.ac.za>

KEYWORDS Drug Master Plan. Drugs. Harm Reduction. Re-strategize. Sustainability. Substance Abuse

ABSTRACT This paper aims to explore the challenges militating against the successful implementation of the National Drug Master Plans (NDMPs). The paper used a literature review methodology to reflect on substance abuse trends, legislations, methods and strategies towards revealing their inherent weaknesses and shortfalls which are rendering NDMPs ineffective and/or unsuccessful in South Africa. The findings of the paper demonstrated that poor articulation of the NDMPS, poor boarder control mechanisms, corruption, emphasis on supply reduction and neglect of harm reduction strategies, lack of social capital and repugnant and unpalatable religious and cultural beliefs are some of the factors causing the NDMPs to continue to fail in their quest of rehabilitating South African environments of drugs. The paper concluded by proposing that, for NDMPS to be a success, South Africa needs to mobilize adequate social capital for NDMPs, make available enough financial resources for treatment and preventative work, upgrade boarder control systems, make treatment services easily available to disenfranchised groups including women, children and rural populations, create knowledge sharing platforms for those who work with addictions and build community based detoxification facilities.

INTRODUCTION

The former South African President, the late Nelson Mandela mentioned in his maiden speech of opening parliament in 1994 that drug and substance abuse is one of the pressing socio-economic pathologies threatening the country's social and economic basis (Department of Social Development (DSD) 2007a,b; Thomsen 2016). Similarly, the International Business Times (IBT) (2016) noted that substance abuse is putting individuals, families and communities in difficult positions in terms of their health, welfare including personal security. Notwithstanding the official acknowledgement and subsequent development and mobilization of social, economic and political resources towards ameliorating the substance abuse problem in South Africa, statistics continue to show that the problem is not relenting (Bikitsha 2015; Vahed 2015).

Researchers and civil society activists are now increasingly questioning the appropriateness and effectiveness of the available legislative, economic and social resources dedicated to the cause of creating a drug free South Africa (Mayosi and Benatar 2014). Lostutter et al. (2013) underscore that the South African legislations on drug and substance abuse prevention and treatment are outdated and at most unsuitable to tackle the problem in its contemporary magnitude. Similarly, Thomsen (2016) posit that despite drafting sensible and well-articulated National drug master plans; without adequate public funding, the vision of a drug free South Africa will remain elusive and impractical. Available research evidence has shown that the task of ridding South African environments of drugs is surmountable, especially if authorities and the general public and other stakeholders come together and speak with a united voice (Fellingham 2012; DSD 2013; Thomsen 2016).

Problem Statement

The drug problem in South Africa is ravaging homes indiscriminately and derailing the country's prospects of achieving social and economic development and cohesion. With the third NDMP having been published to cover the period 2013 to 2017, there seem to be not much progress registered as yet in the arena of drug and substance prevention and its subsequent treatment. Available research evidence and statistics continue to show an increase in drug related mortalities and a worrying trend of ease accessibility of illegal substances by young children even those below 10 years of age. Researchers and social commentators have observed that

while the government has continued to establish sound policy guidelines it has dismally failed to implement them. Perhaps this explains why the National Drug Master Plans have continued to underperform in terms of achieving their objective of establishing a drug free South Africa. This paper aims to explore the challenges associated with the process of rehabilitating South African environments of the drug and substance abuse.

Theoretical Framework

Systems Theory

According to Heylighen and Joslyn (1992) the systems theory relates to the study of the abstract organization of phenomena, independent of their substance, type or spatial or temporal scale of existence. Ludwig von Bertalanffy is credited for founding the systems paradigm in the 1940s. Basically the theory emphasizes on the need for an integrated approach whereby individual components of a system are required to contribute their synergy for the optimum functioning of the group. The theory observes the importance of collectivity and unity of purpose in order to produce higher quantity and quality outputs as opposed to individualism and fragmentation (Miller and Page 2007). Furthermore, the paradigm emphasizes the importance of managing resources in a strategic manner. The paradigm's thinking is based on the logic and operation of physical mechanical systems in which inputs are put then processed to come up with outputs. It observes that when viewed in the same way with mechanical systems, the operations of an organization can be defined at three broad levels including the micro, macro and the meso levels (Miller and Page 2007). These different operational levels of the system can be used as units of analysis when measuring the progress being made in the context of the amount of resources and efforts being put in a particular project or program.

The systems theory has provided an integral framework for evaluating and analyzing the various inputs including available legislations, policies and interventions as they relate to the fight against substance abuse. It has also competently provided the writers a platform for assessing the operation of the available legal, political and social resources in the light of the national goal of establishing a drug free South Africa as envisaged in the NDMPs. The theory has further proffered an insight on the nature and complicity of the various state institutions and stakeholders in implementing and discharging their duties towards realizing the vision of a drug free South Africa. Most importantly, the paradigm has allowed for an assessment of the progress achieved so far through the collaborative work of policy formulation, implementation, resource mobilization and ultimate resource allocation as measured against the national vision as stated in the NDMPs.

METHODOLOGY

This paper has used a literature review methodology to reflect on the challenges stalling the transformation of the NDMPs into an action vision towards realizing the goal of establishing a drug free South Africa.

OBSERVATIONS AND DISCUSSION

Operational Definitions

National Drug Master Plan (NDMP)

The United Nations Drug Control Programme (UNDCP) (1997) defines a drug master plan as a single document covering all national concerns regarding drug control. It spells out the commitment of the national government and its various departments and stakeholders in preventing, treating and diminishing the demand and supply of drugs and other illegal substances.

Addiction

This is an unusually great interest in something or need to do or have something (Merriam Webster Online Dictionary 2016).

Drug and Substance Abuse

This relates to persistent or periodic excessive drug use inconsistent with or unrelated to acceptable medical practice (DSD 2007a,b).

Literature Review

Exponential Growth of Inebriation Statistics in South Africa

For a very long time, South Africa has been making frantic efforts to stop and reverse the

impacts of substance abuse whose attendant deleterious effects have reached alarming levels thereby threatening the social and economic cohesion of the country. However, available statistics has continued to show an exponentially growing trend of substance abuse despite all the mitigatory measures currently in place. The Department of Social Development (DSD) (2007a,b) articulates that at least 2.15 million South Africans are considered problem alcohol users. Furthermore, the WHO (2011) states that between 20.1 and 34.9 liters of pure alcohol is consumed per capita annum in South Africa. More precisely, the DSD (2010) avers that South Africa's drugging patterns with only the exception of opiates are higher than global norms. The DSD (2013) further articulates that a total of R136 380 million which translates to 6.4 percent of the GDP is spent on drug and substance abuse, and its related social and economic costs. Additionally, Setlalentoa et al. (2015), posit that seventy-six percent of all fatal road accidents and fatal interpersonal violence have been shown to be strongly related to the abuse of substances.

Substance Abuse and Children's Well-being

The World Health Organization (WHO) (2011) alleges that there is a disturbing trend of substance abuse amongst children and women of child bearing age thereby posing the risk of alcohol related disabilities. This vindicates the findings of FAS facts (2016) which noted that South Africa is now ranked as having the highest percentage of children born with Foetal Alcohol Syndrome (FAS) which stands at 12.2 percent.

More so, research has unearthed a debilitating trend in which the first age of experimenting with drugs has drastically dropped to below ten years of age. This fact coupled with the UNODC's (2004) finding that the main victims of substance abuse in South Africa are the youth is of serious concern given that the future of the country is largely vested in its youths who constitute the bulk of the population.

Abuse of Traditional Psychotropic Drugs

The UNODC (2013) has also found a despairing re-insurgency in abuse of traditional psychotropic substances including ibogaine and khat. This trend is perhaps worsened by the emerging usage of ibogaine as an independent modality for the treatment of opiate addictions (Rieckmann et al. 2006). This therefore brings to the fore, the skepticism that ibogaine treatment could be a repeat of the ancient history of the usage of psychotropic substances including opiates and cocaine as treatment for alcoholism in preindustrial America.

Polly Drug Use as the New Menace

The UNODC (2013) has discovered an emerging trend and culture of poly drug use by individuals which is underlain by a strong penchant for simultaneous usage of various drug types at the same time. This trend is largely attributed to the need for the complimentary effects and euphoria derived from different drugs such as the calming effect of cannabis taken after the rush effect of methamphetamines. Amongst the crop of poly used drugs are the Methamphetamine Type Stimulants (ATS) and cannabis whose usage now accounts for between thirty–forty percent of admissions in drug rehabilitation centers (UNODC 2013; DSD 2010). These trends explains the worry expressed by the UNDOC (2013) which mentioned that if no immediate remedial solutions are found for substance abuse, its statistics and casualties will soon overtake those of HIV/AIDS.

Problems and Possibilities in the Fight against Substance Abuse in South Africa

Geyers and Lombard (2014) wrote that the NDMPs which have so far been adopted into policy in South Africa have vast potential of rallying and strengthening the various efforts of stakeholders into substantive mitigatory measures that can yield results. This, Geyers and Lombard (2014) believe can be achieved through concerted efforts geared towards fraternizing NDMPs with the national welfare ideology which is largely vested in the social development paradigm. However the CDA Annual Report (2006 –2007) mentions that there are some inherent challenges within the South African socio-cultural, political and economic environment which are confounding with the successful implementation of mitigatory mechanisms outlined in the NDMPs. Similarly, the Parliamentary Monitor-

ing Group (2013) reffers to inherent structural, operational and systemic challenges which are stalling the transformation of substance abuse legislations into effective result bearing service delivery models. The following are some of the findings of this study in respect of the challenges stalling the success of NDMPs.

Focusing on Curing the Environment at the Expense of Harm Reduction

The international conventions and subsequent domestic policies on substance abuse in South Africa have a proclivity of promoting supply reduction modalities at the expense of harm reduction and other preventatives measures. Fellingham et al. (2012) argues that focusing on achieving drug free societies removes attention from assisting those who are currently in crisis and emphasize on curing the environment thereby making substance dependent persons more exposed to serious physical and psychological damages. Geyers and Lombard (2014) propound that the NDMPs are very articulate on supply reduction strategies including prevention of drug and substance manufacturing, trade and trafficking. However, there is no corresponding articulation of strategies to reduce and avert harm to the individual or community. Wodak (2009) thus avers that this is a direct negation of the UNODC protocol on drugs which stipulates that any meaningful drug policy should combine strategies of supply, demand and harm reduction.

Furthermore, Geyers and Lombard (2014) argue that the obsession with creating a drug free society in South Africa is conceivably responsible for the failure of the NDMPs to prioritize people oriented programs which can enhance and sustain capacities for recovery. Wodak (2009) mentions that in many instances, lack of social and economic capacity causes people to end up in substance abuse. For instance, contemporary trends of substance abuse shows that poor, uneducated, unemployed and people without employable skills are the main victims of substance abuse. However, despite these pertinent observations, the NDMPs have not yet significantly incorporated human development targets to address the plight of these vulnerable groups. Additionally, corruption by law enforcement agencies has not made it any easy for the NDMPs to thrive in South Africa. Perhaps this is the reason why preventative measures have not been effective.

NDMPs Lacking Adequate Social and Economic Capital

Although the NDMPs have been taunted as the key documents in the fight against substance abuse, Fellingham et al. (2012) argue that the attention these documents are getting is disproportionately less than the magnitude of the problem they have been devised for. In this light, Geyers and Lombard (2014) purport that the NDMPs are failing to raise enough social capital necessary for them to be effective and applicable to the dynamic social, economic, cultural and political environments of South Africa. Fellingham et al. (2012) argue that except for calling for "community mobilization and advocacy", the NDMPs has no strategy for harnessing the necessary social capital to stimulate acceptance and public awareness. Accordingly, Setlalentoa et al. (2015) aver that many substance abusers often end up in unnecessary fatalities including permanent injuries or death before getting access to help. This is mainly because addicts and their families lack knowledge and trust for the available options for early interventions including rehabilitation and other modalities for harm reduction.

Repugnant and Unpalatable Religious and Cultural Beliefs

Repulsive cultures and religious beliefs have continued to be confounding factors in the successful implementation of NDMPs. The Central Drug Authority Annual Report (2006 – 2007) notes that some of the international best practice mitigatory measures on substance abuse cannot be implemented in South Africa due to repugnant and unpalatable religious and cultural beliefs. Additionally, Glaser (2013) writes about a new suburban culture in which drinking, overdrinking and substance use and abuse is pardoned and viewed favorably due to modernization and an inclination towards self-determination as permitted by the various political and social freedoms bequeathed to individuals by democracy.

Poor Coordination and Funding of the NDMPs

The drafting of the current NDMP3 (2013 – 2017) has failed to provide solutions to perti-

nent loopholes of its predecessors. Apparently, the revised NDMP3 has not addressed the plight of vulnerable groups who were not catered for in the NDMP2 (2006-2011). These include the gay, lesbian, bisexual and transgender community. More so, the NDMP3 has cast more confusion in the work of the Central Drug Authority (CDA) by stipulating that 37 government departments need to work together in administering the current NDMP. Geyers and Lombard (2014) noted that from experience, it has been proven that it is difficult if not impossible to get different government departments to work together. In this light, planning to have 37 government departments working together and expecting results is impractical. Additionally, while the NDMP3 has been hailed as one of the on point blueprints, it has no stipulated budget thus suggesting that its proposed projects can only be implemented through the good will of stakeholder departments and well-wishers. This again undermines the success of the NDMPs.

Porous National Boarders and Other Ports of Entry

The DSD (2010) argues that the success of the NDMPs in South Africa is also dependent on the circumspect management of the country's international port of entries including air ports, border posts and sea ports. WHO (2011) alleges that South Africa's boarders are porous allowing easy trafficking of substances in and out of the country. To add to that, the DSD (2007a,b) mentions that South Africa's modern banking and telecommunication systems are making it convenient for easy transacting and trafficking of drugs and substances. Moreover, the UNODC (2013) alludes to the fact that the country's geological position makes it a perfect transshipment hub for illicit drugs and substances for international drug markets.

The Successes of the NDMPs

However, the three NDMPs which have so far been adopted into policy in South Africa have managed to irk out some positives amid the various institutional, operational, environmental, socio-cultural and political challenges. In line with the mandate bequeathed to SAPS and SARS in the NDMPs, there has been significant progress achieved in terms of disrupting and thwarting drug and substance supply routes and sources. The UNODC (2012) notes that between 2009 and 2010, a total of 25 clandestine drug manufacturing laboratories were exposed, while 567 hectares of cannabis plantations worth R397 million were identified and destroyed. More so, drug consignments and couriers estimated at 437 million were busted and seized (DSD 2010; UNODC 2013). In addition, Geyers and Lombard (2014) mention that during the tenure of the NDMP2 (2006 – 2011), the problem of alcoholism stabilized however, drug abuse increased over the same period.

CONCLUSION

This paper has explored the various challenges stalling the successful implementation of National Drug Master Plans in South Africa. Among the significant challenges identified are administrative huddles including, lack of proper coordination of NDMPs, poor management and security at national port of entry exit points and corruption by law enforcement agents. More so, it has been noted that the NDMPs are focusing on disrupting and probably killing drug supply routes at the expense of harm reduction strategies. In addition issues of poor or nonexistent budgetary allocations for substance abuse prevention and treatment projects, diffused responsibility sharing amongst various government departments and lack of social capital for NDMPs have also been identified as some of the significant huddles undermining the success of NDMPs. Furthermore, the paper explicated some critical alternatives that need to be looked at in the implementation of the current NDMPs and in the formulation of future versions of the same.

RECOMMENDATIONS

If South Africa is to successfully and decisively deal with its substance abuse problem and achieve the goal of establishing a drug free society, then it is imperative that the country starts to honor its commitment to the implementation of all the directives of the NDMPs. This perhaps could be effectively achieved through a systematic implementation and assessment of the ensuing.

Having noted the many gaps and perfidy associated with the implementation and the core thinking behind the NDMPs in their various revised states, it is important that the CDA en-

gage all stakeholders with equal seriousness and consideration. People who are directly affected by the substance abuse problem must be given a chance to participate in decision making and in agenda setting when developing future NDMPs. Trying to imagine what is needed or not needed by substance abusers and smuggling international best practices which are not salient with local social, economic and cultural expectations and realities into the agenda of the NDMPs will only serve to frustrate those who the agenda is being set for. Engaging grassroots people in drafting the agenda for NDMPs will ensure promotion of social, cultural and economic sensitivity in the formulation and implementation of NDMPs. Mutual participation of the CDA and grassroots people will give credibility and social capital to these policy documents which effectively translates into sustainability of the NDMPs.

More so, taking into cognizance the socioeconomic and political niche occupied by South Africa, which renders it attractive to both legal and illegal immigrants, there is need for the government to upgrade its border control systems by making it more impermeable to drug and substance trafficking. This can be done by investing in modern boarder control equipment and technology which can help in early detection of illegal trafficking of substances.

In addition to the above, if South Africa continues to implement its NDMPs domestically without the cooperation and support of its regional neighbors its efforts are likely to be in vain. It is paramount that South Africa utilizes its strategic and hegemonic political and economic position in the region to lobby not only for the drafting of a regional drug master plan but also agitate for its full implementation and/or enforcement. Regional measures should also deal with the problem of porous borders and equally important it must address the issue of corrupt immigration officers.

Also, considering the multifaceted and constantly changing nature of the drug and substance abuse problem, it is crucial that the government adopt an evidence based approach which can inform new interventions. Drug and substance treatment outlets in the country have been alleged to be relying on outdated methods which are producing unsatisfactory results as evidenced by high relapse rates amongst supposedly treated patients. The government and drug and substance treatment facilities must therefore start to take advantage of the capacity of local universities and provide funding to restimulate interest in research on drug and substance abuse and establish new ways and models of dealing with the substance abuse problem.

There is also need for a multipronged approach to combating the substance abuse problem in the country. For a very long time, cultural, social and religious solutions have been looked down upon when the agenda for combating the substance abuse problem is set. It is high time that efforts to ameliorate the substance abuse problem in South Africa start to recognize and embrace indigenous knowledge and its various sources and institutions. The NDMPs must become open and accepting to the input of faith healers, traditional healers and other indigenous methods of dealing with the problem of substance abuse. Tapping into the indigenous knowledge systems will help reduce the cost of treatment as most indigenous methods are often cheap, easily accessible and culturally acceptable. More so, the NDMPs need to forge partnerships with local communities towards moral regeneration amongst the youths. Traditional and religious leaders as well as elderly people in the community can provide the needed nexus and they also possess a wealth of indigenous knowledge which can go a long way in fighting the drug problem. Indulging indigenous and often respected sources of knowledge can offer the much needed impetus and social capital to the cause of creating a drug free South Africa as envisioned in the NDMPs.

There is need for constant reflection on the quality and quantity of the outputs derived from the current efforts as measured against the national vision as elaborated in the master plans. Perhaps this signifies the need to change the abstract vision to adopting a measurable vision. It is improper and retrogressive for the CDA to persist with the vision of creating a drug free South Africa which is an abstract vision whose goals are diffuse and immeasurable. Once a measurable vision is established, it needs to be accompanied by an indicator system that will allow regular and accurate measurement and enforcement.

Utilizing a systems approach, the government needs to rethink and reorganize political, financial and statutory resources and also seriously engage the civil society as an indispensable partner in the fight against substance abuse.

There is also need to ensure the synchronization of the current and future crop of NDMP policies with the social development ideology which is the bedrock of the general welfare system in the country to guarantee it optimum functioning. The central goal of current and future NDMPs should be to bridge the micro–macro gap in line with the goals of empowerment and human development. It also remains important that future NDMPs continue to reverberate and reflect on the historical informants of substance abuse in South Africa which is closely related to poverty, deprivation and general inequalities. Henceforth, mitigatory strategies need to speak to and also challenge these factors

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Paper received for publication on April 2016
Paper accepted for publication on December 2016