NATIONAL INSTITUTE FOR CRIME PREVENTION AND THE REINTEGRATION OF OFFENDERS

Exploring Substance Use Among South African Adult And Young Offenders (2015)

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1 ABSTRACT

Substance use and abuse is associated with crime and offending behaviour, as well as with generally at risk behaviour. Substance use is also associated with fatal injuries resulting from violence, road accidents, victimisation and poor societal outcomes in general. This paper reviews data extracted from the 2012 - 2013 service statistics from the National Institute for Crime Prevention and the Reintegration of Offenders (NICRO). The dataset is comprised of adults and children in conflict with the law who were referred for offender social reintegrating services.

The dataset contains entries for 19 509 offenders, of which 7 190 (36.85%) indicated substance use either through self-reporting or a drug test. This paper explores the various dynamics that are presented in this group regarding, nature and frequency of substance use, types of offences committed, as well as general demographic information such as age, race and sex. The paper concludes with several recommendations regarding the implications of the data for offender social reintegration and crime prevention practice in South Africa.

2 INTRODUCTION

The National Institution of Crime Prevention and the Reintegration of Offenders (NICRO) has been rendering crime prevention and offender reintegration services since 1910. As part of ongoing monitoring and evaluation, NICRO maintains an annual statistics database of people who have been in conflict with the law to whom NICRO has rendered services.

The statistics database allows for data analysis of various patterns, trends and dynamics of offenders in South Africa. This paper focuses specifically on the issue of substance use, abuse and addiction amongst the 2012-2013 services.

The aim of this paper is to make a contribution to the developing South African literature on the subject of substance abuse, with a specific focus on the criminal justice system. This paper will conclude with a brief discussion on the practice implications of the findings.

3 CONTEXT

South Africa faces an ongoing challenge with the prevalence of substance abuse and addiction. Alcohol is the most common primary drug of abuse at treatment centres across

South Africa, except for the Western Cape, Limpopo and Mpumalanga.[1] The economic cost of alcohol abuse is estimated to be between 1% and 2% of the annual Gross Domestic Product (GDP). The cost of illicit drug use is estimated to be over R100 000 million, and the estimated social and economic cost of illicit drug and alcohol abuse is approximately 6.4% of the annual GDP.[2]

As part of the strategy to address substance use and abuse, the National Drug Master Plan (NDMP) has been revised. The 2013 – 2017 version of the NDMP has the key strategies of (i) demand reduction, (ii) supply reduction, and (iii) harm reduction.[3] The objectives of the NDMP are)i) to coordinate efforts to reduce demand, supply and harm caused by substance abuse, (ii) ensure effective services , (iii) strengthen cost-effective interventions, (iv) share good practices, (v) provide a framework for monitoring and evaluation, (vi) promote national regional and international cooperation. [4]

4   THE RELATIONSHIP BETWEEN DRUG ABUSE AND CRIME

The relationship between substance abuse and criminal behaviour is complex. On the one hand, a history or current use of substances is one of the established predictive risk factors that increase an offender's likelihood to recidivate.[5] On the other hand, there are many people who use and abuse substances who do not commit serious offences.[6] Even in South Africa, there is anecdotal evidence of a sizable community of drug users who appear to function normally.

Nonetheless, substance abuse and criminal behaviour are closely related and many substance abusers do commit crimes.[7] There are strong correlations between substance use and violent crime in South Africa.[8] Serious and chronic juvenile offenders are more likely

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1 Dada, S.; Burnhams, N.H.; Parry, C.; Bhana, A.; Timol, F.; Wilford, F.; Fourie, D.; Kitshoff, D.; Nel, E.; Weimann, R.; Johnson, K. (2014). 'Monitoring Alcohol and Drug Abuse Trends in South Africa (July 1996 – June 2013)'. SACENDU Research Brief, 16(2).1.
2 Central Drug Authority. (2013). National Drug Master Plan 2013 – 2017. 36,43-44.
3 Central Drug Authority. (2013). 4.
4 Central Drug Authority. (2013).22.
5 Domurad, F. & Carey, M. (2010). Implementing Evidence-Based Practices. 11.
6 Idaho State Police & Statistical Analysis Center. (2010). The Relationship Between Substance Abuse And Crime In Idaho. 4.
7 Håkansson, A. & Berglund, M. (2012). 'Risk Factors For Criminal Recidivism – A Prospective Follow-Up Study In Prisoners With Substance Abuse'. BMC Psychiatry, 12(111).1.
8 Shabangu, T. (2011). A Comparative Inquiry Into The Nature Of Violence And Crime In Mozambique And South Africa. 21.

to abuse substances than any other type of juvenile offender.[9] People who abuse substances may engage in criminal activities in order to acquire drugs, and rates of criminal behaviour increase during periods of addiction. Substance abuse and addiction is also associated with parole violations and recidivism.[10] Of the 9 831 people who suffered fatal injuries as a result of violence, 2 597 indicated a blood alcohol level mean of 0.18g / 100ml. This is 60% of the total people for whom blood alcohol results were available.[11] Between 27% and 47% of intentional injuries are directly attributed to the use of alcohol.[12] In the Western Cape, the link between drugs and gangs is well-documented. Therefore exploring substance use amongst offending populations is of critical importance for criminal justice practitioners.

5 METHODOLOGY

The data for this article was extracted from the NICRO 2012 -2013 service statistics. These statistics are compiled at the seventeen NICRO offices and submitted to Head office on a quarterly basis. The statistics are derived from a variety of pro formas and service tasks which include intake forms, assessment interviews, assessment reports, programme monitoring and evaluation and aftercare and tracking. The final dataset was cleaned through the removal of entry duplicates and the removal of incomplete entries where the bulk of the data was still outstanding in terms of data capture. Indicated substance use refers to all offenders who (i) tested positive on a substance abuse test, such as a urinalysis, and (ii) self-reported substance use in the course of the assessment and interventions rendered by NICRO.

6 LIMITATIONS

As a result of the data cleaning process described above, this dataset does not contain full and complete information for every offender who received services during the period in question. Data entry errors are also a reality when multiple people are working on a dataset compiled over a period of 12 months.

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9 Mulvey, E.P., Schubert, C.A. & Chassin, L. (2010). 'Substance Use and Delinquent Behavior Among Serious Adolescent Offenders'. Juvenile Justice Bulletin. 16:1.
10 Przylbylski, R. (2008). What Works: Effective Recidivism Reduction and Risk-Focused Prevention Programs. A Compendium of Evidence-Based Options for Preventing New and Persistent Criminal Behavior. 43-44.
11 Medical Research Council. (2010). A Profile of Fatal Injuries in South Africa (2008).12
12 Corrigall, J. & Matzopoulos, R. (2013). 'Violence, Alcohol Misuse And Mental Health: Gaps In The Health System's Response'. South African Health Review 2012-13. 103: 106

In addition to duplicated and invalid entries, there are a number of entries which contain no data. Missing data can be dealt with in different ways, depending on the nature of the missing data and whether or not the missing data can be justified. [13] In the case of the NICRO dataset, the data is recorded and captured on a monthly basis and then sent through to Head Office for collation. The collation is done on a quarterly and annual basis. Offenders in the NICRO services are in the process of moving through the various stages of service implementation – from referrals to tracking.

The diagram below illustrates the different stages of NICRO service implementation:

Figure 1 : NICRO Service Stages
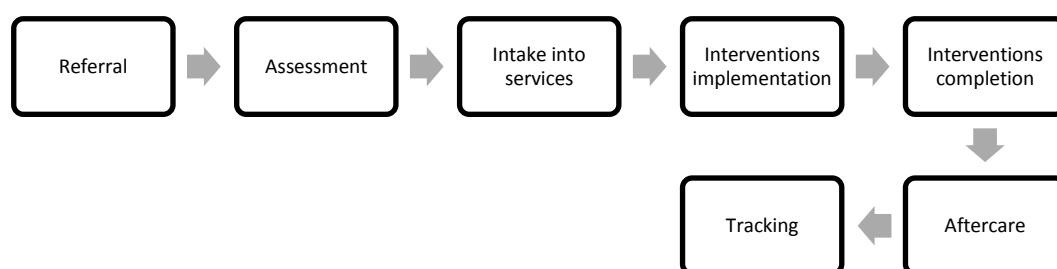
The diagram above illustrates that fact that offenders move through the stages as part of a process that spans multiple financial years (the year structure that NICRO uses for reporting purposes). Therefore, certain data will not be available for all offenders at any given point in time because they have not yet reached the relevant process stage by the time the dataset underwent annual collation, or the social worker still has to complete entering data for each client. This is a legitimate reason for data being absent from the dataset. It can be concluded that the missing data does not compromise the validity or reliability of the dataset as a whole.

Substance abuse tests were not available for all offenders in this dataset due to funding constraints. NICRO's statistical system does not allow for disaggregation between those who self-report and those who tested positive. Therefore, it is not possible to determine the extent of test-verified substance use amongst the self-reported substance use. As it is unlikely that an offender will self-report substance use when none is taking place, it is possible to view the indicated substance use as the minimum extent of substance use

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[13] Osborne, J.W., 2013. Dealing With Missing Or Incomplete Data: Debunking The Myth Of Emptiness. 103.

amongst the dataset, and not the maximum. In other words, it is likely that the extent of substance use is far higher than indicated in the data.

All possible reasonable attempts have been made to ensure data integrity, constrained by the resource-limited environment in which NICRO works.

7   OFFENDERS AND SUBSTANCE ABUSE

There are 19 509 offenders in the dataset used for this research. 55.37% did not self-report or test positive for substance use, and 36.85% did. There are 1516 invalid or incomplete entries in the dataset relating to substance use. The analysis that follows will focus on the patterns and dynamics presented in the group of 7 190 who self-reported or tested positive for substance abuse, hereafter referred to as 'indicated substance use'.

The indicated substance abuse **does not** refer to whether or not the offender was under the influence of substances at the time of the offence, but rather whether they use substances as part of their general behaviour.

Table 1: Indicated Substance Use

Indicated Substance Use	#	%
No	10 803	55.37%
Yes	7 190	36.85%
No Data	1 516	7.77%
Grand Total	19 509	100.00%

8   PROVINCIAL DISAGGREGATION

There are slight discrepancies between the provincial disaggregation of indicated substance use and the total dataset. For example, offenders from the Eastern Cape account for 24.27% of the indicated substance use population, but only 15.46% of the total dataset. However, despite these small differences, provincial disaggregation of indicated substance use and the total dataset follow a similar general pattern. NICRO does not render services in the North West Province.

Figure 2: Provincial Disaggregation

	Eastern Cape	Free State	Gauteng	Kwazulu-Natal	Limpopo	Mpumalanga	Northern Cape	Western Cape
Indicated Substance Use (%)	24.27%	8.23%	22.50%	22.35%	3.13%	6.26%	2.18%	11.07%
Total Dataset (%)	15.46%	5.20%	23.38%	28.97%	3.65%	4.73%	2.11%	16.50%
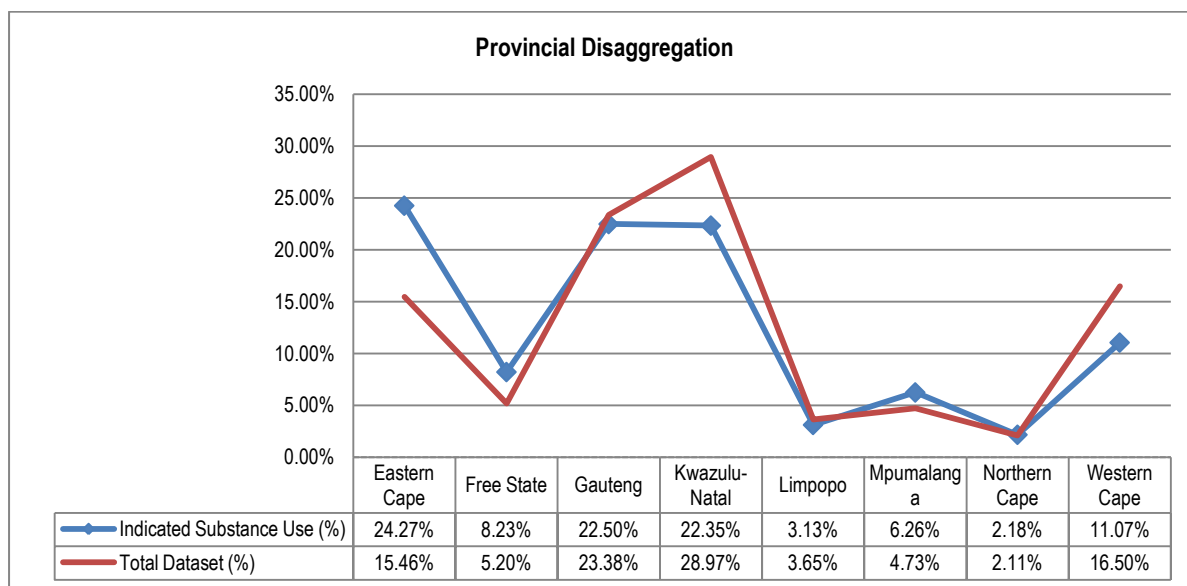
9 AGE

Table 2 illustrates the ages of the offenders who indicated substance use. Children represent 21.22% of offenders indicating substance use, while adults make up 78.75%. This is in line with the 22.57% and 77.38% that children and adults are represented in the total dataset respectively.

Table 2: Age

Row Labels	Under 18	19-25	26-29	30-39	40-49	50-59	Over 60	No Data	Grand Total
Indicated Substance Use	1 526	2 383	1 003	1 320	624	255	77	2	7 190
Indicated Substance Use (%)	21.22%	33.14%	13.95%	18.36%	8.68%	3.55%	1.07%	0.03%	100.00%

10 GENDER

The majority (85.41%) of offenders indicated substance use are male. This differs from the disaggregation of gender in the total dataset, where female offenders comprise 24.66% and males 75.26%.

Table 3: Gender Disaggregation

Row Labels	Female	Male	No Data	Grand Total
Indicated Substance Use	1 046	6 141	3	7 190

Row Labels	Female	Male	No Data	Grand Total
Indicated Substance Use (%)	14.55%	85.41%	0.04%	100.00%
Total Dataset (%)	24.66%	75.26%	0.09%	100%

11 RACE

Indicated substance use disaggregated by race is in close proximity to the patterns in the total dataset, except for Coloured offenders, who have a 1.79% higher proportion indicating substance use.

Table 4: Racial Disaggregation

Row Labels	Black	Asian	Coloured	White	No Data	Grand Total
Indicated Substance Use	4 988	356	1 245	566	35	7 190
Indicated Substance Use (%)	69.37%	4.95%	17.32%	7.87%	0.49%	100.00%
Total Dataset (%)	70.92%	4.85%	15.53%	7.83%	0.87%	100%

12 INDICATED SUBSTANCE USE WITHIN RACIAL GROUPS

Indicated substance use depicted as a percentage of each racial group is as follows:

1. Coloured offenders: 41.09% indicated substance use

2. Asian offenders: 37.63% indicated substance use

3. Black offenders: 36.05% indicated substance use

4. White offenders: 37.07% indicated substance use

As a percentage of each racial group, Coloured offenders have the largest percentage of indicated substance users, followed by Asian offenders. It is unclear why Asian offenders, while being the smallest racial group in the dataset, have the second highest percentage indicating substance use. The table below provides more detail.

Table 5: Indicated Substance Use within racial groups

Row Labels	Black	Asian	Coloured	White	No Data	Grand Total
Did not indicate substance use	7 946	487	1 430	879	61	10 803
Did not indicate substance use (%)	57.43%	51.48%	47.19%	57.56%	35.88%	55.37%
Indicated substance use	4 988	356	1 245	566	35	7 190
Indicated substance use (%)	36.05%	37.63%	41.09%	37.07%	20.59%	36.85%

Row Labels	Black	Asian	Coloured	White	No Data	Grand Total
No Data	902	103	355	82	74	1 516
No Data (%)	6.52%	10.89%	11.72%	5.37%	43.53%	7.77%
Total Dataset	13 836	946	3 030	1 527	170	19 509
Total Dataset (%)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

13 CRIMINAL HISTORY

Repeat offenders account for 15.03% of all offenders indicating substance use. The literature indicates that substance use and abuse is associated with higher rates of recidivism.[14] However, it is possible that most repeat offenders are not being sent through to NICRO by the courts. The courts tend to use NICRO services for first time offenders in general.[15] Therefore habitual offenders who abuse substances are less likely to be referred to NICRO.

Table 6: Criminal History

Row Labels	First Offender	Recidivist	Unknown	Grand Total
Indicated Substance Use	5 808	1 081	301	7 190
Indicated Substance Use (%)	80.78%	15.03%	4.19%	100.00%

14 EDUCATION

46.40% of offenders who indicate substance use are school drop-outs. 20.42% are still receiving some form of education and 21.72% have completed school. A very small group (2%) indicated they have not received formal education. Education is listed as one of the seven cross-cultural resilience-enhancing factors.[16] Commitment to school and school-related outcomes acts as a protective factor against violence and problems behaviours in general.[17] The relationship between substance use and poor educational attainment is likely to be bi-directional. Compromised attention, memory, judgement and motor skills resulting from regular substance use is likely to have a negative impact on a persons' educational performance. At the same time, generally poor school performance may put a person at risk

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[14] Håkansson, A. & Berglund, M. (2012). 'Risk Factors For Criminal Recidivism - A Prospective Follow-Up Study In Prisoners With Substance Abuse'. BMC Psychiatry, 12(111).6.

15 Pierce, B. (2012). Interview with the NICRO Operations Manager.

16 Development Services Group, Inc. (2013). Protective Factors for Populations Served by the Administration on Children, Youth, and Families: A Literature Review and Theoretical Framework. 14.

17 Office of the Surgeon General (2001). Youth Violence: A Report of the Surgeon General

of resorting to substance use and abuse out of frustration or boredom. Lack of educational achievement is listed as one of the major risk factor associated with re-offending. [18]

Figure 3: Education
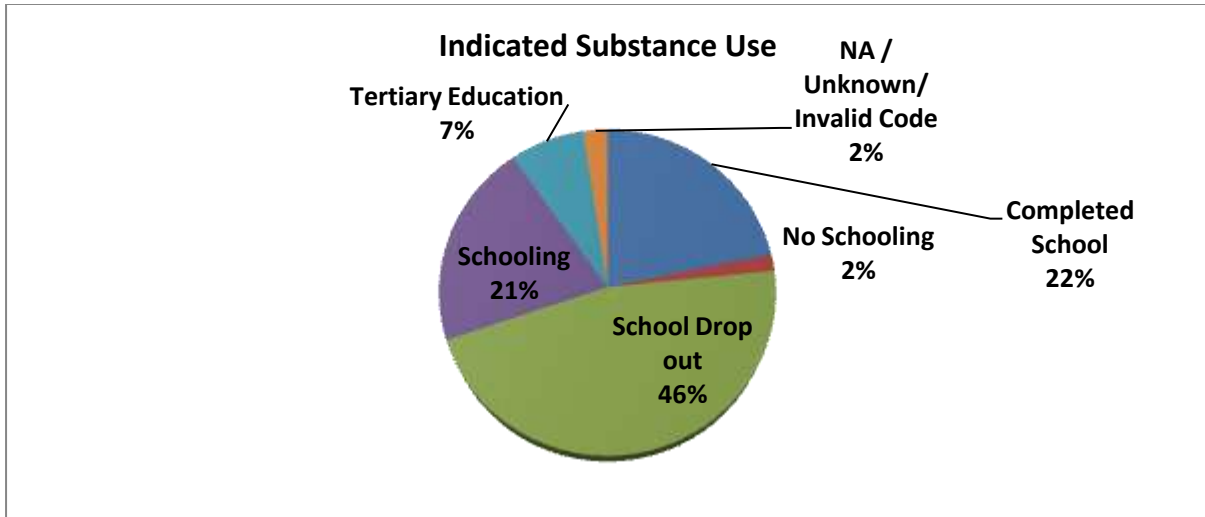
15 EMPLOYMENT

38.03% of offenders indicating substance use are unemployed, while 30.75% have some form of employment, formal, self or casual employment. 18.60% are listed as scholars still in school and therefore not working or looking for work. Employment has been identified as one of the seven cross-cultural resilience-enhancing factors. [19]

As with education, the relationship between substance use and unemployment is complex and potentially bi-directional. The effect that regular substance use has on cognitive and motor skills, as well as memory and judgement is likely to have a negative impact on a person's ability to obtain or retain employment. Not being employed is also likely to put a person at risk of using substances as a possible means of coping with the stress and frustration of not being able to find work. Lack of employment stability or achievement has been identified as one of the major risk factors associated with re-offending. [20]

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18 Domurad, F. & Carey, M., 2010. Implementing Evidence-Based Practices. 11.
19 Development Services Group, Inc. (2013). Protective Factors for Populations Served by the Administration on Children, Youth, and Families: A Literature Review and Theoretical Framework. 14.
[20] Domurad, F. & Carey, M., 2010. Implementing Evidence-Based Practices. 11

Table 7: Employment

Row Labels	Casual Employment	Formally Employed	Scholar	Self employed	Unemployed	No Data	Grand Total
Indicated Substance Use	734	1 192	1 337	285	2 734	908	7 190
Indicated Substance Use (%)	10.21%	16.58%	18.60%	3.96%	38.03%	12.63%	100.00%

16 SUBSTANCE USE

Alcohol is used by 54.08% of the offenders indicating substance use. This is followed by marijuana (22.55%), and then a combination of marijuana and alcohol (7.93%).

Alcohol is associated with intentional and unintentional injuries, reduced performance, family deprivation, interpersonal violence, suicide, crime and fatalities brought about whilst operating vehicles under the influence. Alcohol is also associated with high risk sexual behaviour and the spread of sexually transmitted diseases. Alcohol increases the risk of other communicable diseases such as tuberculosis, and also produces dependency.[21] High levels of alcohol consumed during pregnancy are associated with foetal alcohol spectrum disorder.[22] Globally, there were approximately 3.3 million deaths that were attributable to alcohol consumption. [23]

Marijuana is an addictive substance that is associated with distorted perceptions, impaired thinking, learning and memory. The combination of marijuana and alcohol has a serious negative effect on motor coordination and judgement.[24] Marijuana consumption during pregnancy is associated with neurobehavioral problems in infants. [25]

Table 8: Type of Substances Self-Reported

Row Labels	Reported Substance Use	Reported Substance Use (%)
Alcohol	3 888	54.08%
Cocaine	43	0.60%
Cocaine & Marijuana	29	0.40%
Cocaine, Marijuana & Alcohol	35	0.49%

21 Anderson, P., Chisholm, D. & Fuhr, D.C. (2009). 'Effectiveness And Cost-Effectiveness Of Policies And Programmes To Reduce The Harm Caused By Alcohol'. Lancet , 373. 2234:2234.
22 Wattendorf, D.J. & Muenke, M. (2005). 'Fetal Alcohol Spectrum Disorders'. American Family Physician, 72(2). 279:279.
23 World Health Organisation. (2014). Global Status Report On Alcohol And Health 2014. xiv.
24 National Institute of Drug Abuse, 2012. Drug Facts: Marijuana.2.
25 National Institute of Drug Abuse, 2012. Drug Facts: Marijuana.3.

Row Labels	Reported Substance Use	Reported Substance Use (%)
Marijuana	1 621	22.55%
Marijuana & Alcohol	570	7.93%
Glue	13	0.18%
MDMA[26] & Marijuana	46	0.64%
MDMA	10	0.14%
Methamphetamines	168	2.34%
Methamphetamines & MOP[27]	6	0.08%
Methamphetamines, MOP & Marijuana	65	0.90%
MOP & Marijuana	26	0.36%
MOP	22	0.31%
NA / Unknown / Invalid code	251	3.49%
Other Combination not specified	397	5.52%
Grand Total	7 190	100.00%

17 FREQUENCY OF SUBSTANCE USE

Frequency of substance use assists in determining whether the usage has the characteristics of addiction. However, it is important to note that frequency and quantity of substance use is one component of such a determination. Other components include the qualitative way in which the individual responds to and interacts with his or her environment, such as preoccupation with obtaining substances and general reactions to stressors. [28] Within the 7 190 offenders who indicated substance use, 24.53% use the substance between once and five times a week. 18.25% use substances every day. 30.33% state they have only used substances a few times.

Table 9: Frequency of Substance Use

Row Labels	#	%
No Data	566	7.87%
About every day	1 312	18.25%
1-3 time per month	1 367	19.01%
1-5 time per week	1 764	24.53%
Only a few times	2 181	30.33%
Grand Total	7 190	100.00%

18 INDICATED SUBSTANCE ABUSE AND OFFENCE TYPE

The most common offences committed by the offenders who indicated substance use are as follows:

26 Ecstasy
27 Morphine
28 American Society of Addiction Medicine. (2011). Definition of Addiction. [Online].

1. Possession of Marijuana/Other Narcotics — 22.46%
2. Theft/Attempted Theft — 18.47%
3. Assault with the intent to commit Grievous Bodily Harm — 12.34%
4. Common Assault — 8.05%
5. Shoplifting — 4.35%
6. Domestic Violence — 3.55%
7. Housebreaking/ Attempted Housebreaking — 3.44%
8. Malicious Damage to Property / Trespassing — 3.24%
9. Other offence not specified — 3.18%
10. Driving under the Influence — 2.92%

Table 10: Indicated Substance Abuse and Offence Type

Row Labels	Indicated Substance Use	Indicated Substance Use (%)
Arson/Attempted Arson	17	0.24%
Assault With The Intent To Commit Grievous Bodily Harm	887	12.34%
Attempted / Theft Of Motor Vehicle	9	0.13%
Child Abuse/Incest	17	0.24%
Common Assault	579	8.05%
Contravention Explosives Act	4	0.06%
Culpable Homicide	1	0.01%
Dealing In Marijuana/ Alcohol/ Narcotics	26	0.36%
Defeating The Ends Of Justice/ Perjury/ Crimen Injuria	42	0.58%
Domestic Violence	255	3.55%
Driving Under The Influence Of Drugs Or Alcohol [29]	210	2.92%
Fraud	41	0.57%
Hijacking	1	0.01%
Housebreaking/ Attempted Housebreaking	247	3.44%
Indecent Assault	5	0.07%
No Data	464	6.45%
Malicious Damage To Property / Trespassing	233	3.24%
Murder/ Attempted Murder	113	1.57%
Other Offence Not Specified	229	3.18%
Parole Violation	7	0.10%
Pointing A Firearm/ Negligent Discharge Of Firearm	15	0.21%

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29 Indicated substance abuse does not refer to whether or not the offender was under the influence of substances at the time of the offence, but rather whether they use substances as part of their general behaviour.

Row Labels	Indicated Substance Use	Indicated Substance Use (%)
Possession Of Counterfeit Money	3	0.04%
Possession Of Marijuana/Other Narcotics	1 615	22.46%
Possession Of Firearm/Ammunition	25	0.35%
Possession Of Housebreaking Equipment	1	0.01%
Possession Of Stolen Property	35	0.49%
Public Indecency	5	0.07%
Public Violence	7	0.10%
Rape/Attempted Rape	120	1.67%
Reckless Driving/ Driving Without Licence	122	1.70%
Robbery/Armed Robbery	180	2.50%
Sending Pornographic Material	1	0.01%
Sexual Harassment	4	0.06%
Shoplifting	313	4.35%
Sniffing Glue	3	0.04%
Theft From Motor Vehicle	13	0.18%
Theft/Attempted Theft	1 328	18.47%
Unauthorised Use Of Motor Vehicle	13	0.18%
Grand Total	7 190	100.00%

19 SERIOUS OFFENCES BY SUBSTANCE USE

The table below indicates the extent to which offenders who indicated substance use have committed certain offences. For example, 2 374 offenders committed assault with the intent to commit grievous bodily harm, and 37.36% of those offenders indicates substance use. 640 offenders were charged and sent to NICRO under the Domestic Violence Act and 39.84% of those offenders indicated substance use.

The top 12 offences with the largest percentage offenders indicating substance use are as follows:

	Indicated Substance Use	(%)
1. Culpable Homicide	1	100.00%
2. Housebreaking/Attempted Housebreaking	247	47.59%
3. Robbery/Armed Robbery	180	42.76%
4. Domestic Violence	255	39.84%
5. Assault Grievous Bodily Harm	887	37.36%
6. Rape/Attempted Rape	120	37.15%

7. Child Abuse/Incest   17   32.08%
8. Theft/Attempted Theft   1328   30.64%
9. Murder/Attempted Murder   113   30.38%
10. Driving Under the Influence of Drugs or Alcohol   210   26.82%
11. Public Violence   7   13.73%
12. Hijacking   1   12.50%

Table 11: Top 12 Offences by Substance Use

Row Labels	Did Not Indicate Substance Use	Did Not Indicate Substance Use (%)	Indicated Substance Use	Indicated Substance Use (%)	No Data	No Data (%)	Total Dataset	Total Dataset (%)
Assault Grievous Bodily Harm	1364	57.46%	887	37.36%	123	5.18%	2374	100.00%
Child Abuse/ Incest	34	64.15%	17	32.08%	2	3.77%	53	100.00%
Culpable Homicide	0	0.00%	1	100.00%	0	0.00%	1	100.00%
Domestic Violence	372	58.13%	255	39.84%	13	2.03%	640	100.00%
Driving Under The Influence Of Drugs Or Alcohol	504	64.37%	210	26.82%	69	8.81%	783	100.00%
Hijacking	6	75.00%	1	12.50%	1	12.50%	8	100.00%
Housebreaking/ Attempted Housebreaking	249	47.98%	247	47.59%	23	4.43%	519	100.00%
Murder/ Attempted Murder	173	46.51%	113	30.38%	86	23.12%	372	100.00%
Public Violence	38	74.51%	7	13.73%	6	11.76%	51	100.00%
Rape/ Attempted Rape	174	53.87%	120	37.15%	29	8.98%	323	100.00%
Robbery/ Armed Robbery	208	49.41%	180	42.76%	33	7.84%	421	100.00%
Theft/ Attempted Theft	2671	61.63%	1328	30.64%	335	7.73%	4334	100.00%

20 IMPLICATIONS FOR PRACTICE

20.1 Scheduling of Interventions

The indication of substance use is of critical importance to offender reintegration service practitioners. It is vitally important that the offender receive substance use and abuse

treatment before beginning other intervention such lifeskills or cognitive behavioural therapy. This is because continued substance use or abuse is likely to impair the offender's ability to pay attention, remember details and otherwise fully participate and benefit from the intervention. Therefore, it is important that substance abuse or addiction treatment be scheduled and completed first. Before this is possible it must be reliably known if the offender is using or abusing substances. This requires the general availability of reliable drug tests (see below on the funding of drug tests).

20.2 Criminal Justice Practitioner Education and Awareness

As a result of extensive court stakeholder engagement and lobbying and advocacy, it has become clear that many criminal justice stakeholders only take note of substance use when it forms part of the offence itself (i.e.; driving under the influence). The data clearly indicates the presence of substance use and even abuse in a broad range of criminal offences. This information has significant importance for the design and delivery of offender reintegration services. Substance abuse and addiction services of varying duration and intensity should be more widely utilised as part of diversion and sentencing options. By making such interventions part of the diversion or sentencing order, the offender is compelled to receive services. Substance abuse and addiction programmes can produce positive outcomes of reduced substance usage and reduced rate of re-offending, as well as being a good return on investment in terms of cost-benefit analysis.[30] We can only expect to see such positive returns if sufficient numbers of offenders are able to access these services.

20.3 Availability of Resources

The demand for substance abuse and addiction treatment services far outweighs availability. Affordability is also a challenge that confronts people requiring treatment. Waiting period at state facilities can exceed 12 months in certain areas. Fragmented administration and unequal geographical service distribution makes ready access to treatment services difficult.[31] Inadequate screening and assessment skills and tools make the accurate identification of offenders requiring such services problematic. The Department of Social Development (DSD) and the Department of Health are responsible for different components of substance abuse and its comorbid effects such as mental and physical health.[32] This division renders cooperation and collaboration difficult.

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30 Przlbylski, R. (2008).43.
31 Corrigall, J. & Matzopoulos, R. (2013). 107.
32 Corrigall, J. & Matzopoulos, R. (2013). 107

In 2010, the Inter-Ministerial Committee (IMC) on Combating Substance Abuse was established, which comprises the departments of Social Development, Correctional Services, Basic Education, Health, Economic Development, Transport, Trade and Industry, Higher Education and the South African Police Service. The absence of direct civil society participation in this forum is worth noting. One of the outcomes of the IMC is the National Drug Master Plan 2013 - 2017 (CDA, 2013) mentioned earlier in this paper.[33] Specific legislation focusing on substance abuse and addiction in South Africa has been developed and is now in place in the form of the Prevention of and Treatment for Substance Abuse Act, No. 70 of 2008. [34]

The overall objectives of the Act are to: (i) Combat substance abuse in a coordinated manner; (ii) Provide for the registration and establishment of all programmes and services; (iii) Create conditions and procedures for the admission and release of persons to or from treatment centres; (iv) Provide prevention, early intervention, treatment, reintegration and after care services to deter the onset of and mitigate the impact of substance abuse; (v) Establish a Central Drug Authority to monitor and oversee the implementation of the National Drug Master Plan; (vi) Promote a collaborative approach amongst government departments and other stakeholders involved in combating substance abuse; and (vii) Provide for the registration, establishment, deregistration and disestablishment of halfway houses and treatment centres.

Regulations pertaining to the Act have also been developed.[35] The regulations provide the minimum norms and standards for the rendering of substance abuse and treatment programmes and services, and set out the process for the registration of service providers. For the current financial year, national substance abuse services are allocated 10.6% (R62 713 000) of available welfare funding from DSD. [36]

20.4 Funding for Drug Tests
Ideally all offenders should receive a drug test as part of their assessment and general social reintegration services. The information obtained from such drug tests would be vitally

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33 Central Drug Authority (2013). National Drug Master Plan 2013 - 2017.
34 Government of the Republic of South Africa. (2009). No. 70 of 2008: Prevention of and Treatment for Substance Abuse Act, 2008. Act.
35 Department of Social Development. (2013). Regulations for No. 70 of 2008: Prevention of and Treatment for Substance Abuse Act, 2008.
36 National Treasury. (2014). Estimates Of National Expenditure: Vote 19 Social Development. Budget Vote. 16.

important for the designing of interventions and for impact evaluations. It is also a critical component of accurate scheduling of interventions (see earlier point). The reality is that most non-profit service providers cannot afford to implement standard drug testing without significant supportive funding. In NICRO's experience, few funders wish to pay for drug tests and would rather fund intervention programmes. Building the costs of drug tests into programme delivery costs has proved to be an unsuccessful option, as it raises the programme costs in a funding environment where financial resources are scarce. The option of having the offender pay for their own drug test has also proven to be unsuccessful, as large numbers of offenders being referred for services to organisations like NICRO are unemployed and do not have the funds.

21 CONCLUSION

This paper explored the topic of substance abuse amongst adult and youth offenders. The use and abuse of substances by offenders complicates reintegration services. Many offenders are not able to access appropriate substance treatment programmes, and so although they are punished by the courts, their behavioural problems have not been addressed. South Africa has various legislative and policy tools designed to reduce and prevention substance abuse. However, there is a gap between what is on paper and service delivery on the ground in terms of adequate and sustainable allocation of resources. Effective crime prevention requires much more to be done in terms of available resources for offenders who present with substance use and abuse.

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