

**An Exploration of the Association between the Whoonga/Nyaope Drug and
Criminality through the Eyes of Convicted Drug Offenders in Three Metropolitan
Cities of the Republic of South Africa**

by

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DECLARATION

I, Siyanda Brightman Ngcobo, declare that

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2. This thesis has not been submitted for any degree or examination at any other university.
3. This thesis does not contain any other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
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Siyanda Brightman Ngcobo

On the 18th day of March 2019

DEDICATION

I dedicate this research project to all the Police Officers in the world; the men and women who put their lives on the line so that others may live.

ACKNOWLEDGEMENTS

I am greatly indebted to my children who gave me space to conduct this research.

I also want to offer my sincerest gratitude to my supervisor, Professor Jéan Steyn, who guided and supported me throughout this research project. This work is attributed to his patience and attention to detail as well as his encouragement and efforts that helped in the completion of this thesis.

This research would not have been possible if permission had not been obtained from the Department of Correctional Services (DoCS) and the South African Police Services (SAPS). I therefore acknowledge these organisations in gratitude. I also wish to thank Mr I Akwesi who provided invaluable guidance and assistance with the data analysis.

Lastly, and most importantly, I wish to thank the drug offenders from Pollsmoor Prison, Westville Prison and Johannesburg Central Prison who contributed as participants to bring this study to fruition. I acknowledge that without their invaluable contributions this work would not have been realised. I am greatly honoured and humbled to have met them and that I obtained their trust and willingness to share the stories of their life struggles with me. I shall forever be mindful of the great number of offenders who indicated their willingness to break free from the shackles of illicit drug use.

ABSTRACT

Illicit drug use has become a matter of worldwide concern. In South Africa, statistics have revealed that a third of the population admitted to using drugs during the year 2017, and about 20% of incarcerated prisoners admitted to having used an illicit drug. Drug addiction has a direct and major impact on the escalation of drug related criminal activities in the three major metropolitan cities of South Africa, namely Durban, Cape Town and Johannesburg. Statistical data reflect a high correlation between drugs and criminal activities related to property and violent crimes. This has brought the spotlight upon these three metropolitan cities from various perspectives in a number of recent research studies. However, the current study focused on understanding how the Marxist class conflict theory and the rational choice theory underpin our understanding and appreciation of the relationship between the criminal intention of drug users and the rational thinking of these individuals. It was in this context that the study explored the concept of drug use and abuse with specific reference to the drug known as ‘whoonga’ or ‘nyaope’. Published reports and statistical data were perused in order to understand the link between drug usage and criminal activities. The literature highlighted the problematic issues in South Africa in relation to drug proliferation, drug addiction and criminality. The review included reports by the United Nations, drug and crime reports pertaining to African countries and, in particular, South African Police Service (SAPS) drug and crime reports in order to understand and evaluate the drug-crime scenario in this country. Primary data were collected and triangulated with the information obtained by means of the literature review. Using a scientific statistical instrument, the primary data that had been collected were thoroughly analysed to derive at trustworthy and viable results.

The study took cognisance of the fact that the Constitutional Court of South Africa, which is the highest court of the land, made a landmark ruling in 2018 in which the *private* use and cultivation of dagga or cannabis were decriminalised and declared legal. However, this research revealed that the use of and trade in dagga is a gateway to the use and abuse of serious and damaging illicit drugs, particularly whoonga, which is highly addictive and easily accessible by the poor. The convicted offenders who participated in the study admitted that dagga was the cheapest drug available for the poor and was an omnipresent ingredient in different whoonga cocktails. The study found that heroin based drug users all suffer from substance dependency and that the withdrawal symptoms are extremely painful, to the point of intolerant pain. Often the need for money, the need for temporary escape from reality, and the fear of imminent withdrawal symptoms compel whoonga/nyaope drug addicts to do ‘absolutely anything’, regardless of the consequences, to get the next hit.

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LIST OF ABBREVIATIONS AND ACRONYMS

ARV:	Anti-Retroviral Drugs
AROSTA:	Street name for drug withdrawal symptoms
CDA:	Central Drug Authority
DoCS:	Department of Correctional Services
DPME :	Department of Planning, Monitoring and Evaluation
DoP:	Department of Police
DHET:	Department of Higher Education and Training
DPCI:	Directorate for Priority Crime Investigations
HAWKS:	Synonym or call name for DPCI
CD:	Lysergic acid diethylamide
MEC:	Member of the Executive Council
MDMA:	Methylenedioxy methamphetamine
NDP:	National Development Plan
NDMP:	National Drug Master Plan
NIDA:	National Institute on Drug addiction
SANEB:	South African Narcotics Enforcement Bureau
SAPFL:	SA Police Forensic Laboratory
SANCA:	South African National Council for Alcohol and Drug addiction
SAPS:	South African Police Services
SAPS APP:	South African Police Services Annual Performance Plan
UKZN:	University of KwaZulu-Natal
UNODC:	United Nations Office on Drugs and Crime

CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter presents the outline of the study and introduces this study report by discussing the background that prompted the study, the research problem, the rationale for the study, the aim and research questions, and the location of the study. Two hypotheses are presented and the limitations that influenced the study are discussed. A summary of the chapters is presented to guide the reader systematically through this research thesis.

1.2 Background to the study

The 2017/2018 Annual Report by the South African Police Service revealed that 260 732 drug cases were detected and a total of 93 050 kg of whoonga drugs were confiscated by the police in South Africa during 2016. Various SAPS reports suggest that the illicit use of drugs and the proliferation of cheaper but health-threatening drugs have become a huge societal problem in the country. For example, in July 2018 the SAPS exposed a clandestine drug-manufacturing laboratory on the KwaZulu-Natal south coast. In the ensuing drug raid, the police found drugs worth more than R47 million and arrested two people. The use and abuse of drugs is a global issue as, according to the UN World Drug Report (2016:01), in 2012 some 243 million people globally, aged between 15 and 64, had used an illicit drug at least once during the preceding year.

The United Nations Office on Drugs and Crime (UNODC, 2009:9) indicated in its World Drug Report at the time that, because illicit drug markets are clandestine, data on the drug trade are sparse, particularly in the developing world where high uncertainty about the availability of drugs creates a lack of information pertaining to their use and frequency. What is well known is that South Africa produces about 28% of the African cannabis production and 7% of the total world production (UNODC,2009).

A drug that is deemed one of the most devastating because of its low costs and high availability is a drug known as 'whoonga'. According to Strydom's (2010:1) blog, whoonga is "a new, deadly drug...which is a concoction of rat poison, soap powder, and the main ingredient [is] anti-retrovirals (ARVs) or AIDS medication". It is a fine, white powder that is added to marijuana and tobacco and is generally smoked, but can also be injected. Its side effects are anxiety, terrible stomach cramps, and a slowing down of the heart and lung functions. Overdosing leads to death. Withdrawal symptoms are severe and can only be treated by inducing more of the drug, which is then often lethal. One hit costs about R20 to R30 in South Africa, but an addict needs more than one hit a day, which causes addicts to turn to crime to obtain money to buy this drug. Strydom (2010) alarmingly reveals that HIV/AIDS patients are often robbed of their medication, while some addicts even deliberately contract AIDS to ensure a supply of the drug. Even more worrisome is the fact that corrupt health workers and clinic staff sell AIDS medication for high profits (Ibid, 2010). In corroboration, the SAPS Forensic Laboratory Report (2014) states that Whoonga is a cocktail made up of a cheap heroin drug which is mixed with marijuana, bicarbonate of soda, pool cleaner and rat poison to increase its mass. However, as will be detailed later in Chapter 2, various laboratory tests conducted in South Africa did not discover traces of ARV drugs in the composition of the samples

they tested. The South African Drugs and Drug Trafficking Act of 1992 (RSA, 1992) criminalises the possession, usage and distribution of whoonga as the abuse of this drug has been found to be responsible for the breakdown of individual users' relationship with society and law enforcement agencies. The SAPS (2017) describes the whoonga drug as a street name for a modified, cheap heroin drug sold for about R30.00 per straw. In South Africa, similar cheap heroin concoctions are known by different street names depending on the geographical location, for example:

- in KwaZuluNatal, with Durban as its business capital, it is known as 'whoonga';
- in the Gauteng Province, with Johannesburg as its business capital, it is known as 'nyaope'; and
- in the Western Cape, with Cape Town as its business capital, it is known as 'ungah'.

Thus, the terms whoonga, nyaope, unгах and heroin are used interchangeably throughout the country to refer to the cheap heroin drug mix phenomenon. These terms are also used interchangeably in the current study to refer to this drug problem in South Africa. In corroboration of Strydom's (2010) blog, preliminary investigations involving a group of street drug users revealed that a single straw was never sufficient to satisfy their craving and that on average five straws per day at a cost of R30 per straw were injected or smoked to satisfy their drug dependency. The whoonga drug habit is therefore a very expensive habit because, to sustain the habit, a drug user needs nothing less than R100 a day (R denotes rands in the South African currency) to gratify the drug addiction. In his State of the Province address in May 2014, the Premier of KwaZulu-Natal highlighted the importance of the on-going fight against drug addiction as a catalyst for other crimes. Moreover, paragraph four of the Amended Drugs and Drug Trafficking Act No. 40 of 1992 (RSA, 1992) specifically lists heroin and its derivatives

as a prohibited drug. At macro level, the South African national government listed the fight against drug proliferation as one of its strategic objectives in the National Development Plan (NDP) Vision 2030 (RSA. Department of Planning, Monitoring and Evaluation, 2018b) to highlight the seriousness of the problem and the importance the government attaches to the fight against this social ill.

1.3 Rationale for the Study

Crime in South Africa has assumed alarming rates recently, resulting in mixed reactions from and commentary by the country's citizenry. Some attribute this phenomenon to the abuse of drugs and have therefore called on the government to introduce stricter measures to curb the drug problem. The crime of using illicit drugs is classified as a victimless crime as neither the user nor the dealer tends to report drug use or abuse to the police. Therefore, official records are not reliable as a source that effectively documents the extent of the drug-crime relationship, and drug related crime statistics could therefore not be backed by accurate research data. In order to evaluate the extent of the drug problem and its relationship to crime, this study thus explored the reported spike in criminal activities and its interrelationship with drug addiction. The investigation specifically concentrated on the escalation of whoonga usage in the South African metropolitan cities of Durban, Cape Town and Johannesburg. As mentioned by Allen (2017:45), the incremental rise in illicit drug use and its relation to criminality is a major challenge that faces government authorities, and the study thus sought to understand the link between the use of drugs and the nature of the crimes that are committed in its wake (Mertens *et al.*, 2014:430). This exploration facilitated and in-depth understanding of the causes of drug addiction and the subsequent commission of

crime as well as the everyday challenges that drug offenders have to deal with that influence them to commit crimes. The study further sought to understand how escalating criminal activities are related to addicts' need to raise money for drug procurement. With reference to Chatikobo's (2016:132) recommendation, the study is important as it could inform newly drafted drug combatting policies and legislation to regulate drug use.

The issue of drug addiction has a rippling effect on criminal activities and the quality of the lives of people globally and in South Africa in particular. Petersen Williams *et al.* (2014:45) state that the issue of drug related crime needs to be addressed and vigilantly acted upon in order to improve the social, economical, political and cultural environment of South Africa, in particular in metropolitan cities such as Cape Town, Johannesburg and Durban.

The National development plan (Vision 2030), which is a government strategic policy document (RSA, 2018b), envisions a crime free society by 2030. The research thus sought to understand the experiences of drug users in the quest to inform critical solutions for the complex societal problem of illicit drug use. The roles of the government, the police, regulatory authorities and citizens also need to be understood to create collaborative efforts in order to effectively and sustainably combat the problem of drug addiction and the rise in criminal activities (Plüddemann *et al.*, 2017:19).

The current research focused on understanding the interrelationship between illicit drug use, in particular whoonga, and the escalation of criminal activities in the cities of Durban, Cape Town and Johannesburg. These are important cities in South Africa as

they, inter alia, attract tourists from all over the world who are vulnerable to crime. These three cities also provide employment to thousands and serve as the main financial capitals of the country. However, all three these cities are ravaged by crime and unemployment. For example, the South African Statistician General reported in July 2018 that the unemployment rate in South Africa stood at 38.2% for the age cohort 16-35 years (StatsSA, 2018).

In this context, Pietersen *et al.* (2014:1230) state that it is essential to understand the environmental situations and the quality of life that citizens of the country enjoy or, conversely, are denied due to poverty and unemployment. The statistical data published by the United Nations Office on Drugs and Crime (UNODC, 2018b) point towards a very grim situation in the country in matters of crime and drug addiction.

Moreover, African countries have become transit points for the delivery of drugs from Afghanistan and Pakistan to Western countries (UNODC, 2018b). This is distorting the image of the nation and is creating an impact upon its youth. The data revealed that almost 49% of the population in Southern African countries comprises of people under the age of 15 years. A shocking fact is that the overall unemployment rate in South Africa is 26% (StatsSA, 2018).

With this information as a backdrop to the study, various sets of data needed to be explored in order to understand the relationship between the use of illicit drugs such whoonga and the unemployment rate in Durban, Cape Town and Johannesburg. Da Agra (2017:45) suggests that it is important to monitor the escalation in drug related crime arrests in order to understand the relationship between escalating crime rates and drug

usage among the youth of South Africa. Moreover, only when scientifically obtained data and information are available will the government and international bodies that are dedicated to the cause be able to address the drug addiction problem in order to save future generations from the clutches of this deadly menace.

Whoonga is a drug that is remarkably new in the drug market in South Africa, and there is not much that is known about this phenomenon in the country or outside the country's immediate borders. For this reason, this study had to rely heavily on UN and African study reports as well as on general statistics of illicit drug use to achieve its objectives. As was indicated earlier, drug production and peddling occur as clandestine operations (UNODC, 2009:9) and therefore the actual extent of the problem is still undetected. A preliminary review that was conducted indicated that the relationship between reported incidents of crime and the emergence of whoonga as a drug of preference among the youth has never been scientifically researched. This created a research gap that had to be filled by this study.

The SAPS Annual Report (2018:87) indicated that the crimes for dealing and unlawful possession of drugs increased by 10.5% from 292 689 cases in 2017 to 323 547 cases in 2018. SAPS crime statistics over a 10-year period (April 2004 to March 2014) indicated that drug related crimes were the second highest recorded after bank robberies. The 2012/2013 and 2013/2014 surveys reflected that drug related crimes had increased by 26.1%, which was still second only to bank robberies (SAPS, 2014:59). According to the latter report (SAPS, 2013/2014:107), the SAPS made as many as 222 598 drug related arrests compared to 168 468 drug related arrests for the preceding financial period. The report further highlighted that most arrests for all crimes were made in the

Western Cape (35%), followed by Gauteng (30.5%) and KwaZulu- Natal (18.3%). The combined drug cases reported in the above three South African provinces during 2013/2014 totaled 206 130 cases: Gauteng 74 713; KwaZulu- Natal 45 954; and Western Cape 85 463. Considering that, nationally, there was a total of 260 732 drug crimes, these three provinces accounted for 79% (206 130/260 732) of all drug related crimes recorded in the entire country (SAPS Annual Report, 2013/2014:59).

The above statistical data are indicative of an exceptionally high concentration of drug crimes in the three metropolitan cities of Durban, Cape Town and Ekurhuleni (Johannesburg), and for this reason these three metropolitan areas were selected as the study sites for this research. The undeniable increase in drug related crimes enhances the seriousness of the drug menace in the country, and this calls for every possible action to be taken to curb this problem. Research studies are also crucial in providing information and recommendations to bring this situation under control. This research study concentrated on the Whoonga drug menace in the three selected cities because the use of this drug was ranked highest in the annual reports for drug related arrests.

The United Nations World Drug Report (UNODC, 2014:31) lists South Africa as a major drug consumer market that derives its heroin supply from South West Asia via East Africa and the Middle East. This means that there is a dire danger of a shrinking of the country's working population in the near future if nothing tangible is done to curb the situation.

This research study will therefore be of great significance, as it will augment scientific research on the phenomenon of the illicit use of heroin derived drugs and its

relationship to crime in South Africa. The significance will be enhanced as primary data were collected from actual drug users who were incarcerated for this and various related crimes at the time of the study. Given the rates of crime and violence that have rocked South Africa in the recent past, this study was most opportune. Moreover, the findings and outcomes of this research could also enlighten the problem for other countries that are experiencing a similar scourge of drug related crimes.

1.4 Objectives of the Study

The overarching aim of the study was to determine the relationship between the use of whoonga and related drugs and the commission of crime in three metropolitan areas in South Africa. The study therefore aimed to:

- Establish if whoonga and related drugs were associated with criminality in the cities of Durban, Cape Town and Johannesburg;
- Contribute to the prevention of the proliferation of the use of whoonga in line with the South African Government's National Drug Master Plan of 2018-2022;
- Contribute information for the drafting of policy on drug related crime prevention in line with the strategic goals of the government as highlighted in the NDP Vision 2030.

This research thus sought to add value to the body of scholarly knowledge on drug related issues by specifically studying the whoonga phenomenon and its relationship with crime in the three largest cities (Durban, Johannesburg and Cape Town) of South Africa. Additionally, the study sought to identify useful measures that may be considered as best practices in fostering the government's and police interventions to control the drug addiction phenomenon in this country.

1.5 Study Location

The study was conducted in the Republic of South Africa. This is a country with 57 764 631 people and is situated in the southern part of the African continent (Statistics South Africa, 2018). The research concentrated on the three largest correctional facilities in South Africa that are located in Cape Town, Durban and Johannesburg.

- The Durban metro is situated on geographical coordinates 29.8587° S, 31.0218° E along the southeastern part of the country. The census of 2018 revealed that it had a total population of 3.4 million people, of which 1.1 million were employed at the time of the survey. It comprises land area of 2 297 Km² and is comparatively larger than most other South African cities second to Johannesburg in Gauteng. The correctional facility that was visited is Westville Prison which is located in Spine Road, Durban.
- Cape Town lies at latitude 33.55°S, which is roughly the same as Sydney and Buenos Aires. With a longitude of 18.25°E, it falls into the GMT+2 time zone. It is located in the southwestern part of South Africa and covers an area of 2 461 Km². According to StatsSA, census 2018, the population of Cape Town was 3 740 025, which was an increase of 29.3% since 2001, and the number of households was 1 068 572, which was an increase of 37.5% since 2001. The population is predominantly Coloured (42%) and Black African (39%). Of the total population, 46% aged 20 years and older had completed a Grade 12 or higher qualification. About 1.3 million people were employed and about 50.2% of the population did not have matric. The drug related crime rate per 100 000

people was 1 207 drug users. The correctional facility visited was the Pollsmoor Prison, which is located in Steenberg, Retreat.

- Johannesburg (Ekurhuleni) lies at 26.1667° S, 28.3333° E coordinates in South Africa. The OR Tambo International Airport is situated in the centre of the Ekurhuleni Metro. About 28% of the population was unemployed, and 28.8% lived in poverty. It had a resident population of 3 178 470 people (StatsSA,2018), of which 41.5% was economically active at the time of the survey. The area contributes approximately 6.1% to the GDP, and has a land area of 1 975 Km². The correctional facility that was visited was the Johannesburg Prison, located in Steenbok Street, Johannesburg.

These three large metropolitan cities accounted for 79% of all drug related crimes in the past years. In 2018, the prisoner population of South Africa was 164129, with Gauteng incarcerating 37 120 prisoners, followed by Western Cape at 30 156 and KwaZulu-Natal at 27 919 (Department of Correctional Services, 2018). Of the total prisoner population in 2018, 3 834 prisoners had been sentenced for narcotics offences.

1.6 Problem Statement

The whoonga phenomenon has led to a rise in the rate of criminal activities in Johannesburg, Durban and Cape Town (SAPS, 2018a). South Africa is considered a safe haven for drug peddlers and dealers (UNDOC, 2018b) as the strategic location of and economic conditions in the country encourage the growth of cities into transit points for drug dealers from Eastern countries to Western countries. UNODC (2018b)

highlighted South Africa as both the largest transit and consumer point for drugs in Africa. An increase in the number of heroin drug cases in South Africa has been reported for the past ten years (SAPS, 2018), and the overall SAPS drug statistics increased from 84 001 cases in 2004 to 260 732 during the year 2014 and 323 547 cases in 2018. It is worth noting that the SAPS confiscated 93 050 kg of whoonga during 2016 in South Africa. This was a staggering revelation that needed the immediate attention of law enforcement authorities to crack down on the menace as soon as possible. The HAWKS intercepted and confiscated a cocaine drug consignment worth over R700 000 000 from a ship at the Port Elizabeth harbor during January 2019. (Lebeya, G, 2019).

The prevention of the proliferation of drugs is highlighted in Outcome 3 of the South African National Development Plan (NDP) Vision 2030. It therefore came as no surprise that the then President of the Republic of South Africa, President Jacob G. Zuma, mentioned the following in the National Parliament on 05 April 2016: “*Children are abusing parents and stealing furniture at home for money for drugs*” (Zuma, 2016). This comment by the highest official in the country highlighted the country’s predicament in terms of drug addiction. However, notwithstanding this worrisome situation, the whoonga phenomenon in South Africa has never been empirically researched as no scholarly efforts that investigated the causes and impact of this problem could be traced. It was also quite disturbing to note that, globally, no interest has been shown by scholars to illuminate the circumstances that cause and perpetuate this scourge. This created a gap in drug related scientific knowledge that was necessary to be filled by means of a scholarly investigation in the quest to address the drug problem among the people of South Africa.

Cognisance was taken of the argument by Chinuoya *et al.* (2014:97), who claim that the drug problem in South Africa is likely to continue in the future if not addressed immediately. However, their investigation did not specifically look at the whoonga issue, which in this researcher's opinion exacerbates the problem. This study was thus undertaken with the knowledge that, if the whoonga problem is not addressed, it will expand in scope and reach. According to Minnaar (2015), there will always be drugs as long as there is a market (supply and demand). Hence the study aimed to understand how important or popular the whoonga drugs is among the young criminal population of Durban, Cape Town and Johannesburg in order to contribute to the scanty depth of knowledge and existing literature in this field, as recommended by (Minnaar, 2015:18). In-depth knowledge will go a long way in creating or improving instruments and measures that could be utilised to restrict the expansion of drug use and thus propel government agencies towards providing more effective services to assist addicted individuals. In this quest, informative reports by the South African Police Service and the United Nations Office on Drugs and Crime were perused as part of the literature review. The many valuable recommendations and data in these reports assisted this researcher in understanding the variables that cause the escalation in whoonga abuse.

1.7 Research Questions

As stated by Bryman and Bell (2011:79), the research questions for any study are very important because if there are no research questions, or poorly formulated research questions, the entire research project will be poor and unfocused. Thus, the research questions that were meant to guide the study to its relative conclusion were the following:

- Is there any association between whoonga addiction and criminality in the cities of Durban, Cape Town and Johannesburg?
- Is the illicit use of whoonga related to the spike in theft cases committed by young people in Durban, Cape Town and Johannesburg?
- How can the association (if any) between whoonga and criminality be prevented and addressed?

The question that determined an association between whoonga and the increase in cases of criminality in the study locations was important as it addressed the study's validity that could be determined by showing a correlation between drug addiction and criminal activities (Masiko & Xinwa, 2017:87).

Some studies, such as the one by Grelotti *et al.* (2014:511), alluded to the existence of a relationship between cocaine addiction and spikes in drug related crime committed by young people. This study sought to corroborate this finding and also to evaluate other related issues like peer pressure that might compel young people to commit theft and robbery, as was suggested by Davis *et al.* (2016:76).

1.8 Hypotheses

Statistics released by the World Drug Report (UNODC, 2016) reveal that South Africa has emerged as one of the major drug consuming markets globally and also a transit point that serves as an exchange location for drug peddlers who transport drugs to western countries. Statistical data have shown that the situation in Cape Town is the worst compared to Durban and Johannesburg (Kader *et al.*, 2015:125).

The escalation of cheap heroin drug peddling and addiction can also be presumable linked to low employment rates in the cities of Durban, Cape Town and Johannesburg.

According to Statistics SA (2018), the unemployment rate for youths aged 18 – 24 years during the survey period was 38.2% compared to the overall unemployment rate in the country, which was 26%. However, Statistics SA data do not imply that the high unemployment rate had any relationship with the high rate of the illicit use of whoonga, although this fact has been a point of consensus among many people in the crime prevention and rehabilitation fields. Whoonga remains the cheapest available street drug, costing between R20 to R30 per straw. Therefore, it is relatively easy for youngsters to buy and inject or smoke this drug, which causes a feeling of ecstasy and happiness (albeit for a short period until the next fix) and users thus lose interest in engaging in any economic activity.

Whoonga evolved as a street drug in these three metropolitan cities and the rate of consumption of this drug has escalated significantly in recent years. The confiscation of 93 050kg of whoonga by the SAPS in 2017 is a glaring example of how the drug has infiltrated South African cities (SAPS, 2018). The affordability and availability of this drug are also two factors that have caused the escalation of the use of whoonga in these cities. Because unemployment is high, the need for the procurement of drugs has become mandatory among drug addicts, and they then become involved in crime in the search of money to buy drugs. Looting, robbery and theft are the most obvious means through which they can address their need to obtain money for drugs (Rough *et al.*, 2014:137).

The study therefore hypothesised (H) that:

H1: The need for whoonga is associated with criminality in the cities of Durban, Cape Town and Johannesburg.

H2: The use of whoonga is related to the spike in property crimes, particularly theft and robbery, that are committed by young people in Durban, Cape Town and Johannesburg.

The association between whoonga and criminality could be prevented and addressed through vigilant community involvement and government regulatory legislations that should help in looking after the welfare of individuals. Government's efforts in providing development and skills training for unemployed youths as well as more educational facilities for young people can help in addressing the critical issues related to drug addiction and the youth's involvement in crime (Manu et al., 2017:10). Welfare and rehabilitation centres can be utilised for multiple purposes such as education, awareness campaigns, and imparting development skills to individuals afflicted with substance abuse. Awareness programs about the ill effects of whoonga and other drugs could be addressed by government agencies (Chonco, 2018:26). Moreover, police vigilance and border blockades can help in curbing the circulation of whoonga in cities and other areas. International treaties and agreements regarding the exchange of narcotic drugs and vigilance in shipping ports and airports can help in restricting drug supply to South African markets as that will place strict and vigilant mechanisms in place to curb the inflow of narcotics into the state (UNDOC, 2018b).

One of the reasons for the spike in these heroin derivative drugs has been its cheap cost and availability coupled with the ready availability of cannabis, which is a main ingredient in whoonga (Davis et al, 2014:34).

1.9 Anticipated Contribution of this Research Project

The results of this study could be published in high impact journals and contribute to the knowledge and understanding of this topic among the drug and crime research fraternity around the globe. It is also envisaged that the research results will be presented locally and abroad to highlight the correlation between whoonga drug use and the commission of various crimes. Reports based on the findings c into education and training curriculum. The findings of the research may be of great value to the offender rehabilitation agencies and institutions as they will inform their day-to-day interaction with drug offenders and may even influence a shift in policy for the improvement of rehabilitation initiatives involving drug-addicted prisoners. Appropriately, disseminated findings and recommendations may also inform the amendment of government policies and policing strategies that aim to combat illicit drug use. In this context, the academic endeavours of this study will inform real-world practices that will in turn yield practical solutions for the drug problem that is rife in this country.

1.10 Limitations of the Study

When this study was commenced, there was a paucity of scientifically generated data on the use of the whoonga and its association with criminal activities. This was exacerbated by the limited availability of whoonga/nyaope offender records at the three

correctional services facilities that were included in the study. The reason for this was poor record keeping practices to identify offenders incarcerated for whoonga. The recent listing of whoonga/nyaope as prohibited drugs in related South African laws also left a gap in the database pertaining to the incarceration rates of offenders for abusing this drug. The study focused on whoonga as a depressant type of drug and did not explore the drug-crime relationship involving other non-depressant drugs.

1.11 Organisation of the Study Report

Chapter 1: Introduction

The general outline of this work was presented in this chapter to give the reader an overview of what to expect in this research report. The topic of drug addiction was contextualised from both an international and national perspective with specific focus on the South African context. The research background, the rationale for the study, the problem statement, the aim of the study, the research questions and the hypotheses that gave impetus to the study were therefore elucidated. The chapter was concluded with a revelation of the limitations of the study.

Chapter 2: Literature Review

A logical demonstration of relevant investigations in the drug addiction field was accessed and the findings are presented in much detail in this chapter. The general survey of drug addiction is considered with specific reference to studies in South Africa in order to critically examine the situation in this country. This is done to highlight the

important variables that underpinned the formulation of the two hypotheses for the study.

Chapter 2: Theoretical framework

After a close examination of the relevant extant literature that applied to this study, the conflict theory of Karl Marx and the rational choice theory of Cornish and Clarke were identified as the most appropriate theories to investigate the problem of drug addiction in South Africa. These theories are popularly used to study human behaviour in the psychology faculties. Important variables relevant to this study are identified and defined, and are logically constructed to serve as a basis for the evaluation of the primary data.

Chapter 4: Research Methodology

The processes that were employed to describe and explain the phenomenon of drug addiction in South Africa are discussed in this chapter. Explanations are presented to elucidate the reliability and validity of the study and to explain the data collection and analysis procedures that were employed. The means by which knowledge was gained through the collection of data from the study sample and a clarification of the statistical tools used are explained in detail. This study followed a qualitative research methodology where in the semi structured interviews were conducted with convicted drug offenders. The research methodology used in this study will be highlighted in detail in this chapter.

Chapter 5: Data Analysis

In this chapter, the relevance and value of the collected data are assessed. The discourse covers the outcome of the interviews that were conducted, showing the cause-and-effect relationship between the study's independent and dependent variables. The results of the data analysis are illustrated to explain how the research problem was addressed using a combination of alternative measures.

Chapter 6: Findings and Recommendations

The implication and submissions of the study's results are presented in this chapter to inform government, managers and stakeholders of good decision making practices regarding drug addiction in South Africa. The factual findings and sound recommendations based on scientific arguments are advanced to assist the relevant authorities in addressing the whoonga drug problem.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter presents the most important findings and arguments of earlier researchers in the field of drug addiction. A comprehensive literature review was thus conducted of the topic under investigation. Given the fact that whoonga is a relatively new drug in South Africa and that related studies have therefore not been conducted on this topic on an extensive scale, the review focused on drug related crime reports by the United Nations pertaining to Africa and South Africa, and South African drug crime reports generally generated by the SAPS and related organisations. Viewing the whoonga problem through this lense allowed a meaningful summary of previous scholarly investigations into drug addiction matters in a global and South African context.

2.2 Nature and the Impact of Drugs

Bean (2014:245) argues that a drug is a substance that alters bodily functions psychologically, emotionally or physically through ingestion by mouth (orally) or injection. Chemical or herbal drugs are consumed with the intention that they should act on the body in a positive way, although many drugs have a negative impact on the psychological and physical well-being of the user. Chemical substances have an impact on the normal functioning of the body and brain.

Drugs can be divided into two main categories, namely legal and illegal drugs. Legal drugs are called psychoactive drugs and can be found in common substances such as in caffeine in coffee, nicotine in cigarettes and alcohol in liquor (Mouton *et al.*, 2015:818). Medicinal drugs that are either prescribed by doctors or purchased over the counter at pharmacies fall under the group of legal drugs. These pharmaceutical drugs are used for recovering from various illnesses and afflictions, but many are susceptible to being abused if not used according to prescriptions.

Rengert (2018:67) mentions that some drugs are harmful and even lethal and have no medicinal properties, and for this reason, they have been banned in most countries. Illegal drugs are any drug that harms and threatens the physical and mental health and well-being of users. Moreover, such drugs also hamper the social well-being of an individual and impact societal norms and values. Krug, Hildebrand and Sun (2015:192) point out that illegal drugs can also be prescription drugs that are abused or dangerously modified to have a detrimental effect on the health of individuals. The National Drug Master Plan (2018:18) refers to an illicit drug – and therefore a drug with no positive medicinal properties – as a psychoactive substance whose production, sale and use are prohibited.

As mentioned by Da Agra (2017: 267), illegal drugs can be classified into depressants, stimulants and hallucinogens. Illegal recreational drugs such as ecstasy, cocaine and heroin are addictive and damage the the health of users both directly and indirectly. Some drugs are depressants that cause the slowing down of the central nervous system and decrease concentration and responsive abilities. Alcohol and opioids such as heroin and barbiturates are some examples of depressant drugs. Conversely, stimulants, also

called psychostimulants, activate the stimulation of the central nervous system and increase energy, heart rate and appetite. Methamphetamine, cocaine, dexamphetamine, caffeine, nicotine, Methylenedioxy methamphetamine (MDMA) or ecstasy are a few examples of stimulant drugs (Rough,et.al., 2014). Both depressant and stimulant drugs are harmful and addictive to various degrees, but this study focused on the depressant drugs that are almost immediately addictive and harmful to an extensive degree.

Another category of drugs is hallucinogens that alter the perception of the user regarding his/her surroundings. They affect the cognitive thinking of individuals and lead them to experience sensations and images that do not even exist. Ketamine, magic mushrooms and lysergic acid diethylamide (LSD) are some examples of hallucinogens.

As pointed out by Scheibe *et al.* (2016:107), illicit drug use is a broad term covering all psychoactive substances taken in various stages and at various degrees for experimental, recreational and harmful use. Substance abuse also refers to maladaptive patterns that ultimately lead to impairment or distressing situations and symptoms are manifested over a certain period, often depending on the tolerance levels of the individual. However, illicit drug use is generally characterized by unsocial behaviour and dependence. Hughes *et al.* (2014:26) argue that drug use does not automatically lead to addiction, but that addiction occurs inevitably at different stages of drug use. The initial phase is the drug free state or abstinence stage. This is followed by social use which in most cases leads to heavy social use. As suggested by Prinsloo and Ovens (2015: 53), this leads to mild dependence, and continuous usage of a/the drug turns into moderate dependence and ultimately leads to severe dependence that is indicative of drug addiction.

Kueppers and Cooke (2015:15) state that the pattern of drug use commences with experimental or recreational use. This can be further categorised into exploratory use, social use, emotional use, habitual use and dependent use. Emotional use can be either hedonistic in nature or it can be suppressive or compensatory, thus creating the need to get addicted to a drug or drugs. Exploratory use of drugs is influenced by the culture of group activity (usually a peer group) and curiosity or risk taking stimuli. The social use of drugs is fostered by social parties, field drinking, and drugs that are freely shared or sold at cost prices. The emotional impact of using drugs is perpetuated because the use generally results in a feeling of being able to cope with stress and uncomfortable feelings and that they help to overcome depression, fear and loneliness. Tanguay (2015:31) suggests that the habitual use of drugs is characterized by tolerance increment, craving experiences and preoccupation in thinking about the next opportunity for use. Dependent use is a succession of habitual use practices where the individual lacks control over substance use and is unaware of the damages the use of the drug causes.

2.2.2 Sources and Distribution of Heroin Derived drugs

According to Brown, Esbensen and Geis (2010:89), drug use forms part of the group of offences where no victims exist because there are no involuntary participants: someone sells the product and someone pays the asking price voluntarily. Brown *et al.* (2010:464) further state that the international sale of illegal drugs generates an estimated US\$400 billion each year, which amounts to 8% of all international trade. Over 691 000 acres of land is used worldwide for the cultivation of the poppy plant from which opium is derived.

The UN Office on Drugs and Crime Report (2015) highlights Afghanistan as being responsible for over 93% of all global opium production, which is reflected in the graph below.

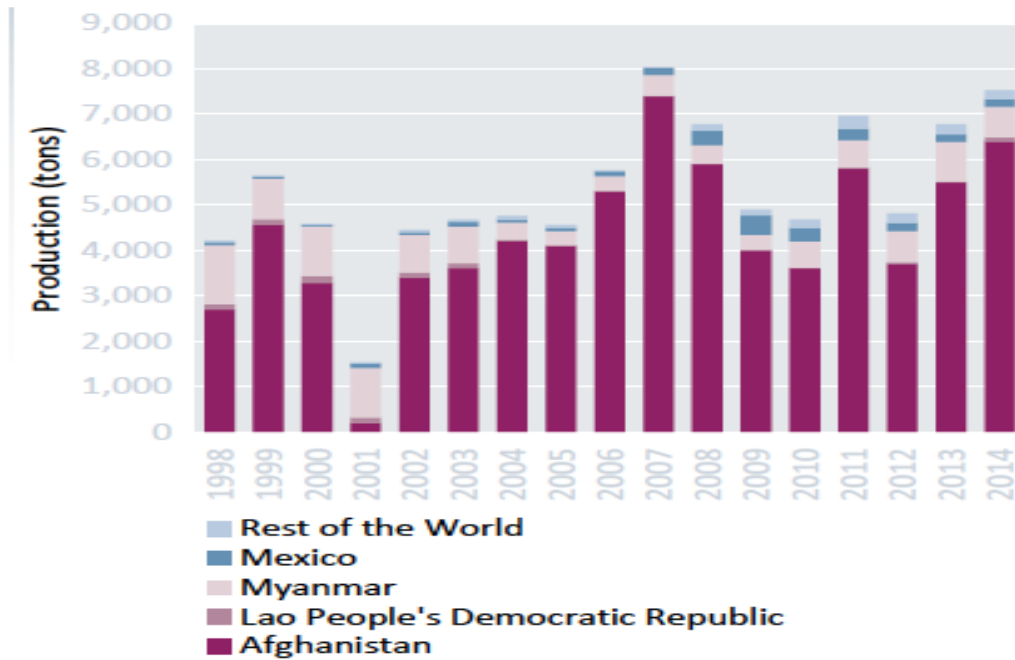


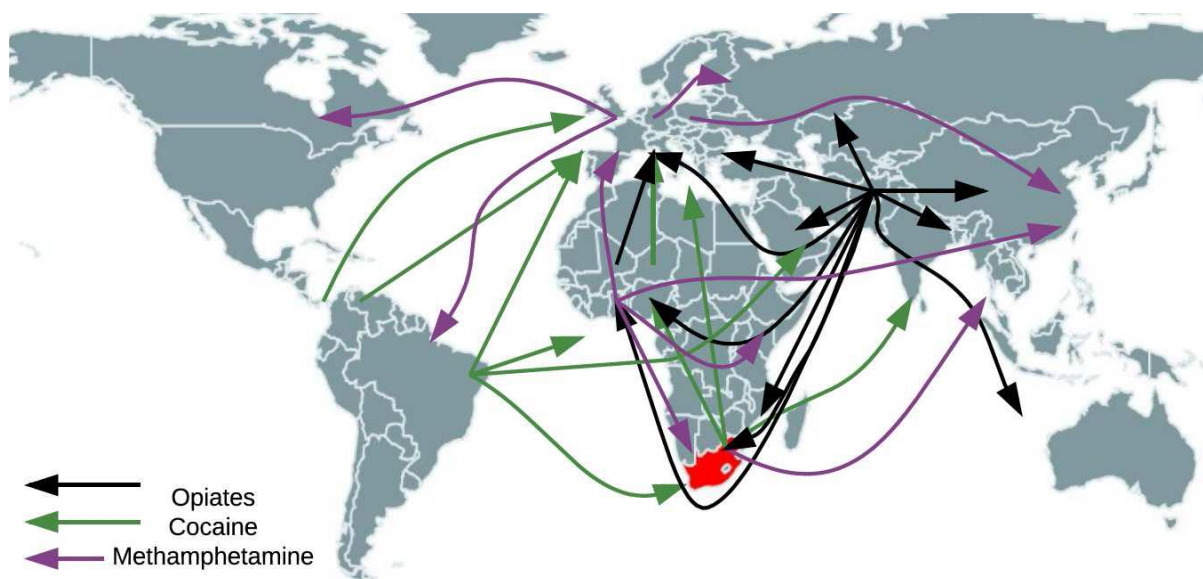
Figure 1: World cultivation for opium

Source: World Drug Report, 2015

Hess and Wroblewski (2006: 412) state that drugs and drug use behaviour are linked to crime in many ways. For example, it is a crime to possess, manufacture and distribute illegal drugs. Hess and Wroblewski further state that some research has supported the link between street level drug hotspots and crime. According to Lyman and Porter (2011:288), the selection of South Africa as a drug trans-shipment point was not accidental because Nigerian heroin traffickers began capitalizing on the vulnerability of South African borders to create a new drug pipeline for heroin produced from the golden Triangle and the Golden Crescent.

The high unemployment rate in this country, coupled with the high cost of living, makes South Africa an increasingly attractive site for drug syndicate operations.

The source of heroin production and the routes to South Africa are depicted in the following illustration:



Adapted from World Drug Report 2015

Figure 2: Drug routes to South Africa

The Lancet Commission (2016) stated that the drug trafficking was one of the modern world's greatest challenges. The 1998 UN General Assembly Special Session (UNGASS) on drugs pronounced, "The evil of drugs is a grave threat to the health and well-being of all mankind" (UNODC,2018a). Thus, UNGASS endorsed drug control policies that prohibited all use, production, possession, and trafficking of illicit drugs. This goal is enshrined in the national laws of many countries. Based on a survey of 624 inmates in California prisons, Conklin (1989:319) revealed that 42% had used or were addicted to heroin during the three years prior to their period of incarceration.

The further voluntary urine testing of more than 2 000 inmates arrested for serious crimes found that 70% tested positive for heroin, cocaine and amphetamines. Conklin (1989:322) further admitted that these findings did not reveal the reason for the association between drug use and crime as more offenders than recorded might have engaged in crime to secure funds with which to purchase available drugs.

Table 1: South African Drug related crime statistics per province from 2004 to 2014

Provinces	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	2010/ 2011	2011/ 2012	2012/ 2013	2013/ 2014
Western Cape	30 432	34 788	41067	45985	52781	60409	70588	77069	82062	85463
KwaZulu Natal	19290	23206	26228	24100	23819	28693	32457	37415	42167	45954
Gauteng	10 722	14 202	12 582	12 742	13 574	14 729	16 457	25 949	38 159	74 713
Free State	4 063	5 074	5 462	4 525	4 561	5 110	4 209	4 463	6 168	8 199
Mpumalanga	1 714	1 794	2 068	1 770	1 642	2 041	3 178	4 153	5 844	7 464
Limpopo	1 786	1 977	2 178	3 198	3 316	4 837	4 634	5 254	7 530	9 609
Eastern cape	9 061	7 511	7 231	8 003	8 437	8 946	9 566	11 654	12 877	15 063
Northern Cape	2 550	2 085	2 114	2 201	1 933	2 371	2 418	2 672	2 861	3 252
North west	4 383	5 053	5 759	6 610	7 109	7 704	7 166	7 678	9 157	11 015
RSA Totals	84 001	95 690	104 689	109 134	117 172	134 840	150 673	176 307	206 825	260 732

Source: SAPS Annual Report, 20013/14

The above table indicates that the provinces of Gauteng, Western Cape and KwaZulu-Natal accounted for 79% of all reported drug crime in South Africa in a 10-year period from 2004 to 2014. These drug and crime statistics provide an important lens on crime rates over time, but there are a number of known limitations in relying on official police

crime statistics. For example, police drug crime statistics reflect reported crimes and those drug cases that are registered because of police actions, such as planned police raids, roadblocks and search operations. It is undeniable that unreported crimes and drug addiction occur relentlessly, and that such incidences are not included in official statistics. According to the SAPS 2008 annual report reflecting statistics for the City of Cape Town, drug related crimes in Cape Town were above the national average. For example, in the period 2007/2008, the national average for drug crimes was 228 crimes per 100 000 people, but the figure for Cape Town for the same period was 830 drug crimes per 100 000 people.

The following graph suggests that, ten years ago, Cape Town had the highest drug and crime related statistics in the country:

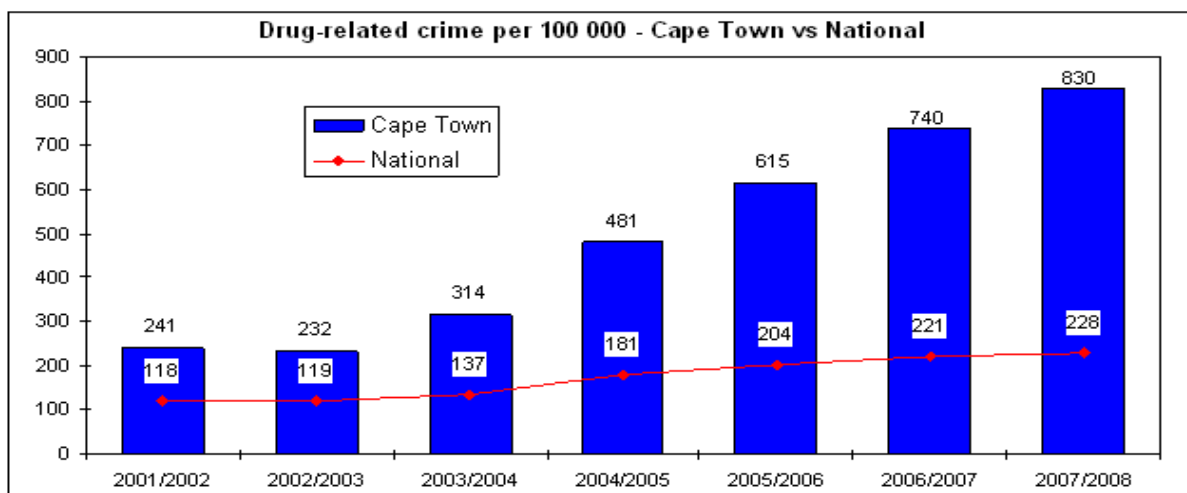


Figure 3: South African drug crime statistics 2004 - 2010

Source: SAPS Annual Report, 2018

Howell *et al.* (2015) further quoted the SAPS 2014/2015 crime statistics that indicated an above 100% increase of drug related arrests from 2005 to 2015, which was indicative of a growing population of users. The above Table 1 and Figure 3 indicated a

continuous increase in drug related crimes for the period starting from 2004. The SAPS annual report (2018) indicated that the drug problem has increased to more than 323 547 drug cases per year. It is re-iterated that Conklin (1989:51) cautioned that the official crime reports ought to be used with restraint because the illicit drug crime phenomenon is a victimless crime in the sense that neither the drug seller nor the drug user reports the crime to the police. An increase in drug related crimes might thus indicate that the police were more active and successful, whilst a decrease might indicate reduced police activity or a change in strategy by drug dealers. Conklin (1989:102) further states that heroin addiction has harmful effects and the addicts' health often deteriorates because they spend their money on drugs rather than food, shelter and clothing. The harmful consequences on addicts' health may also be ascribed to the high price of heroin, which in turn is due to its illegal status rather than a result of the pharmacological effects of the drug itself.

Table 2: Drugs confiscated by the SAPS (2017-2018)

DRUGS	2016/2017	2017/2018
Heroin	149,115 kg	70,906 kg
Cocaine	165,665 kg	256,758 kg
Crystal meth (tik-tik)	142,433 kg	983,952 kg
Cannabis (dry)	9,963,655 kg	16, 251,355 kg
Cannabis (plants)	4,853 plants	1,275 plants
Ecstasy tablets/powder	40 tablets	6,591 tablets
Mandrax tablets	1, 436,837 tablets	8,701.5 tablets
Crack cocaine rocks	20,701 rocks	6 rocks

Source: SAPS Annual Report, 2018:127

2.2.3 Whoonga and related drugs in South Africa

Howell, Burnhams, Townsend and Shaw (2015) found that the bulk sales of heroin had shown a reduction of 180.67% from R215 in 2004 to R119 in 2014. The decline in price was attributed to a shift from the distribution of actual heroin to the availability of whoonga, which is a highly adulterated form of heroin. The whoonga drug is described by the (SAPS Annual Reprot, 2015:25) as “cheap heroin mixed with dagga and any white powdered substance like pool powder or baking powder in order to increase its mass”. By containing little actual heroin, the production cost per unit dramatically decreased, with the result that the drug has become more affordable and thus more widely used.

According to (Strydom,2010), AIDS patients were being robbed of their ARV drugs when leaving local clinics, and some AIDS patients were actually selling their ARV drugs. Moreover, corrupt health workers were selling ARV drugs to the illicit whoonga trade market (Strydom, 2010).

Reports have stated that whoonga contains elements of anti-retroviral drugs (Strydom, 2010). However, the whoonga samples analysed by Colonel Hoosein of the HAWKS and Sergeant Jack from the South African police forensic science laboratory stated that there was no existing scientific research that confirmed the presence of anti-retroviral drugs in the whoonga drugs they analysed. Colonel Hoosein from the Durban Branch of the HAWKS analysed eight whoonga samples that were submitted in a sealed exhibit bag FSB-1013114 to the SA Police Forensic Laboratory (SAPFL) on 7 December 2010.

The findings of the SAPFL analysis conclusively found that the whoonga drug contained diacetylmorphine (heroin) which was listed in Part III of the Schedule 2 of the Drugs and Drug Trafficking Act of 1992 of South Africa. Sergeant Jack's laboratory tests also found no trace of ARV drugs in the samples analysed during 2012. The laboratory findings of Sergeant Jack's analyses confirmed a 2011 report by Doctor Thavendram Govender from the University of KwaZulu-Natal Chemistry Department who also found no traces of anti-retroviral drugs in the whoonga samples that were tested.

However, crime associated with the need to procure whoonga has been suggested by various reports. For example, various police reports claim that family members of whoonga addicts stated that addicts had robbed them of their anti-retroviral drugs (ARV), that they had stolen household items from homes and metal pipes/copper to sell these items as scrap metal for money to buy drugs. There were also daily media reports of muggings and serious crimes that occurred in the vicinity of parks/areas where whoonga addicts converged. Dorsey (2004) stated that a quarter of convicted property and drug offenders had committed their crimes in order to get money for drugs.

“About 1 in 5 people use drugs on a regular basis in South Africa with cheap drugs like nyaope having become the street drug of choice in Pretoria, resulting in the city being classified as the capital of nyaope production and use” (RSA, Department of Social Development, 2014). The RSA social development department's June 2015 research had found that the drug caused seizures, blackouts, psychosis, breathing problems and led to total ruin of families and communities. The annual report of the Department of Social Development, Western Cape stated that it has noticed an increase in the number

of drug treatment centres from seven to twenty-five over the preceding five years with more than 10 000 people in the treatment centres who were trying to escape their drug addiction through government and NGO treatment programs (RSA, Department of Social Development, 2015).

According to UNODC (2008), the UN Central Drug Authority indicated that, there were 438 drug syndicates in South Africa, which was a considerable increase from 125 drug syndicates in 1995. While some drugs like cannabis are produced directly in South Africa, it is also a major transshipment hub for importing and exporting them. Dr Bayever further reported that at least 15% of South Africans lived with a drug problem and, because South African drug usage was twice that of the world norm in most cases, the drug problem was expected to rise. The HAWKS drug seizures for 2018 were valued at R238.6 million, ranging from cannabis, cocaine, methamphetamine, methaqualone, methacathinone, heroin, nyaope to ecstasy, there were 53 clandestine laboratories that were identified and dismantled, 1 290 persons arrested and attained 419 convictions for persons involved in serious organised crime-related activities (SAPS Annual Report, 2018:183). The Anti-Drug Alliance of South Africa, stated that nyaope contained highly addictive heroin and, when the addict does not eat, it leads to malnutrition that can cause damage to someone who is HIV positive. This was confirmed by the University of Pretoria Criminology Department stated that, the use of nyaope increased the pulse or blood pressure, caused euphoria, could make a person vulnerable to HIV due to unprotected sex and that the rat poison as well as pool cleaner added to increase the mass of the drug made it highly toxic, which could be fatal. According to Brown *et al.* (2010:465), heroin use is commonly believed to make the user passive and prone to dependence upon a pharmacological agent that allows him/her

“to avoid confrontation with the imperatives of reality”. According to the UNODC (2014:22), an estimated 38 million people abused heroin and prescription painkillers. The above World Report, coupled with media reports, indicate the presence of a significant societal problem. The World Drug Report of 2014 also indicated that the continent of Africa was experiencing high levels of heroin abuse as are depicted in terms of heroin seizures in the graph below. The World Drug Report of 2015 showed an increasing trend of heroin seizures in Africa for a period of eight years from 2003 to 2012.

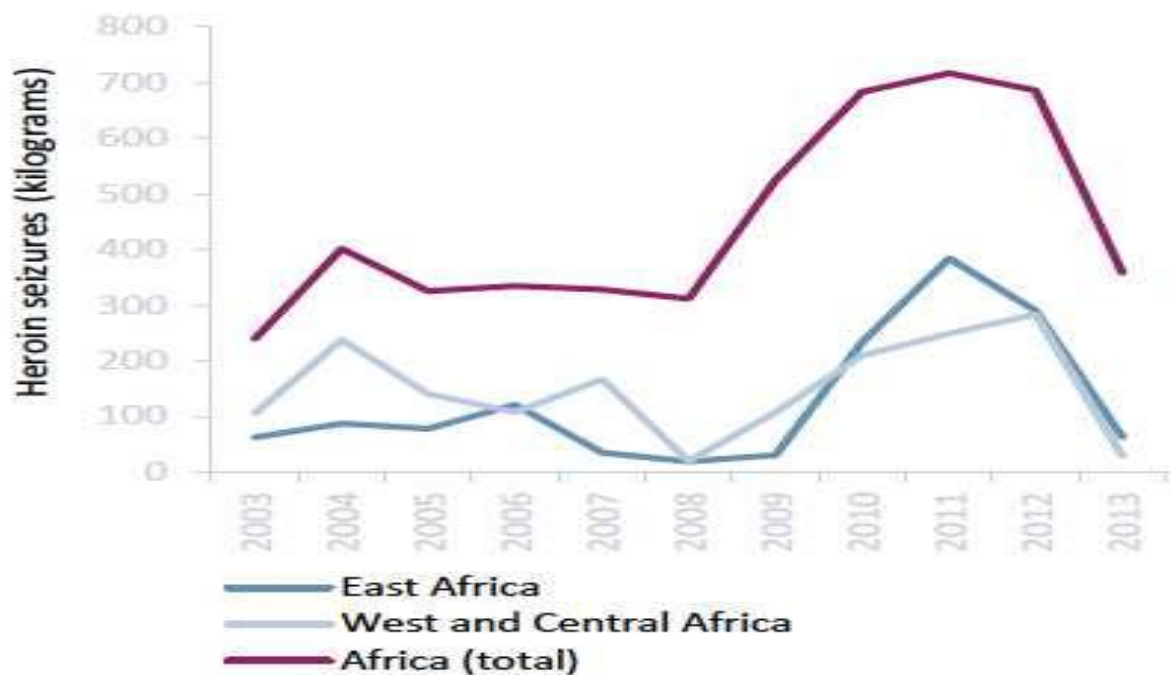


Figure 4: Rates of heroin seized in Africa the period 2003 to 2013

Source: UNODC, 2014

The UNODC Report (2014:31) states that the number of users of opiates in Africa, aside from its increasing role as a transit area, was estimated at between 920 000 to 2.3 million. This broad range was a consequence of the paucity of data on drug use in

African countries, which also extended to a lack of data from law enforcement authorities. The estimated annual prevalence of heroin use in Western and Central Africa was above the global average, as these sub-regions have long been associated with small-scale trafficking by air, notably through Nigeria. South Africa is believed to be a major consumer market that derives its heroin supply from the Middle East via East Africa. SANCA (2014) highlights that heroin opiates are the second most frequently abused illicit drug after dagga. The SANCA report (2014) reflected that the primary substance of abuse amongst its 11 935 clients was alcohol, followed by dagga, heroin, tik, and cocaine. There were 980 people in their centres who abused heroin and their age group was between 22 to 35 years (SANCA).

Saferstein (2015:278) states that illicit drugs cause physical dependence when the drug user adheres to a regular schedule of use, even at short intervals. As stated above, the whoonga user will need to smoke an average of five straws of the drug per day to stay 'normal'. This physical dependence creates physiological changes that encourage continued use, and when the user tries to stop, there are severe physical consequences and withdrawal symptoms. The whoonga withdrawal sickness is characterised by symptoms that include the uncontrollable shaking of the body and terrible stomach cramps that are both powerful inducements for the continued use of the drug in order to feel 'normal' again. Saferstein (2015:281) states that the heroin drug is an analgesic and that its use will result in the elimination of pain; however, it simultaneously produces a 'high' that is accompanied by drowsiness and a short, deep sense of well-being that generally lasts three to four hours.

People who are physically dependent on heroin can develop a tolerance to the drug. This means more is required to get the same rush, eventually leading to a 'dose plateau', where no amount of the drug is enough. Users can also find that their body has become used to functioning with the drug present. People who are psychologically dependent on heroin find that using it becomes far more important than other activities in their lives. They crave the drug and will find it very difficult to stop using it, or even to reduce the quantity they use (Strydom,2010). If a dependent person suddenly stops taking heroin, or drastically reduces its use, they will experience withdrawal symptoms as their bodies readjust to functioning without the drug. Withdrawal symptoms usually appear within a few hours after the last dose, getting stronger and peaking around two to four days later.

Heroin withdrawal symptoms may include craving for the drug, increased irritability, restlessness, depression, runny nose and watery eyes (Strydom, 2010). The euphoric feeling that is experienced by the whoonga user, just like the heroin user, lasts for only a few hours. Thus, the addict soon needs another hit, but due to the cost of R20 to R30 per hit, the habit suddenly becomes unaffordable and alternative means of sustaining the habit have to be devised.

Lyman and Porter (2011:241) highlight that drug cartels are not a single organized crime group with thousands of members with a vertical control of the drug business from the point of harvest to the point of retail sales on the streets. They are instead merely associations of many smaller organized crime groups who may decide to collaborate and enter into a cartel relationship for many reasons in order to compensate for their weaknesses in one aspect or the other. For example, the growers may collaborate with the organization with skilled chemists to convert the drug producing

plant into a high quality drug; or the opium-growing cartel in the Golden Triangle may link up with a Chinese triad to move their product markets worldwide to increase profits. A contemporary example of a drug cartel collaboration is that of the Colombian contract with the Mexican organization to move their drugs to the United States. In return, they take half of the load they are smuggling as their fee and distribute it to smaller Mexican drug trafficking organizations for retail sale. According to the SAPS APP (2018:84), the majority of drugs in South Africa are frequently procured from dealers through the ‘you ring, we deliver’ method. In essence, the drug user will contact the drug dealer, place an order, and then wait for the drugs to be delivered. Figure 5 depicts a 12% increase in drug related confiscations for 2017 and 2018, but the actual increase is 183 787 drug counts over the ten-year period (2008 – 2018).

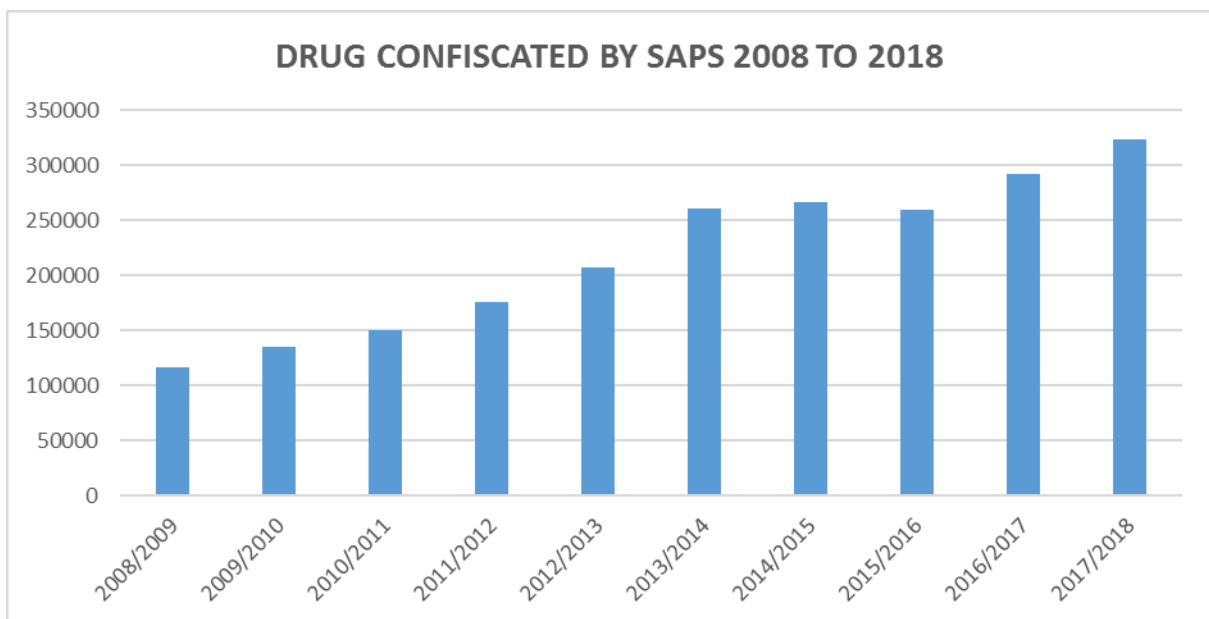


Figure 5: Drug confiscation rates by SAPS 2008 - 2018

Source: SAPS Annual Performance Plan (2018:84)

The SAPS Annual Report (2018a:106) stated that in 2017/2018, the majority of drugs were confiscated in small quantities from users and sellers, whilst major drug busts

were recorded in 2016/2017. More than 20 000 Kg of cannabis were confiscated in each of the five provinces, namely the Eastern Cape, the Free State, KwaZulu-Natal, the Western Cape and the Northern Cape. The majority of Mandrax tablets (60.94%) was confiscated in the Western Cape Province (526 798 tablets), followed by the Eastern Cape (95 699 tablets or 11.07%), the Northern Cape (67 245 or 7.78%) and the North West (61 049 or 7.06%). In KZN, 85.39% or 466 680 Kg of heroin were seized. The Western Cape recorded a 74.40% or 292 364 Kg seizure of crystal meth (Tik-Tik). Although drug seizures have seen a decline, more drugs (cocaine, crystal meth (tik), dry cannabis and ecstasy) were seized at South African borders in 2017/2018 compared to 2016/2017.

2.3 Regulatory Legislations

In South Africa, as a United Nations member state, the use, possession of and dealing in drugs as well as the manufacture and supply of substances are regulated by the following legislations:

- The Drugs and Drug Trafficking Act No.140 of 1992, which is the controlling legislation on street drugs in South Africa;
- The Criminal Procedures Act No. 51 of 1977, which governs criminal procedure in South Africa's legal system and details the procedure for the entire system of criminal law;
- Mutual Assistance in Criminal Matters Act No. 86 of 1992;
- Prevention of and Treatment for Substance Abuse Act No. 70 of 2008;
- Prevention of Organised Crime Act No. 121 of 1998;
- Road Traffic Amendment Act No. 21 of 1998;

- Tobacco Products Control Amendment Act No. 12 of 1999;
- National Drug Master Plan (2013-2017).

In South Africa, there is no prescribed minimum sentence for any drug conviction, unlike in some countries such as China, Iran, Singapore, Saudi Arabia, Thailand and Indonesia where capital penalties are imposed for drug related offences. The Annual Report of the Department of Correctional Services (2015) stated that 3 816 prisoners had been convicted for narcotics crimes and were serving prison time in South African correctional facilities at the time.

2.3.1 The Drugs and Drug Trafficking Act No. 140 of 1992

This act was promulgated in order to provide for the prohibition of the use or possession of, or the dealing in, drugs and of certain acts relating to the manufacture or supply of certain substances or the acquisition or conversion of the proceeds of certain crimes; for the obligation to report certain information to the police; for the exercise of the powers of entry, search, seizure and detention in specified circumstances; for the recovery of the proceeds of drug trafficking; and for matters connected therewith. Whoonga was listed as a prohibited substance in terms of part two and part three of this Act (Department of Justice, 2018). This Act seeks as its primary aim to address the problem of drug use, abuse and trafficking in South African society. The legal framework of this Act defines it as illegal to use or be in possession of, or to deal in, drugs and, in certain cases, to manufacture or supply substances related to the drug trade. It also defines the duty to report certain information to the police, and how the police may handle drug offences.

2.3.2 Prevention of and Treatment for Substance Abuse Act No. 70 of 2008

The regulatory legislations as mentioned by the Government of South Africa in the Prevention of and Treatment for Substance Abuse Act of 2008 (Republic of South Africa, 2008), provides for a National Drug Master Plan. As pointed out by Myers, Carney, and Wechsberg, (2016:56) this Plan is intended to help in providing comprehensive national response to combat substance abuse. It also aims at providing early intervention treatment and reintegration of offenders into society. It also provides for the establishment of a Central Drug Authority, which is mandated to, amongst others, provide for rehabilitation and skills development programmes in treatment centres dealing with drug addiction. The objective of the Act is to combat substance abuse in a coordinating manner. It aims at providing for the registration and establishment of all programmes and services inclusive of community based services provided at treatment centres and halfway houses.

Furthermore, the Act makes provision for the transfer of persons from prison to public treatment centres as follows:

“Notwithstanding anything to the contrary contained in the Correctional Services Act, 1959 (Act No. 111 of 1998), or in any other law, the Minister of Correctional Services may, in consultation with the Minister, by order in writing transfer to a public treatment centre designated by the Minister any involuntary service user who is undergoing a term of imprisonment in any prison which is subject to the provisions of the said Act, if, in the Minister of Correctional Service’s opinion”-

- it is desirable that such an involuntary service user should, before he or she is returned to the community, receive or undergo treatment or training in a treatment centre; and

- such involuntary service user user who will probably benefit from a particular kind of treatment and training provided in a public treatment centre.” (RSA,Department of Justice, 2010)

It also states conditions and norms for admitting and release of a person from a treatment centre. The Act aims at providing for prevention and early intervention treatment for regeneration and after care services to restrict and control the impact of substance abuse. The Act also establishes a Central Drug Authority that is in charge of monitoring and overseeing implementations mentioned in the National Drug Master Plan. The Act aims at promoting a collaborative approach among government departments. The Act also provides for registration, deregistering and establishment of treatment centres and halfway houses in case of any discrepancies and malicious activities (Republic of South Africa, DPME 2018a).

2.3.3 The National Drug Master Plan 2018-2022

South Africa is a signatory to various international anti-drug treaties such as the UN Single Convention on Narcotic Drugs of 1961; hence, it developed the National Drug Master Plan (NDMP) that entails the following:

- Effective coordination of efforts to reduce demand, supply and harm caused by substances abuse;
- Effective and efficient services for the combating of substance abuse;
- Strengthening mechanisms for implementing cost-effective interventions to empower vulnerable groups;

- Sharing of current good practices in reducing harm, including social ills related to substance abuse;
- Provision of a framework for the commissioning of relevant research;
- Promoting national, regional and international cooperation to reduce the supply of drugs.

The National Drug Master Plan (2017:4) highlights the importance of drug demand reduction, supply reduction and harm reduction. According to this plan, there must be reduced availability of dependence forming substances, in particular drugs and alcohol.

The intersectoral strategy for reduction and demand and harm caused through substance abuse mandates the Minister associated with the National Youth Commission and the Ministries of Finance, Education, Health, Justice, Constitutional Development, Correctional Services and Safety and Security to develop and implement these strategies (RSA, DPME, 2018). The strategies were classified into four categories that outline prevention, early intervention, treatment and aftercare and regeneration strategies. There is mention of the development of and compliance with minimum norms that need to be attained.

2.4 South African Drug Related Crime Reports

South Africa has been reported as the largest market of illicit drugs in the sub-Saharan African region (UNODC, 2018), and that trafficking in and the usage of illegal drugs such as cocaine, heroin, and methamphetamine have increased in recent years. A combination of heroin, marijuana and other dangerous adulterants known as whoonga

or nyaope is commonly used by poor members of the South African society (SAPS, 2018b). In an effort to curb this rising scourge, the South African Narcotics Enforcement Bureau (SANEB) was incorporated in the Directorate of Specialist Crime Investigation (SAPS, 2018a).

Drug related crimes have shown a sharp rise by as much as 12.9% in the last 10 years (SAPS Annual Report, 2017). The crime statistics factsheet released by the SAPS for the year 2016/2017 recorded no fewer than 292 689 crime cases with an average of 101 offences occurring each day in relation to drug related offences. The statistics for the year 2016/2017 stood at 524.1 crimes in comparison to 471.5 in 2015/2016 (UNODC, 2017).

Drugs have also caused organised crime to flourish in South Africa and this is strongly felt in Cape Town where gangs involved in drug trafficking fight over market share (The level of drug related violence is comparatively lower in Durban where the market is monopolised by single drug organisations in different turfs (SAPS, 2018). The goal mentioned by South Africa's National Drug Master Plan is to reduce illicit drug supply, demand and harm. Nationwide, operations initiated by the South African police and the military have led to the arrest of almost 10 000 suspects in the period 2016/2017 under the anti-crime operation called 'Operation Fiela' (SAPS, 2018). The operation concentrates on identifying havens of illegal drugs and weapons and other illegal activities associated with drug trafficking (SAPS, 2018b).

South African literature related to the relationship between drugs and criminal offences is limited and information is mostly restricted to the availability of United Nations

reports (World Health Organization, 2014). There has been an increasing gap between field researchers and the development of constructive theories that explain the link between drugs and the commission of crime. Such literature in South Africa is still in its infancy, and thus needs strong encouragement by governmental and police authorities (Whiting, 2014:123). What has been revealed is that the struggling South African economy, where there is a great divide between the poor and the wealthy, is one of the factors that encourages the abuse of drugs such as whoonga and nyaope among the poor section of the South African society, because whoonga is a deadly connotation of anything from rat poison to antiretroviral (ARV) drugs and methamphetamine, and it is cheaper and more readily available than other drugs (Rough *et al.*, 2014:1378).

The link between drug addiction and crime has been exposed by various reports as crime is committed in order to procure money for drug procurement. Increasing reporting of drug addiction cases and drug related criminal activities can be attributed to the fact that vigilant policing and reporting are on the rise in African countries, especially in South Africa, where drug related criminal activities are monopolised by a drug Mafia and where most of these cases have gone unreported in the past (SAPS, 2018b). A significant gap has been discovered in information pertaining to actual events and the reporting of events, which suggests that if all drug related criminal cases and events are reported, there will be a marked escalation in statistics regarding these phenomena (Prinsloo & Ovens, 2015:42).

SAPS drug related crime statistics reflect that such cases are registered due to the concerted efforts of the police who conduct search and seize operations and roadblocks. The police provide basic quantifiable data to measure crime rates, but there are

limitations to the reports that are available. Thus an increase or decrease in the number of crimes that are reported is an indication of successful or less successful police activity (Myers, Carney, & Wechsberg, 2016:53), or alternatively, decline reporting may be an indication of more successful clandestine drug trafficking operations as there is every indication that drug addiction is escalating. The police reports that have been published also suggest that drug addicts, especially those who use whoonga, are readily involved in petty crimes in order to raise money to fund their drug habit (SAPS, 2018b).

2.5 African Drug Related Crime Reports

According to UNODC (2018a), there has been an incremental increase in the abuse of prescription drugs and new psychoactive substances in Africa. Africa is emerging as a target for production as well as trafficking of illicit substances. Thus, Africa is turning into a vulnerable continent for drug related crimes and therefore experiences numerous health-related challenges associated with drugs. For example, there has been an increase in drug use in Africa to 218 million or 3.9% of the total population between the ages of 15 to 64 compared to the estimates published in a UNODC report in 2017 (UNODC, 2018a). In West Africa, violent crimes have been escalating because of drug addiction (UNODC, 2018b). According to UNODC (2018b), almost two thirds of the cocaine smuggled between South America and Europe is channelled through West Africa. Kenya, Nigeria and Tanzania are some of the states where high rates of trafficking in opiates, that are smuggled through Pakistan and Afghanistan into European and American destinations, occur. West Africa coastal countries launched initiatives in 2009 to combat organised crime and the trafficking of drugs that were creating havoc in the region where an estimated of US\$1 billion worth of drugs were transited annually

(UNODC, 2018b). In October 2008, the Economic Community of West African States (ECOWAS), with the help of UNODC, addressed serious security issues that were forced by drug trafficking in the region (UNODC, 2018b). The ECOWAS is mandated to ensure an integrated cross-border approach, which helps in fighting illicit drug trafficking and organised crimes that occur due to transatlantic trafficking. The UNODC recognises the difficulty of managing African green and blue borders. The focus is hence placed upon active policing that will help in developing intelligence based approaches and law enforcement to improve coordination between inter-agencies that will help in destroying activities undertaken by crime groups working behind the drug trafficking curtain (UNODC, 2018b). The UNODC report mentions different types of drugs that are circulated in Kenya, Tanzania, and Uganda by means of trafficking methods.

2.6 United Nations Drug Related Crime Reports

The United Nations Drug and Crime Report (UNODC) mentions that 275 million people worldwide used drugs at least once in 2016. The death rate stood at 450 000 people who died because of drugs in 2015, as was reported by the World Health Organisation (UNODC, 2018b:125).

UNODC report (2018) also states that transformation in organised crime and the drug market, with the induction of technology and logistics, has paved the way for easier communication, transportation and delivery of drugs. There has been a deployment of latest technology because of strong competition among crime groups wanting to stay ahead. Organised crime groups have also diverted attention in speeding up logistics and

transportation of drugs by varied means of transports such as ships, containers, aircraft and semi-submersible vessels. The UN report mentions that mobile communication has opened up new opportunities for drug dealers (World Health Organization, 2014).

There has been an increase in potential clients who are now easily accessible by mobile phones. Methods of payment are also more secure and faster, which has led to reduction of business risk. The evolution of crypto currencies suggests that Bitcoins have also facilitated purchasing and delivery of drugs in a concealed manner. Thus, drug cartels have presumably grown stronger in recent year because of the advancement of technology and a lowering of risk in the drug markets.

UN reports have also pointed out that drug trafficking gangs are invading drone management systems and Europol has been on high alert regarding the emerging phenomenon of criminal groups who are hiring specialist hackers (UNODC, 2018a).

According to UNODC (2018b), studies with a global focus pointed out in 2016 that 40 criminal groups with their main operations in 16 countries counted illegal drug smuggling as their main activity. Despite major transformations in the last decade in relation to crime diversification, drug related crime activities still play a pivotal role in the organised crime sector. The European Union identified over 35% of drug trafficking to related to international organised crime groups in 2017 (Europol, 2018).

As a part of the 2017 findings published by the UNODC (2018b), almost two thirds of the groups dealing with drug trafficking are involved in various other crime areas.

Another startling fact was that women had become involved in drug trafficking to sustain their own drug consumption (UNODC, 2018b).

CHAPTER 3

THEORETICAL FRAMEWORK

3.1 Introduction

This chapter discusses the conflict theory of Karl Marx and the rational choice theory of Cornish and Clarke as the most appropriate theories that were relevant theories in this study on drug addiction in metropolitan cities in South Africa. These theories were extensively perused to study the causes and perpetuation of drug addiction among various groups in society. Significant issues that emerged from these two theories are logically constructed and analysed in this chapter and it is explained how they served as a basis upon which the findings of the study were evaluated.

3.2 Overview of Drug Related Theories

There are many generic theories that explain the commission of crime, but theories that underpin drug related crime specifically are embedded in three broad theoretical contexts, namely the biological, psychological and sociological contexts. Theories pertaining to the biological context postulate a specific physical mechanism in individuals that influences them to experiment with drugs or to abuse them once they have been exposed to them. Theories related to the psychological context emphasize the rational choices that are made to commit a crime; for example, the drug user will weigh the pros and cons of committing the crime, and if there are more perceived benefits or rewards than punishment, they will rationalize that it will be worth their while to commit the crime (Veblen,2015:26). Theories pertaining to the psychological context

posit that inadequate personality features are the foundation for the commission of for example drug related crimes. An example of the latter is the sociological theory that focuses predominantly on broad structural, situational and social structures in which an individual is located to explain the tendency to commit crime. Another theory that was used to explain the drug use and crime association phenomenon was the conflict theory of Karl Marx. This theory was also used to explore the whoonga drug and crime relationship.

3.2.1 The Conflict Theory of Karl Marx

In Marxism there is a pre-definite view regarding the existence of fundamental conflict among the different groups living in society. As suggested by Veblen (2015:24), conflict is ongoing and persistent in nature. The conflict theory is used in scholarly endeavours to understand social phenomena like wealth, poverty, discrimination, violence, crime, and so on. As pointed out by Tucker (2017:134), Marxism also attempts to ascribe development in human history in the form of democracy or civil rights to the attempts that are made by capitalists to control the masses. The focus of the theory is cemented in the reality of social inequality in terms of resource division and conflict that exist and create barriers between social classes. The Marxist theory that illuminates deviance and crime thus facilitates an understanding of sociological debates that interlink power, social control, and the law. As observed by Fryer, McBarnet and Moorhouse (2018:389), this Marxist theory has contributed in understanding deviance and has provided deep insight into the quality and misuse of authoritative legal power. More importantly, it focuses attention on the role of ideologies in providing a structure to social consensus and reality that are interlinked with crime and deviance.

The Marxist theory therefore is based on the principle that crime in society is caused by class conflict and that those in power who wish to protect their rights and interests are the ones who create laws. Thus the Marxism conflict theory argues that crime classification is merely a tool or instrument that is manipulated by the unified ruling class in order to serve themselves. Thus members of the marginalized and oppressed lower or subordinate class may sometimes turn to crime in order to gain material wealth, or simply to survive. The theory thus explains why the punishment for the illicit use of 'crack drugs' is significantly more severe than the punishment meted out for cocaine use, simply because the latter is classified as 'a drug for the rich' while the former is 'the poor man's drug' (Veblen, 2015:26)

When first positioned, the theory was subjected to heavy criticism, which eventually led to the emergence of a revised definition related to structuralist position. According to Milios and Dimoulis (2018:356), the structuralist position deviates from the originally postulated conception of state as an instrument and the ruling class as a conspiratorial group. It holds the view that the ruling class is composed of factions of classes that do not always have compatible views and aligning interests. However, even as the state serves to provide protection to the capitalist class's interests as a whole, it may sometimes also provide services to some of the class factions. As stated by Ritzer and Stepnisky (2017:267), this is a much more defensible and acceptable approach than the earlier propounded instrumental concept of the conspiracy theory.

The structuralist position applies more or less exclusively to the chronic, compulsive abuse of heroin. The crucial assumption of the conflict theory in terms of drug addiction

is that there are two overlapping but conceptually distinct forms or types of drug use. The first that accounts for the vast majority of illegal users is casual or recreational drug use. It is engaged in by a broad spectrum of the class structure – more so the middle class (Stepnisky, 2017). This type can be characterized as controlled drug use for the purpose of experiencing pleasure; experimental drug use; or drug use in combination with other pleasurable activities. This type of drug addiction is caused by unconventionality, a desire for adventure, curiosity, hedonism, willingness to take risks, and the desire to be socially acceptable. The second type of drug use is drug addiction which is compulsive, chronic and heavy drug use that reaches the point of dependency and addiction. This type of drug use is motivated by despair, hopelessness, alienation, poverty, and community (often-family) disorganization and disintegration. The people who live at the bottom of the economic and political hierarchy suffer more intense economic misery, are poor, and lack the resources to aggressively fight against their drug problem than those who possess the resources to combat addiction. According to Hagan (2008), the conflict theory argues that the crime definition itself refers simply to human behavior that conflicts with the segments of society that have the power to shape public policy. Jeffrey Reiman, as quoted by Hagan (2008), concurs with this view and argues that the rich get richer whilst the poor get to prison and that the actions that are criminalized are generally those of the poor. The criminals in more affluent suburbs are thus not prosecuted to the same severity as those living on the streets, when in fact all acts should be prosecuted in proportion to the actual harm that they caused. This is indicative of the fact that the ones in power and who make the laws concerning crime are closer to affluent society while being far removed from street and shack dwellers. They thus tend to make laws that will benefit those ‘on their side of the divide’.

Some researchers have attempted to explain heroin use and the culture that surrounds it with sociological theories such as the anomie theory. Based on the analysis of societal issues in South Africa, and article entitled whoonga, it demonstrated that heroin use was caused by both internal and external factors such as violent homes and parental neglect. A lack of emotional, social and financial support causes strain and influences individuals to engage in deviant acts, including heroin usage. The article further suggests that heroin users practice 'retreatism', which is a behaviour where those suffering from strain reject society's goals and institutionalized means of achieving them (Strydom,2010).

The conflict theory is fraught with shortcomings and can thus not effectively explain drug addiction and criminal tendencies on its own, and therefore another theory was adopted to augment the conflict theory. The complementary theory that was considered was the rational choice theory.

3.2.2 The rational choice theory of Cornish and Clarke

The rational choice theory states that, regardless of the reasons a person may have for committing a crime (as advanced by the conflict theory), the decision to do so is a rational choice that is made after all the benefits and consequences of the action have been considered and carefully weighed. This theory focuses on assumptions that are based on human behaviour, and can therefore be integrated into criminological theories and can underpin interventions for criminal justice measures. Cornish and Clarke (2014:14) posit that the rational choice concept is applicable to a wide range of criminal activities such as drug use, robbery, vandalism, white-collar crimes, and even murder.

The proponents of the rational choice theory believe that people are free agents who are able to make rational choices in virtually all aspects of their lives. They thus propose that the punishment for crime should be based on the pleasure-pain principle. This principle means that the pain of punishment must always outweigh the pleasure that was received by the offender because of committing the crime. This will make the offender realise that it was not worth it to commit the criminal act in the first place, as perpetrators commit a crime after having considered the risk of detection and punishment for the crime as well as the rewards of completing the act of crime successfully (Lyman & Porter 2011:61).

The initial involvement in crime is dependent on two decisions: (1) Individual recognition of being ready for involvement in crime that is either based on a need for money or fuelled by excitement; and (2) The value of personality traits and attitudes. As pointed out by Newman and Clarke (2016:45), background factors include temperament and opinions that influence individuals' rational thinking and social and democratic influencers that can alter the thinking process of an individual in order to commit crime. Personality traits and attitude are interpreted as influencing factors that determine the judgement and rational thinking of an individual and that lead to criminal involvement based on a rational choice. The model that was devised by Clarke and Cornish uses rational choice as a guiding principle that helps to understand people's choice to commit crime as an alternative of choice. As suggested by Tittle (2018:105), the rational choice theory maintains that abstinence from crime is possible only if certain absolute terms that incorporate prevention strategies are present. Thus, by altering the environmental context of the occurrence of certain categories of crime, the possibility of curbing these crimes and reducing crime rates exists. The theory assists in providing a conceptual

framework that is useful in the formulation of crime prevention strategies. Wortley and Townsley (2016:85) suggest that reduction in crime can happen only if we find ways that will help in increasing the perceived risk of engaging in a crime. Thus, if the benefits of committing a crime outweigh the potential cost, then an individual will be lured towards committing a crime. Hirschi (2017:118) proposes the equation: Potential Benefit +/- Potential Cost = Choice. The potential benefits of indulging in criminal activities include acquiring goods and money whereas the potential cost of committing a crime may include apprehension, legal sanction, and incarceration due to criminal and legal charges. In the context of this research, whoonga addicts were deemed rational beings who had a free will and the ability to make rational decisions regarding their involvement in crime and wrongdoing. The whoonga addicts who committed crimes did so between their drug taking episodes with the distinct purpose of experiencing 'a high' again. They thus understood that their actions might lead to arrest and prosecution; nonetheless, they knowingly ignored these facts because of the uncontrollable urge to get the next hit.

3.3 Conclusion

After careful consideration of various theories, it was concluded that the Marxist theory of conflict and the rational choice theory of Cornish and Clarke would be most applicable to the study in the quest to understand the discrepancies in class conflict and human behaviour. The conflict theory argued that the criminal activities were a product of class differences that lead to rebellion and conflict, whereas it was explained that the rational choice theory integrates criminal activities such as drug use, robbery, vandalism and theft with the rational choice made by an individual to commit such deeds. This

theory thus explained the understanding that crime is the result of the choice that an individual makes based on meticulous calculation of potential benefits weighed against the potential costs. It was concluded that the application of the rational choice theory would provide a meaningful perspective on human behaviour that manifests in the intentional use of drugs (initially) and the resultant commission of crime, as it delves deep into the human psyche to provide a comprehensive understanding of individuals' choices that are based on circumstances that are analysed before committing a crime.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 Introduction

The research methodology and design are clarified in this chapter. The objectives of the study are recapped by reiterating the research hypotheses, and the research design and setting are briefly discussed. The sample design, sampling procedures, data collection procedure, timeframe of the study, costs, and ethical considerations are discussed.

4.2 Research Hypotheses

The research question and objectives were outlined in Chapter 1. The objectives of the study were translated into hypotheses that are reiterated in Table 3:

Table 3 : Research hypotheses

Objective 1	H1:	The need for whoonga is associated with criminality in the cities of Durban, Cape Town and Johannesburg.
Objective 2	H2:	The illicit use of whoonga is related to the spike of theft committed by young people aged between 18-25 in Durban, Cape Town and Johannesburg

4.3 Research Approach

The research approach and the research design are dependent on the purpose of the study and the need to answer the research questions by addressing the hypotheses. This research was explorative in nature and the methodology that was utilised primarily followed a qualitative approach.

Research varies in many respects (Cooper & Schindler, 2003:146; Welman & Kruger, 2001:107). Nonetheless, scholars agree in terms of the following requirements for the research design:

- The design should be activity and time-based;
- The design is always based on the research questions;
- The design outlines procedures for every research activity;
- The design guides the selection of sources and types of information; and
- The design is a framework for specifying the relationships amongst the study variables.

Thus a research study needs to be designed in such manner that the data that are collected respond to the research aim, questions and hypotheses. The methods that are employed should thus take cognisance of the type of data to be collected, the kind of sampling that will best produce adequate results, and the manner in which time constraints and costs are addressed.

4.3.1 Research Design

Research may be exploratory or descriptive in nature, or it may be conducted to test a set of hypotheses (Sekaran, 2003:119). An exploratory research is conducted when no or limited information is available to guide the researcher on how similar investigations were dealt with previously, which was the case when this research project was designed. It was thus envisaged that extensive investigation had to be conducted to procure information of the phenomenon under study in order to gain in-depth insight and to understand what is happening.

The study employed a process of hypothesis testing, the nature of the relationships and differences among groups of dependent and independent variables had to be explained. Because not much empirical information existed about whoonga drug addiction and its relationship with crime in South Africa prior to the study, it combined an exploratory research methodology and hypothesis testing to address the research questions and to achieve its aim. Two hypotheses were therefore tested in the quest to investigate the use of whoonga and the relationship of this drug use phenomenon with the commission of crime in three cities in South Africa.

4.3.2 Research setting

Research can be conducted in the natural environment where the real problem under investigation is normally observed. The current study was thus prompted by extensive reports of drug use and abuse in Durban, Cape town and Johannesburg. Conversely, research can also be conducted in contrived, artificial settings (Sekaran, 2003:129). The

current study was conducted in both settings, as will be explained below. The order in which the data collection was undertaken was, with a few exceptions, Durban, Cape Town and Johannesburg.

4.3 Sampling

This study followed a positivist research approach using a purposive sampling technique. The researcher thus looked for particular participants with particular knowledge and experience; in this case, convicted drug offenders who would serve the purpose of the research (Steyn, 2015). A population is an entire set of people with similar knowledge and experience, and in this study, the population comprised all prisoners who had used/abused drugs and who were incarcerated for a crime. They could have been finite or infinite in a certain situation. An example of a finite population is prisoners in a given city, the kind of drugs they have abused, or all the potential drug users in South Africa. An example of an infinite population is the group of drug users of one of the cities who intended to use drugs in a prison in South Africa. Because collecting data from every person in such a population is virtually unattainable, it was prudent to collect data from a few, or a sample, of the population. To this end, the population of the study comprised incarcerated drug users in selected prisons in three cities: Durban, Cape Town and Johannesburg. The sample was purposively selected, as it was required that the outcome of the interviews was to make inferences about the whole population of drug users or addicts and their motivations for and experiences of crime. In order for the sample to be impartial, it had to be representative of the population, purposefully selected, and sufficiently large (Sekaran, 2003:268).

There are two major types of sampling techniques: probability and non-probability sampling. In probability sampling, elements in the population are known to possess the required knowledge and may probably be selected, while in non-probability sampling, the elements do not have a known chance of being selected (Sekaran, 2003:269). In order to achieve this impartial sample and obtain a sufficiently large number of participants, the researcher (after being granted gatekeepers' permission) approached the three facilities selected for the study and requested access to prisoners who were known drug users. The research followed a non-probability sampling technique as the intended participants were pre-determined by the researcher with the help of officials from Correctional Services.

Bernard, Lewis and Sheppard (2006) stated that the purposive sampling method is used when the researcher has no prior knowledge of the phenomenon that will be investigated or is unfamiliar with the participants that will partake part in the study. In this non-random technique, the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of their knowledge and/or experience. The three largest correctional facilities in South Africa, namely Westville Prison, Johannesburg Prison and Pollsmoor Prison, were selected for the study. Officials from the above three facilities were requested to identify inmates who were incarcerated for the possession or use of heroin, specifically whoonga. The offenders were then approached to participate voluntarily in the research. The researcher relied on the prison officials' knowledge to screen and verify the incarceration profiles of the participants prior to allowing them to participate in the study. The researcher ensured that the selected inmates participated voluntarily and envisaged that their painful experiences would inform the study findings to eventually contribute to

detering future addiction and criminality. When this vision was shared with the inmates, it served as a powerful motivation for them to participate in the study and to share their experiences.

4.5 Research Procedures

Any request to conduct research that involves vulnerable groups such as prisoners is given strict scrutiny. Prior to the commencement of this research, the research proposal and the application for ethical clearance (Appendix 1) had to be submitted to the University of KwaZulu-Natal Humanities and Social Sciences Research Ethics Committee (HSSREC).

Request for permission to conduct the research was also submitted to the Strategic Management division of the South African Police Services (SAPS) Head Office (Appendix 4). This was critical in order to access the fifty police dockets with information on drug convictions that were filed at each of the three police stations. Permission to access the police dockets assisted the researcher in locating fingerprint records from the dockets and in facilitating the search for appropriate convicted offenders. The Department of Correctional Services (DoCS) component that deals with research was also contacted to request permission to conduct research within the Durban Westville Prison, Cape Town Pollsmoor prison, and Johannesburg Central prison (Appendix 18). After the permission to conduct the research at the above three prisons had been granted, a gatekeeper letter was solicited and obtained to physically access the correctional facilities (Appendix 3). The ethical clearance letter (Appendix 18) of the DoCS allocated specific officials that were to be contacted by the researcher at each of

the three correctional facilities. Naturally, contact was then made with each of the three liaison officers prior to visit the facilities in order to gain gate access, calling the offenders from their cells, and escorting the offenders to the allocated interview rooms.

South African Constitution Act 106 of 1996 recognises eleven official languages in the country, and different languages are spoken depending on the geographical location of the person. There was thus a need to translate the informed consent letters and interview questions into English, IsiZulu and Afrikaans (Appendices 8,9 and 10) so that the offenders could express themselves freely. Language experts were consulted and they assisted in the translation of the interview questions from English to isiZulu and Afrikaans.

As was stated earlier, the sample for the study was obtained using a purposive sampling method. Initially, a pilot study was conducted during which twenty inmates from Westville Prison in Durban completed the questionnaire. This correctional facility was chosen due to its close proximity to the University of KwaZulu-Natal in Durban where the researcher was based. The comments and suggestions for the review of the questionnaire were applied where necessary.

The pilot study was followed by structured interviews with one hundred inmates: thirty-nine at Durban Westville prison, twenty-eight at Johannesburg Central prison, and thirty-three at Pollsmoor prison. Prior to conducting the interviews, a prisoner profile was created by analysing one hundred and fifty whoonga related police docketts with a conviction in 2015. This was necessary to streamline the offender search because the

South African Correctional Services population was standing at over 164 129 offenders at the time of the study (Department of Correctional Services, 2018a:28).

Fifty dockets were analysed from each of the three largest South Africa Police stations in the country (Durban Central, Cape Town Central and Johannesburg Central). The prisoner biographical data obtained from the analyses of the police dockets were shared with the Department of Correctional Services prior to conducting the interviews. Another valuable piece of data that was obtained from the dockets pertained to the previous conviction details of the inmates who participated in the study. Prior to the commencement of each interview, the voluntary participation of each of the one hundred participants was obtained. On average, each interview took about ten minutes to complete. Some participants wandered off the topic and had to be constantly requested to focus. The interview responses were recorded in writing as no electronic recording devices were allowed. These written interview responses constituted the raw data that had to be translated (if the interview had not been conducted in English) and analysed during the data analysis phase.

4.6 Data Collection

Prior to the field study, a pilot study was undertaken with twenty offenders in a selected focus group at Westville prison using the original questionnaire. The primary aim of this pilot study was to test the validity of the questions and to determine whether the questions that were going to be asked during the actual data collection phase were relevant and if they would solicit appropriate responses. The time it would take to complete the interviews, check for errors, and to determine whether the inmates could

respond appropriately to the questions were assessed. The pilot study data further assisted in the final compilation of the semi-structured interview schedule that was used during the data collection phase. Although the questions were open-ended, which allowed the respondents to answer freely and uninterruptedly, they were not allowed to ramble and wander off the topic but they were encouraged to stick to answering the predetermined questions (Wellman, Kruger, & Mitchell, 2010:9). A copy of the questionnaire is attached as Appendix 14.

After the acceptability and feasibility of the questionnaire method had been explored through the pilot study, the actual study was undertaken by using the semi-structured interview questions during the interviews with individual prisoners. Wellman, Kruger, and Mitchell (2010:9) state that the qualitative approach seeks to achieve an insider's view by talking to the research subjects and observing their behaviour in a subjective way. This was achieved as the researcher refrained from commenting on any statements that the participants made while recording cues from their body language and demeanor as well as their comments.

Prison officials, using post-sentencing records from police dockets, supplied a name list of the offenders that were selected to participate in the semi-structured interview process. The semi-structured interview method was used with a high level of caution because of the sensitive nature of the topic. The researcher was cognizant of the fact that some participants might be uncomfortable to communicate freely in the presence of others, and therefore the interviews were conducted on a one-on-one basis.

The researcher also employed the use of semi-structured interviews to ask questions and clarify certain responses. This was done because the language used in prison seemed strange and it was necessary to double check the meaning of certain terminology. De Vos, Strydom, Fouché, and Delpont (2014:321) argue that the qualitative approach is particularly useful for producing theory and new knowledge, as was the case in this study.

4.7 Duration of the Study

Once ethical clearance had been obtained and the research proposal submitted, the entire research project took about forty-three months to complete. The activities presented below often overlapped. It was impossible to anticipate all the potential obstacles that might be encountered, therefore some allowances were made for the unexpected (Mouton, 2008:199).

The study in its entirety, from conception until finalisation, took a total of four years and seven months.

Table 4: Timeline of the study

May 2014 to March 2017	April 2017 to December 2017	January 2018 to May 2018	June 2018	July 2018	January 2019
Submitted Concept Paper , Proposal and obtained ethical clearance	Began data collection after receiving clearance from UKZN HSSREC	Coding and analyses of the data commenced	Research findings	Began writing of report	Submitted report

4.8 Ethical Considerations

According to De Vos *et al.* (2014:114), research ethics are widely accepted as:

“...those moral principles that establish the rules and behavioural expectations about the most correct conduct in dealing with experimental subjects and participants, employers, sponsors, other researchers, assistants and students. They serve as a standard and a basis upon which each researcher ought to evaluate his or her own conduct and, as such, should be borne in mind continuously.”

In the execution of this research project, the researcher ensured that all relevant research ethics were adhered to, particularly in terms of avoidance of harm, voluntary participation, informed consent, avoiding deception of subjects or participants, and no violation of privacy/anonymity/confidentiality. Measures were put in place to ensure that the participants were not physically or psychologically harmed during the research. The participants were thoroughly informed beforehand about the potential emotional impact of participating in the study because it was difficult to predict the emotional harm they might experience. The researcher is a trained and experienced senior police officer and ensured that the participants were protected from any physical harm. De Vos *et al.* (2014:115) state that researchers should “identify participants who could possibly prove to be vulnerable during investigation in order that they may be eliminated from the study beforehand”. Therefore, the inmates who participated in the study did so on a voluntary basis and were informed of the opportunity to withdraw from the research if they wanted to do so. Before commencing the interviews, informed written consent was obtained from each of the research subjects and they were given complete and accurate information about the details and purpose of the research. Informed consent was crucial in this research project because of the authoritative position of the researcher and the powerless, lower social status of the participants. Care was thus taken to focus on the position of the interviewer as a researcher who is a student and not as a senior police official with authority of the state. It was equally important to avoid any possible deception of the participants, therefore no information was withheld from them and no part of the research was misrepresented. The researcher ensured that the privacy, anonymity and confidentiality of the participants were guaranteed. According to De Vos *et al.*, some forms of behaviour such as illegal activities are areas that most people consider private and thus subjects expect researchers to protect their right to privacy.

This study dealt with the investigation of a very sensitive issue, namely illicit drug use, and therefore the aspect of the confidentiality and anonymity of the participants was given rigorous attention. There was some concern that participants might refuse to participate in the study, but equally important was the belief that they might be keen to participate voluntarily as part of their rehabilitation process. Their informed consent was therefore sought prior to the commencement of the interviews to ensure that the inmates did not participate in the study in fear of victimisation or covert threats. No compensation for participating in the research was offered. Few participants sought treatment for their whoonga addiction and were advised to attend rehabilitation programmes and consult the social services within the prison. The request for ethical clearance for this study was submitted to the Department of Correctional Services prior to the commencement of the project. The research project was also submitted to the University of KwaZulu-Natal Ethical Clearance Committee for approval. This process was time-consuming due to the high level of gate keeping to protect the security of inmates. The university's Ethics Clearance Committee applied very strict rules before it granted final ethical clearance, and there were even stricter rules by the Department of Correctional Services (DoCS) before final ethical clearance was obtained. The ethical clearance approval processes took much longer than two years. Moreover, a similar approval process had to be followed before approval was granted by the South African Police Services (SAPS) for the researcher to access the closed police dockets. Accessing correctional facilities as a researcher was more than difficult because the prisoners' details were confidential and the safety of the researcher could not be guaranteed; thus it was made clear that accessing these facilities occurred at the researcher's own risk.

Despite the fact that the researcher was accompanied by prison officials at all the research facilities, the danger of being assaulted by an offender remained highly probable during the visits to the three prisons.

4.9 Problems Encountered

The first major problem encountered was to obtain ethical clearance from the university due to strict UKZN HSSREC research requirements (Appendix 2). Similarly, obtaining ethical clearance from the DoCS was a challenge because of the obvious risks that are inherent in conducting interviews with prison offenders. Getting inside the prison was not easy, even by prior arrangement. In addition, there was a constant danger of being attacked by the offenders while time was spent inside the prison. This danger was specifically communicated to the researcher by the officials before the start of every interview. Pencils instead of sharp pointed objects like pens were used to write, and all cell phones and belts were placed in safe boxes before proceeding to the interview rooms. Offenders were escorted from their cells and had to converge as a group close to where the interviews were taking place.

Identifying offenders who had been convicted particularly for whoonga/nyaope related crimes proved to be a challenge because the Drugs and Drug Trafficking Act No. 40 of 1992 did not list whoonga/nyaope as prohibited drug until the Amendment Act changed this in terms of Chapter 11 and Schedule 11 and 111 of the 2010 Amended Act. As was expected, not all the convicted offenders could communicate in the English language and the local prison officials who were appointed as liaison officers had to assist with interpretations.

The close proximity of the prison officials during the interviews was necessary for the safety of the researcher; however, this somehow limited the participants' freedom of expression, particularly when they were expected to respond to certain question like the availability of drugs within the prisons. All the offenders' responses to this question were accepted but treated with caution.

4.10 Conclusion

This chapter outlined the methodology that was used in the study. It presented a detailed account of the research design and the methodology that was used for data collection. The author employed a mixed methods approach, as a combination of the qualitative and quantitate survey approaches was adopted. While limited information concerning similar case studies was available, it was explained that the study relied on the findings of other studies that explored similar topics around the world to achieve the objective of finding comparative data to validate the methodology and findings of this study.

CHAPTER 5

DATA ANALYSIS

5.1 Introduction

This chapter presents the analysed data in a systematic manner. The data were obtained from the convicted drug offenders in selected Durban, Cape Town and Johannesburg prisons. The data are presented in a sequential order to illuminate the drug related challenges that were exposed by the participants in the three regions where the correctional facilities are situated.

5.2 Analysis of Data

The process to analyse the data was done mostly manually. Fox and Bayat (2011:105) state that the manual method is time consuming and labour intensive, but this was the most effective way of dealing with the large number of hand written notes that had been generated during the semi-structured interviews. It is reiterated that no technological device could be used to record the interviews. All the notes were physically sorted by hand and arranged alphabetically according to the participants' names. Key words and phrases were highlighted, marked and underlined using different coloured pens. The most common remarks were then identified, marked, cut and pasted onto index cards. The index cards were then placed in separate piles of similar remarks with specific descriptive and interpretative codes that suggested various emerging themes. This process made it easy to go through the various piles when the data were analysed. The data analysis of the qualitative approach phase began during the interviews when certain

key words and phrases were picked up and noted. This preliminary analysis method assisted in redesigning some questions in order to hone in on central themes as the interviews progressed (Mouton, 2008:198).

5.3 Results

The following paragraph explains the analysis of the data obtained from the respondents. The analysis is presented according to the responses received from the offenders per prison facility based on its geographic location. The Pearson correlation measure was used as indicated below:

5.3.1 Johannesburg analysis

5.3.1.1 Johannesburg Q1. What is the main motive for committing crime?

The data analyses, reveals that 75% of the respondents felt the main purpose for committing crime was directly triggered by the need for money to buy drugs. The other intentions (peer pressure, excitement, social needs) were not as compelling as the need to buy drugs, as the majority of participants affirmed that they had committed crime to raise money to buy drugs.

This confirms similar analyses by Marks and Howell (2016:342). The analyses demonstrated how grim the situation for drug addicts was in the Johannesburg crime scenario as it suggests that dependence on drugs forced the participating inmates to commit crimes in order to raise money to feed their addiction (Myers, Carney, & Wechsberg, 2016:52).

Table 5: Johannesburg Correlations

		Motive for crime	Committed crime
Motive for crime	Pearson Correlation	1	-.049
	Sig. (2-tailed)		.631
	N	100	100
Committed crime	Pearson Correlation	-.049	1
	Sig. (2-tailed)	.631	
	N	100	100

Statistically, it is shown in Table 6, that 75% of the participants committed crimes to procure money and this finding confirms a strong relationship between the commission of crime and the use of drugs; moreover, it suggests that crime escalates because of the need for drugs and this in turn escalates the intention to procure drugs (Masiko & Xinwa, 2017: 67).

Table 6: Frequency Table - Johannesburg

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need for money to buy drugs	75	75.0	75.0	75.0
	Peer pressure	3	3.0	3.0	78.0
	Excitement	10	10.0	10.0	88.0
	Social needs	12	12.0	12.0	100.0
	Total	100	100.0	100.0	

The data analysed in Table 7, showed that, there were 26% participants in Johannesburg who indicated that they had engaged in criminal activity directly after taking drugs whilst the majority of 38% and 36% either slept or felt happy thereafter.

Table 7: Consequences of taking drugs – Johannesburg

	Frequency	Percent	Valid Percent	Cumulative Percent
Feeling happy	36	36.0	36.0	36.0
Able to sleep	38	38.0	38.0	74.0
Valid Engage in crime	14	14.0	14.0	88.0
Engage in crime	12	12.0	12.0	100.0
Total	100	100.0	100.0	

Table 8: Descriptive statistics - Johannesburg

	N	Minimum	Maximum	Mean	Std. Deviation
Motive for crime	100	1.00	4.00	1.5900	1.08334
Commit crime	100	1.00	4.00	2.0200	.99473
Valid N (list wise)	100				

Figure 6, below shows that the participants were mainly engaged in criminal activities in order to raise money to buy drugs.

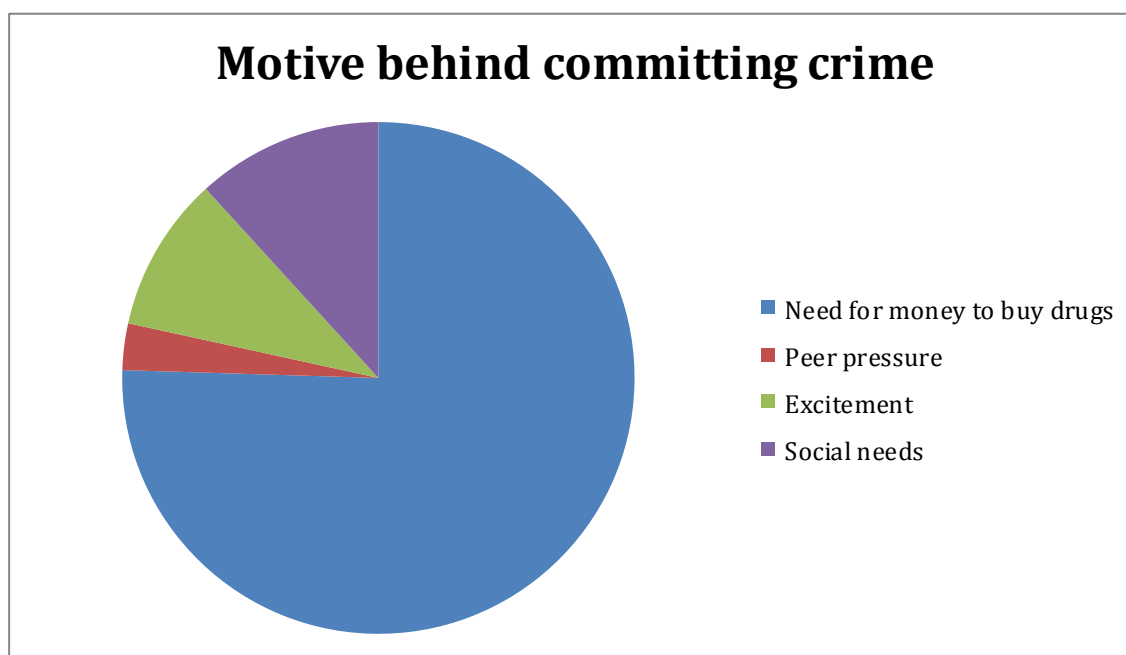


Figure 6: Motives for committing crime in Johannesburg

The figure 7 below reveals that the participants either fell asleep or were happy after they had consumed drugs, possibly because they had been able to procure drugs to feed their addiction. This analysis suggests that once a euphoric feeling had been attained, there were no further intention to commit crime (Davis *et al.*, 2016:34). These addicts were therefore both hallucinating and feeling happy after taking drugs or they were sleeping for the rest of the day as the after effects of the drugs might have made them drowsy (Mimiaga *et al.*, 2015:307).

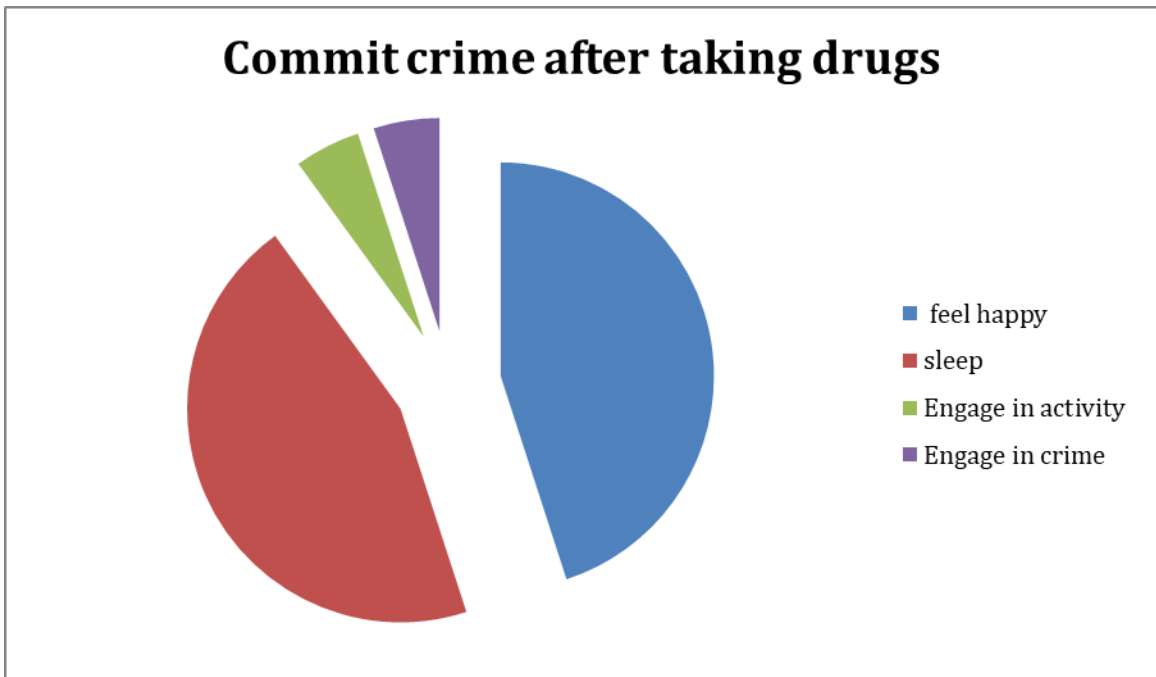


Figure 7: Consequences after taking drugs: Johannesburg

The whoonga drug is after all is a heroin product that contains opiates and morphine; hence, it acts as a depressant. The addicts would thus have felt a sense of euphoria and ecstasy while the drug was in their blood system. The participants indicated that they felt ‘happy and relaxed’ after whoonga consumption and this suppressed their crime impetus.

5.3.2 Cape Town analysis

5.3.2.1 Capetown Q1. What is the main motive behind committing crime?

Table 9 shows that the participants were mainly engaged in criminal activities in order to raise money to buy drugs. Other factors that prompted the commission of crime were shown to be insignificant at 18%. No other intention was as prominent as the need for money to buy drugs.

The most compelling motive for committing crime was shown to be the need for money to procure drugs (Table 10), which was a finding that Minnaar (2015:28) also enlightened. Thus, the motive to commit crime is supported or prompted by rational thinking, as only then will enough money be raised to buy drugs (Prinsloo & Ovens, 2015: 42).

Table 9: Cape Town Correlations

		Motive behind crime	Commit crime
Motive behind crime	Pearson Correlation	1	.300**
	Sig. (2-tailed)		.002
	N	100	100
Commit crime	Pearson Correlation	.300**	1
	Sig. (2-tailed)	.002	
	N	100	100

Table 10: Frequency Table for motives to commit crime

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need for money to buy drugs	54	54.0	54.0	54.0
	Peer pressure	12	12.0	12.0	66.0
	Excitement	18	18.0	18.0	84.0
	Social needs	16	16.0	16.0	100.0
	Total	100	100.0	100.0	

The analyses in the following Table 11, revealed, that most of the respondents either fell asleep (34%) or felt happy (41%) after taking drugs and they did not wish to get involved in other activities or criminal activities after they had taken drugs.

Table 11 : Consequences of taking drugs – Cape Town

	Frequency	Percent	Valid Percent	Cumulative Percent
Feeling happy	41	41.0	41.0	41.0
Falling asleep	34	34.0	34.0	75.0
Valid Engage in activity	14	14.0	14.0	89.0
Engage in crime	11	11.0	11.0	100.0
Total	100	100.0	100.0	

Table 12 : Descriptive statistics – Cape Town

	N	Minimum	Maximum	Mean	Std. Deviation
Motive behind crime	100	1.00	4.00	1.9600	1.17138
Committing crime	100	1.00	4.00	1.9500	.99874
Valid N (list wise)	100				

The above analyses indicates that, after taking drugs, the offenders either hallucinated, were in a happy mood, or fell asleep as a result of the side effects of the drugs (Mertens *et al.*, 2014:430). They were rational or conscious enough to commit crimes or engage in other social activities (Cooper-Knock, 2014:563) only after the drug had worn off. The relationship between criminal activities and drug taking was shown to exist before taking drugs and when the effects of the drugs had worn off. Thus, criminal action was shown to be purely driven by the motive to procure money to buy drugs (Santos Abrantes *et al.*, 2014:222).

5.3.3 Durban analysis

5.3.3.1 Durban Q1. What is the main motive for committing crime?

The data analysed revealed that the majority of the respondents needed money to buy drugs and that all other reasons for committing crimes were of less significance.

Table 13: Durban Correlations

		Motive behind crime	Commit crime
Motive behind crime	Pearson Correlation	1	-.019
	Sig. (2-tailed)		.847
	N	100	100
Commit crime	Pearson Correlation	-.019	1
	Sig. (2-tailed)	.847	
	N	100	100

Table 14: Frequency table – Durban

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need for money to buy drugs	54	54.0	54.0	54.0
	Peer pressure	23	23.0	23.0	77.0
	Excitement	14	14.0	14.0	91.0
	Social needs	9	9.0	9.0	100.0
	Total	100	100.0	100.0	

The data reveals that 45% of the respondents felt happy after taking drugs while 31% spent time sleeping (Table.15). The majority spent their time engaging in crime just to raise money for purchasing drugs; once they had achieved this purpose they rather spent their time taking more drugs and feeling happy or sleeping (Sorsdahl *et al.*, 2015:444).

Table 15: Consequences of taking drugs – Durban

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
Feel happy	45	45.0	45.0	45.0
Sleep	31	31.0	31.0	76.0
Engage in activity	12	12.0	12.0	88.0
Engage in crime	12	12.0	12.0	100.0
Total	100	100.0	100.0	

The analysis thus indicated that the main reason why the offenders had committed crimes was to satisfy their need for drugs. There were thus no other forceful intentions to commit crime except raising money to buy drugs, which was a finding that is corroborated by a similar analysis by Whiting (2014:45). It may be argued that the only driver that pushed the offenders to commit crimes was the primary need to accumulate money for buying drugs (Rose, 2017:99).

Table 16: Descriptive statistics - Durban

	N	Minimum	Maximum	Mean	Std. Deviation
Motive behind crime	100	1.00	4.00	1.7800	1.00081
Commit crime	100	1.00	4.00	1.9100	1.02588
Valid N (list wise)	100				

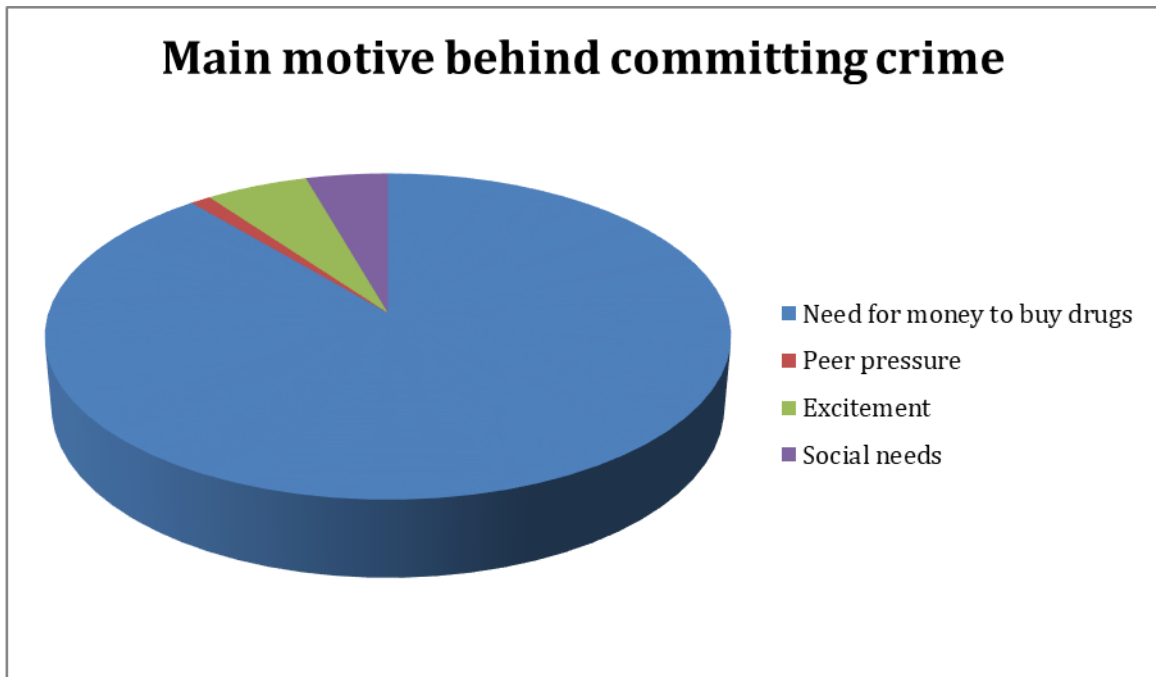


Figure 8 : Main motives for committing crime in Durban

The analysed data as shown in the following Figure 9 below reveals that most respondents in Durban fell asleep or felt euphoric after taking drugs. Committing more crimes or engaging in any active social activity did not become a major outcome of whoonga usage.

The relationship between committing a crime and taking drugs was driven by the motive to procure money to buy drugs (Knox *et al.*, 2017:2032).

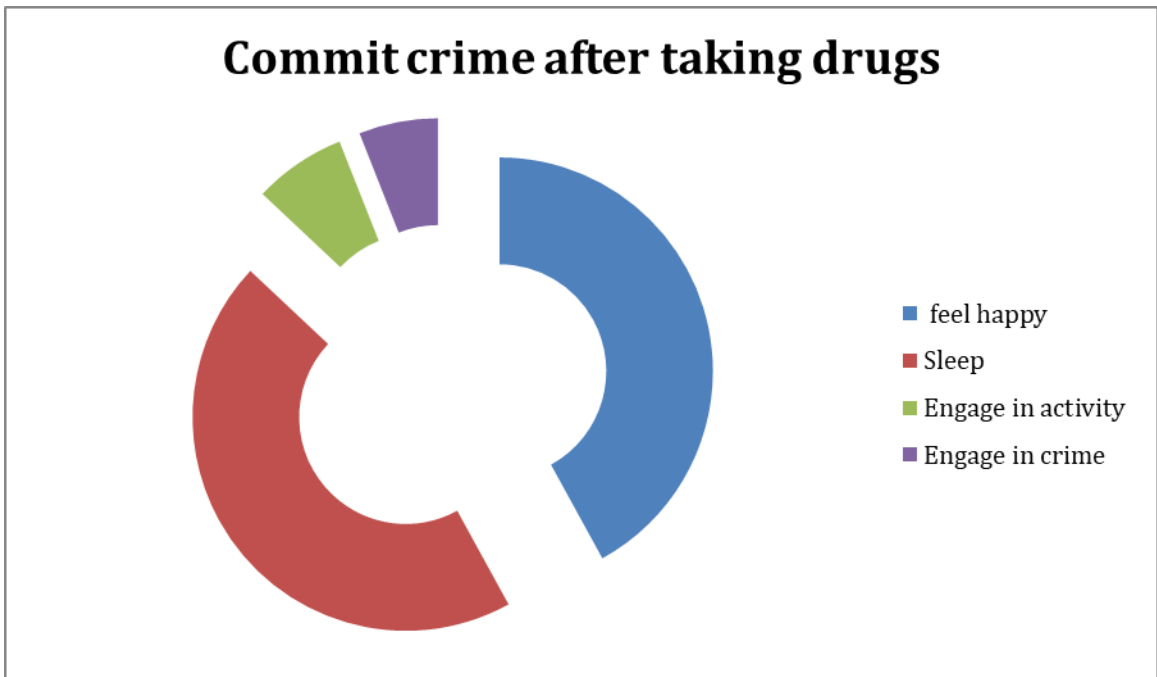


Figure 9: Consequences after taking drugs in Durban

The respondents indicated a greater urge to sleep or simply felt euphoric after taking drugs. The offenders indicated that they were not in a physical condition to do anything after ingesting drugs and thus did not immediately commit another crime or engage in any social activity (Fryer *et al.*, 2018:387). It was only after the effects of the drugs had worn off that they rationally understood that they needed the next fix and they thus consciously planned the next criminal activity to procure money to buy more drugs.

5.4 Collective summary of the participants' responses to the interview questions

5.4.1 Question 1: Why are you here in prison?

Table 17: Reasons for arrest and incarceration

RESPONSES	TOTAL
Breaking in	1
Cocaine	3
Dagga	7
Domestic violence	1
Drugs (unspecified)	2
Drunken driving	1
Heroin	52
Hijacking	1
House breaking	1
Mandrax	3
Robbery	10
Stole laptop	1
Theft	11
Whoonga	6
GRAND TOTAL	100

Table 17 above shows that more than half of the offenders indicated that they were in prison because they had been arrested for heroin use. About a third indicated that they were in prison because they had committed property related crimes such as theft, house breaking and robbery. Only 6% of the offenders specifically indicated that they were in prison because they had been arrested for the possession of whoonga. However, collectively, about 76% of the participants stated that they had been arrested for drugs. The balance of the participants admitted that, even though they were drug users, they were in prison because they had been arrested for property related crimes.

5.4.2 Question 2: What type of drugs did you use?

Table 18: Types of drugs used by convicted offenders

RESPONSES	TOTAL
Cocaine	3
Drug possession	1
Dagga	2
Heroin	71
Mandrax	4
Possession of heroin	5
Whoonga	14
Grand Total	100

More than 90% of the participants indicated that heroin-based drug was most commonly used. This finding is contrary to a finding by the NDMP (2017:40) that cited that heroin was the drug of choice by only 29.5% of drug users in the study area in KwaZulu-Natal. It is noteworthy that only 14% of all the participants in the current study admitted that they had used whoonga, whereas only 3% and 4% had used cocaine and mandrax respectively. This was not surprising as the latter drugs are some of the most expensive drugs on the drug market. It is reiterated that low-grade heroin makes up a large proportion of the ingredients of the whoonga drug.

5.4.3 Question 3: How was your drug of choice used? Smoked, snorted or injected?

Table 19: Ways in which drugs were ingested

RESPONSES	TOTAL
Burn and smoke	13
Inject	8
Inject and shared	4
Smoke	52
Smoke with foil	12
Smoked, blown through nose	4
Sniffed	1
Snorted or swallowed	1
Snorted	3
Snorted and smoked	1
Injected and swallowed	1
Grand Total	100

The above table indicates that 82% of the participants smoked their drugs in some form or another. Some would sometimes wrap it in foil before smoking it as this creates a chemical reaction that enhances the effects of the drug. About 13% of the participants indicated that they had injected their drugs or used them in conjunction with some other method. The drug type that was most injected was cocaine. Only 4% of the participants indicated that they had injected the whoonga drug and then shared the syringes. The modus operandi used in the “inject and share method’ entails that one drug straw would be bought to save money, and one user would then inject himself with the drug, and he would then draw his blood and transfuse the drug-infested blood to the other user. The perception is that the second user will also experience the same effects of the drug. The Drug Master Plan (2017:40) indicates that whoonga is smoked by 89% of users but that it is not uncommon for other addicts to inject themselves with this drug as they would heroin.

5.4.4 Question 4: Do you know what concoctions make up your drug?

Table 20: Drug mix and derivatives

RESPONSES	TOTAL
ARVs and drugs	6
Cheap heroin	1
Dagga	6
Dagga and cheap heroin	1
Do not know	42
Do not want to know at all	7
Heroin	3
Heroin and dagga	12
Heroin mixed with dagga and ARV drugs	1
Heroin mixed with morphine	2
Heroin mixed with rat poison	1
Morphine	1
Poppy seeds, ARV drugs	1
Rat poison	10
Unknown	9
Washing powder	2
Grand Total	100

More than 58% of the participants indicated that they did not know or did not want to know what the contents of the drugs they used were. The need to know what the ingredients of the drugs were seemed to be of less importance than the actual need to experience a high from the drug. It is noted that about 7% did not want to know the ingredients of their drug of choice at all. The above corroborate Saferstein (2015:281) who stated that street level heroin in the United States was only about 35% pure but addicts do not know or care about what constituted the other 65%.

5.4.5 Question 5: How did you obtain the drugs that you used?

Table 21: Ways in which drugs were procured

RESPONSES	TOTAL
Bought	1
Dealer	52
Friend	8
Girlfriend	2
Merchant	35
Neighbour	1
Nigerian merchants	1
Grand Total	100

The above table reflects that 87% of the participants had bought their drugs from dealers/street merchants whilst 10% had obtained them from family or friends. This finding concurs to some extent with the SAPS Annual Performance Plan (2018:84) that states that 66.6% of street drugs are generally bought directly from dealers using a method described as ‘ring and deliver’.

The UNODC World Drug Report (2017) suggests that main heroin products like opium come to Africa from Afghanistan. The responses of the participants that indicated the proliferation of heroin based drugs thus suggest weaknesses in border patrols and poor law enforcement at ports of entry. Moreover, according to Minnaar (2015), South Africa produces and cultivates more cannabis than any other drug type, and there is evidence that this drug is mixed with heroin and other substances in cheap heroin derivatives such as whoonga.

5.4.6 Question 6: How often did you take drugs per day?

Table 22: Frequency of drug taking per day

RESPONSES	TOTAL
1 per day	22
1 to 2 times per day	1
2 times per day	38
3 times a day	20
4 times per day	7
4 to 5 times per day	2
5 times per day	6
10 times per day	4
Need more , times unknown	1
Need more one after the other	1
Grand Total	100

About 78% of the participants indicated that they used drugs more than once per day, whereas 22% indicated that they used a drug only once per day. It was found that a single straw of whoonga cost R30 on the street and therefore a minimum of R90 was needed by an addict to buy drugs in order to sustain the desirable euphoric feeling. The above table suggests that the frequency of drug use means that accessing heroin-based drugs such as whoonga was relatively easy, which in turn exposed poor police intelligence and drug raid capability.

The analysis indicates that a single drug straw per day is never sufficient to satisfy the drug urge of the user, hence, the need for more drugs. The cheap heroin drug mix appealed to the poor and it is often not always possible to access the minimum amount of R90 needed per day to satisfy the drug craving.

5.4.7 Question 7: How much did the drugs cost and where did you get the money?

Table 23: Cost of drugs and where the money came from to buy them

RESPONSES	TOTAL
R20; stole to get money	18
R25; stole to get money	3
R30; stole to get money	61
R90; girlfriend	1
R200; a friend	1
R300; had own money	1
R400; had own money	2
R18; crime	1
R20; neighbour	1
R20; prostitution	1
R20; robbed someone for money	3
R25; crime	3
R30; sometimes R200 per day	1
R30; sometimes R900	1
R300; committed robbery to get money	1
R400; worked	1
Grand Total	100

The price of the lowest cost drugs that were arguably whoonga, which is heroin based, was on average about R30 as was indicated by 61% of the participants. Only 18% indicated that the drug they used cost R20 per straw, which suggests that this was whoonga in its cheapest form. The average whoonga straw would cost R30, but as some needed a minimum of three straws per day to remain high, an amount of at least R90 was needed to sustain their habit. The high costs of some drugs (up to R900) related by some participants suggest that Mandrax and cocaine were also used as these are some of the most expensive drugs with costs ranging from R90 to R400 per unit.

Almost 98% of the participants indicated that they would commit a crime to sustain their habit. Only 2% of the participants indicated that they were working or used their own money to buy drugs. Almost all the participants indicated that they would “do anything to get the next hit”. One respondent stated: “You would even kill your own mother to get the money for the drugs”.

5.4.8 Question 8: What offence did you commit that resulted in your incarceration?

Table 24: Offences that resulted in arrest and incarceration

RESPONSES	TOTAL
Robbed to get money	4
Armed robbery	1
Bought drugs and was caught	1
Caught with heroin drugs	44
Drugs	13
Employed, caught with drugs	2
Prostitution to support habit	1
Stealing	14
Whoonga	14
Theft of laptop	2
No response (offender file reflected conviction for theft)	1
Grand Total	100

About 72% of the participants indicated that they had been arrested for drug possession, while a further 24% indicated that they had been arrested for theft and robbery. Thus, more than two thirds of the participants were incarcerated for drug related crimes and a quarter was incarcerated for property related crimes. Some participants indicated that they had committed robbery to get money in order to sustain their drug habit.

5.4.9 Question 9: Did drugs make do the crime that resulted in your imprisonment?

Table 25: Drug use associated with crime

RESPONSES	TOTAL
Cannot sleep with no drugs, had to hassle	2
No	8
No, I ruined my own life	2
Yes, caught with drugs	59
Yes, can't sleep without drugs	3
Yes, will do anything to get money	1
Yes, do sad things	1
Yes, it gave me strength	1
Yes, I have no idea	1
Yes, I was stealing	6
Yes, if I did not smoke I would not have robbed	2
Yes, money	4
Yes, otherwise I would not be here	3
Yes, I robbed	3
Yes, sold anything for money	1
Yes, I stole cell phones, laptops, needed money	1
Yes, I stole because I needed money	1
No comment	1
Grand Total	100

The table shows that 87% of the participants stated that their arrest had been due to drugs. Only 2% stated that drugs had had nothing to do with their imprisonment. More than half of the participants were caught with drugs in their possession. Some convicted drug offenders stated that if they had not used drugs, they would not have been arrested for drug possession, theft or robberies. The majority of the offenders blamed the use of illicit drugs for their misfortune, except for the 2% who blamed themselves for their situation.

5.4.10 Question 10: Please explain your feelings after you took the drugs

Table 26: Effects of drugs that were used by the addicts

RESPONSES	TOTAL
Relaxed	15
Active	2
Body changed, slept, I talked fast	1
Body slowed down and drowsy	4
Energetic	2
Euphoric and in paradise	1
Feeling calm, drowsy	1
Feeling down	4
Feeling down; feeling good	3
Feeling energetic	7
Feeling sleepy	24
Feeling tired	17
Feeling very good; all is good	1
Feeling very down; needed another drug	3
Got angry	2
No, realised things later, could not think straight	2
Sad	9
Sleepy and relaxed	2
Grand Total	100

It is indicated in the above table that 72% of the participants felt either relaxed or tired after taking the drugs. The majority indicated that they felt sleepy, lazy, relaxed and tired and that they would go to sleep anywhere; in parks or on the streets. Saferstein (2015) stated that the heroin drug is an analgesic and that its use will result in the elimination of pain; however, it simultaneously produces a 'high' that is accompanied by drowsiness and a short, deep sense of well-being that generally lasts three to four hours.

5.4.11 Question 11: How did you feel when whoonga left your blood system?

Table 27: After-effects of drug use

RESPONSES	TOTAL
Did not want anything, just relaxed	2
All was good	2
Energised	1
Felt dizzy and had headaches	1
Felt fresh	9
Felt high, fresh	8
Felt tired and sleepy	33
Hallucinated and saw funny things	2
Joint pain, needed another dose	11
Sleepy	23
Sleepy but brain was busy	1
Stomach cramps	6
Withdrawal pains, needed another dose	1
Grand Total	100

When the responses were analysed, it was revealed that 95% of the offenders experienced the effects of whoonga, whereas the rest experienced sensations that are usually associated with other drugs. This argument is based on the fact that 61% stated that they felt tired and sleepy, compared to 20% who indicated that they felt high and energised. The participants further indicated that they felt terrible stomach pains, joint pains, hallucinated and saw funny things. About 18% of the participants stated that they needed to get the next drug to escape the pains and stomach cramps, which are facts that suggest that they had used whoonga that is associated with such adverse experiences. This finding is in line with the 14% who stated that they had actually used whoonga (see Table 18).

5.4.12 Question 12: How do you satisfy your cravings while you are in prison?

Table 28: Is the drug habit sustained in prison?

RESPONSES	TOTAL
10 months clean	1
12 months clean	2
5 months clean	1
6 months clean	1
Cigarettes	14
Clean	34
Clean for 2 months	9
Clean for 2 years	2
Clean for 5 months	1
Do not smoke drugs or cigarettes anymore	13
No	5
No drugs in here	1
No more drugs	5
No more drugs	1
No more pain; I pray to God	1
[drugs are] Scarce and expensive	9
Grand Total	100

The data showed that 89% of the participants were clean and were smoking cigarettes as an alternative to drugs. Only 11% stated that they still used drugs but that the drugs were scarce and very expensive in prison.

5.4.13 Question 13: Do you people under the influence of whoonga have control over their actions?

Table 29: To what extend does a drug control the actions of the user?

RESPONSES	TOTAL
Aware	14
Can do anything	2
Can do anything and realise later	2
Do not know	4
Drugs control your actions	12
Has control	15
Has control, knows exactly, crime thoughts known	1
Need money, will do anything but aware	1
No	16
No, can do anything when you need money	3
No control of actions	8
No idea of what you do	4
Very conscious but driven by need to get high again	1
Yes, no feeling	1
Yes, can control	4
Yes, can control if smoked but no control if injected	2
Yes, have control, but need money	6
Yes, not exactly, no feelings for anyone	1
Yes, but do not remember the next day	1
Yes, but pain is strong	2
Grand Total	100

Almost half of the participants stated that they knew what they were doing and were in total control of their actions. About 66% indicated that they were aware of their actions and 31% indicated that they were not aware of their actions. Only 4% of the participants indicated that they were uncertain and could not say whether they knew or not.

5.4.14 Question 14: Do you think whoonga makes people commit crime?

Table 30: Is drug use a driver of the commission of crime?

RESPONSES	TOTAL
Cannot blame drugs, just the need for money	25
Cannot quit, need money	1
Cannot stand the pain	15
Escape pains	1
Locked in this cycle forever	1
Need for next hit is too strong	12
No, you need money to support habit	17
Not whoonga or heroin	2
Once you start you can't stop	2
Yes, feel high and want to stay high	21
Yes, feel high; high enough to shoot	1
Yes, must buy drugs, need money	1
Yes, steal every day	1
Yes, need drugs and money	1
Grand Total	100

About 40% of the participants indicated that they did not think that drugs caused people to commit crimes. However, some stated that the need for money to support the drug habit and the need to escape the pain and the urge for the next hit was high and thus drove the addict to criminality. More than 47% stated that they thought that drugs, and by implication heroin derivatives such as whoonga, drove addicts to criminality. These participants reiterated that drug addiction created a need for money to get the next fix and that this was a cause of criminality. Although many of the participants admitted that they were clean in prison, many remembered that it was important for an addict to sustain that high, euphoric feeling.

5.4.15 Question 15: If you had not used whoonga, would you have committed any crimes?

Table 31: The link between crime and drug use

RESPONSES	TOTAL
No	71
No, I would not be here	4
Yes, I don't work	21
Yes, bad friends	2
Yes, would not have	1
Yes, drug problem	1
Grand Total	100

The majority (75%) indicated that they would not have committed any crimes if they had not used drugs (or the drug that they had been addicted to) and they thus blamed their addiction on the drugs they had used for their incarceration. However, 21% stated that even if they had not used drugs, they would still have committed crimes, citing reasons like unemployment and peer pressure (friends' influence) for this habit. A low 4% unequivocally stated that if it had not been for their illicit drug use, they would not have been imprisoned.

The responses by the participants reflected in Table 31 are indicative of people who blame their adverse situation on external forces and circumstances. Thus, they claim that their criminal behaviours were coerced rather than the result of their own rational choices. The rational choice theory states that criminal behaviour is nothing but a calculated, rational act by a person who would have evaluated all the options before embarking on crime. The choice to rob and steal by addicts is thus rational, although it is driven by the desire to procure money to sustain their drug habit.

5.4.16 Question 16: What do you think can be done to solve the drug problem?

Table 32: Suggested solutions for drug addiction

RESPONSES	TOTAL
Always back in jail, no solution	2
Arrest dealers	7
Arrest merchants	1
Arrests	3
Call the army	2
Catch the dealer, not the user	1
Community prayers	1
Employment	6
Government to do something	1
High relapse rate; nothing can be done	2
I don't know	5
Medical treatment; use methadone and morphine	12
No	5
Nothing	39
Police	10
Society cannot do anything, starts with a person	1
Tough laws	2
Grand Total	100

The responses were diverse, but more than 50% of the offenders indicated that they did not know or they felt that nothing could be done because the drug problem was too big and even that being in prison was the best solution. At least 12% of the participants indicated that medical treatment like methadone administration should be considered as a solution. Some of the participants suggested increased police action and quite a few referred to the arrest of merchants/dealers as a solution to the drug problem.

5.4.17 Question 17: How long is your imprisonment?

Table 33: Duration of incarceration period

RESPONSES	TOTAL
Under 12 months	70
12 months	8
13 months	3
13 months; must change friends	1
14 months	2
15 months	1
16 months	2
2 years; want to leave...friends bad influence	1
25 months	1
28 months	3
4 years	2
4 years, go back to work as lifeguard	1
4 years or R1 000 fine. Want to have a healthy lifestyle	1
5 years; want to change my life	1
Correctional services program, continue to get help	1
10 years	2
Grand Total	100

More than 70% of the offenders were imprisoned for a term of less than a year, while 30% were imprisoned for longer than a year. A small percentage (10%) had to spend periods exceeding 5 years in prison. The offenders who were incarcerated for drug crimes had received far lower custodial sentences compared to those who had been convicted for violent crimes such as robbery.

7.18 Question 18: Is there anything else that you would like to share about the drug problem?

Table 34: Participants' additional comments

RESPONSES	TOTAL
Arrest merchants	11
Arrest dealers	1
Drug is evil, you can kill your own mother	2
Education of kids	1
Employment of the youth	1
Need to stop	1
No, I wish to stop	2
No, I prefer jail	1
Nothing can be done	60
Nothing, it is easy to get back to drugs	12
Nothing, the problem is too big	1
Nothing, getting back to prison is better	1
Rehabilitation and change of friends	1
Stop whilst in jail but peer pressure on the outside is bad	2
We all need help	3
Grand Total	100

It is noteworthy that the participants generally shared the opinion that the drug problem was out of hand, as about 62% stated that nothing could be done about the drug problem. A further 12% stated that it was very easy to get back to drugs, while some suggested that rehabilitation programmes were ineffective and that the crime problem would simply escalate. The participants felt that the main problem was the ready availability of drugs that were peddled by a proliferation of merchants and dealers. Only 6% of the offenders stated that they needed help and would like to change their friends once released from prison.

It is noteworthy that none of the convicted offenders indicated any acknowledgement of their responsibility to address their drug problem; they simply indicated that nothing could be done or that arresting the merchants was the solution. Minnaar's (2015) opinion that the use of illicit drugs will always be there as long as there are sellers and buyers (supply versus demand) was thus corroborated by these views.

8. Conclusion

Analyses of the data that had been obtained from 100 offender at three correctional facilities in three different provinces of South Africa were presented in this chapter. The responses based on two key questions were first analysed per correctional facility, and then the individual responses (Appendix 19) were collectively summarised, analysed and discussed.

The data that were summarised above reflected the authentic comments of the participants and the discussion detailed the statistical frequency of responses that pertained to the interview schedule questions that had been designed to elicit data that would address the research questions and hypotheses.

CHAPTER 6

FINDINGS AND RECOMMENDATIONS

6.1 Introduction

This chapter presents the outcomes of the study qualitatively. The findings are presented with reference to the research questions and the hypotheses. Recommendations to combat the menace of drug addiction are offered based on the scientifically produced results of this study.

6.2 Addressing the Research Questions

The study explored the relationship between drug use (particularly a street drug known as whoonga, nyaope or unguh) and crime, and the following research questions were asked to give impetus to the study:

- Research Question 1:
Is there any association between the craving for whoonga and criminality in the cities of Durban, Cape Town and Johannesburg?
- Research Question 2:
Is the illicit use of whoonga related to the spike of thefts committed by young people in Durban, Cape Town and Johannesburg?
- Research Question 3:
How can the association (if any) between whoonga and criminality be prevented and addressed?

6.2.1 Research question 1

The analyses of the data indicated that very little association (14%) between whoonga and criminality existed in the cities of Durban, Cape Town and Johannesburg. The data rather indicated that an association between heroin based drugs in general and criminality existed in the cities of Durban, Cape Town and Johannesburg.

6.2.2 Research question 2

The analyses of the data indicated that the use of heroin based drugs in general like whoonga was related to the increase in theft cases in Durban, Cape Town and Johannesburg.

6.2.3 Research question 3

The analyses of the data indicated that the participants believed that nothing could be done to curb drug use, including the use of heroin-based drugs like whoonga, as the drug problem in the societies that they derived from was too extensive.

This literature review for the current study indicated that the South African Police Services (SAPS) dealt with 323 547 drug cases during the year 2017 (SAPS Annual Report , 2018). This is indicative of a huge increase in drug related crimes in South Africa , when considering that the statistics of reported drug cases increased from 84 001 during 2004 to 260 732 cases in 2014 (SAPS Annual Report,2014). The drug crime increase in South Africa is worsened by its geographical location, making it both

a largest transit point and consumer point for drugs in Africa. A situation that is worsened by the porous borders, unequal society and poor law enforcement (UNODC,2018). However, the National Drug Master Plan for 2018-2022 proposes rigorous actions that can resolve the drug problem if they are implemented by law enforcement agencies and all spheres of government.

The rational choice theory relates to the study findings in that , the noted drug crime increases coupled with participant's responses which amongst others suggested that nothing could be done to resolve the drug problem, presuppose that, the drug crimes will continue to increase because , the convicted offenders seemed not to be bothered about the consequences. The theory suggested that the punishment for crime had to be based on pleasure – pain principle. This entails that the crime commission is simply a result of the choice that an individual makes based on meticulous calculation of potential benefits weighed against potential costs (Lyman & Porter, 2011).

6.3 Addressing the Hypotheses

The above research questions were followed by the hypotheses:

H1: The need for whoonga is associated with criminality in the cities of Durban, Cape Town and Johannesburg.

H2: The use of whoonga is related to the spike in property crimes, particularly theft and robberies, committed by young people in Durban, Cape Town and Johannesburg.

Based on the data analyses, it was difficult to confirm hypothesis 1 (H1). The data analyses found that only 14% of the participants associated the whoonga drugs with criminality in the cities of Durban, Cape Town and Johannesburg. The majority of the participants indicated that heroin based drugs (which included whoonga) were associated with criminality. Therefore, it was improbable to conclude that; whoonga drug alone was factually associated with criminality in the three metropolitan cities of South Africa. The study analysis indicated that 58% of the participants did not know or and a further 7% did not want to know what ingredients made up their drugs, this analysis suggests that, the addicts do not really know what drug they are using or they don't care about the product, but they are more concerned about the drug effect. This supports Minaar (2015) ascertainment that, as long as there is a drug demand, there will be drug supply. The current study found it difficult to confirm hypothesis 1 (H1) because, the convicted drug offenders could in most probabilities have used any heroin drug derivative and not necessarily, whoonga. Notwithstanding, the above, the analysis confirmed that the common drugs used were dagga - heroin mix. It is also possible that, what is called whoonga / nyaope in South Africa with its specific elements could be used in other parts of the world under a different name or description.

The current study however, confirmed hypothesis 2 (H2). The analyses of the participants' responses indicated that 24% of the drug users had committed property crimes like theft and robbery in order to get money to support their habit. Although whoonga is the cheapest illicit drug that is available on the black market, the majority of the whoonga drug users were unemployed and could not sustain their drug habit.

The study found that drug users would need money to buy their drugs of choice. The whoonga user needed an average of three straws at R30 per straw per day to sustain their habit. Equally, the withdrawal symptoms were painful stomach cramps that compelled addicts to get the next ‘fix’ in order to remain high. This symptom is associated with the use and withdrawal symptoms of the whoonga drug. Remaining high was the only solution to escape reality. As the rational choice theory argues, people weigh the pros and cons of their actions before embarking on a particular course of action. The study found that the whoonga drug users were always conscious of their actions but would choose to do “*almost anything*” in order to avoid the withdrawal symptoms associated with a lack of the drug in the system.

6.4 Research Findings and Implications

The main findings of this study were the following:

6.4.1 Physical effects of drug addiction with specific reference to heroin based drugs like whoonga

The drug offenders admitted that they committed crimes in between their drug taking episodes when they needed money to get more drugs. Heroin based drug withdrawal symptoms were identified as joint pains and unbearable stomach cramps. The need to escape these withdrawal pains was powerful, as the pain could not be tolerated. The only solution to stop the pain was by taking more of the drug. The convicted drug offenders stated that the need to get money to buy the next drug was overwhelming, resulting in them “*doing almost anything*” to get drugs.

The majority of the drug offenders (80%) did not commit crimes when they were high on drugs because at that time they felt ecstatic, relaxed, tired, and most went to sleep. The majority of the heroin based drug offenders indicated that they were fully aware and conscious of their actions. The drug itself did not alter their cognitive abilities. However, the urge to get high compelled them to do anything which included committing crimes like theft and robbery. According to the rational choice theory, the person will weigh the options and take a rational decision at all times. The drug offenders stated above that they would do almost anything to get the next drug and were permanently dependent on the drug.

It was determined that the whoonga drug was the cheapest drug on the market at about R20 to R30 per straw. The drug consequently appealed to the poor, as is posited by the Marxist theory, and it was readily available. The problem experienced by the users was that a single straw per day was never enough to satisfy their craving. The addict needed to take a minimum of three straws per day to remain in a state of euphoria. The supposedly cheapest drug would then become expensive and beyond the financial means of most addicts. In order to obtain the drug that is highly addictive and dependence producing, the addict would resort to criminality to obtain a minimum of R90 a day. At a minimum of R90 per day, the whoonga drug became expensive, considering that the majority of South African youths are unemployed, (the youth unemployment rate is 38.2%) (Statistics South Africa, 2018).

The convicted drug offenders felt strongly that nothing could be done to redress the drug problem. According to 85% of the offenders, the drug problem was too big and it was admitted that it was easy to fall back on illicit drug use once a convicted offender

had been released from prison. This confirms a finding by Chonco (2018), who states that released offenders spend very little time as free members of society; they relapse back to drugs and return to prison.

6.4.2 Drug demand and means to procure drugs

The study further found that 87% of the participants had bought drugs from street dealers with money that had been obtained through acts of criminality. Almost all the participants (98%) stated that they would steal, rob or do anything to get money to procure drugs. This research finding is supported by the SAPS APP (2018:84) which states that dealing in drugs is the mainstay of gang crime and a key element of gang wars. The latter survey also found that 66.6% of all drug related crimes occurred on the streets with only 13% detected at places of residence. Against this background, the National Commissioner of the SAPS, General Sitole, presented a turnaround vision to deal with drug addiction in South Africa according to the following strategies:

- “Drug hot spot areas to be identified, stabilised and normalised;
- SAPS Departmental Drug Master Plan to be reassessed and operationalised;
- Provincial and Station Drug Action Plans to be implemented and linked to the Provincial Drug Master Plan and Local Drug Action Plans;
- Identified drug syndicates to be linked to the Organised Crime Threat Analysis” (SAPS APP 2019:12).

The research findings are summarised graphically as follows:

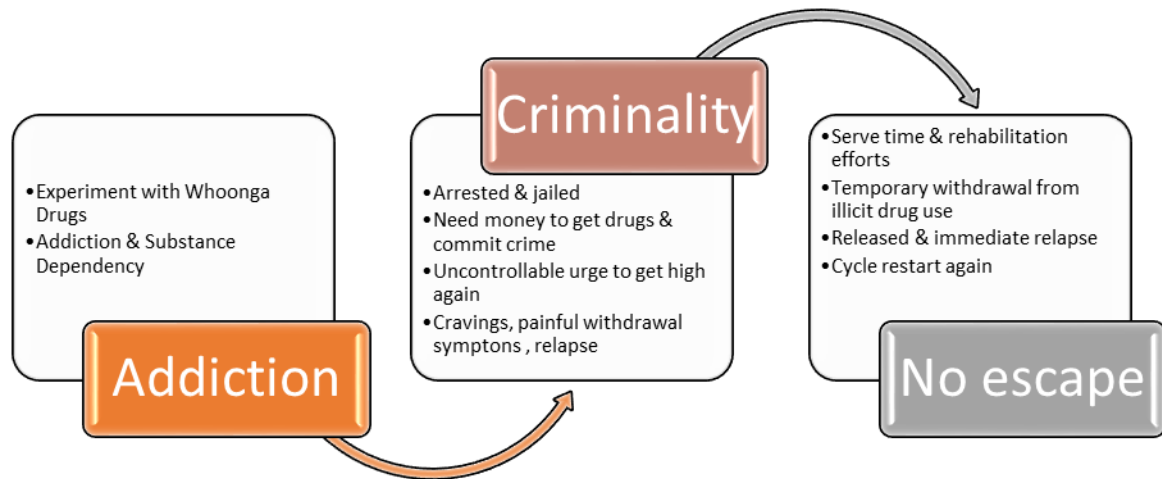


Figure 10: Cycle of illicit drug use

The above diagram explains the vicious cycle of illicit drug use. Upon closer analysis of the offenders' responses, a pattern emerged that could be best illustrated by the above diagram. According to this cycle, a person experiments or tries cheap drugs at first. The findings showed that more than a third of the offenders had paid for the drugs using their own funds for their first hit, and that only one third had been offered drugs by friends or family. The next step was that the person was hooked and became addicted. Due to drugs producing substance dependency, the user will then develop cravings for the drug. If the drug can no longer be obtained, the person who is now a drug addict will develop painful withdrawal symptoms that are characterised by severe stomach cramps and hallucinations. The addict will have the uncontrollable urge to experience the euphoric drug effect again. Because even cheap drugs are not free and have to be bought

at an average cost of about R30 per gram, the addict (often unemployed, poor, lower class people) will do anything, mostly criminal deeds, to get the money to buy drugs. Often the drug user will be arrested and incarcerated. The offender will then serve time in prison, be exposed to gang culture, learn new criminal behaviours, and be exposed to rehabilitation programs and have limited or no access to drugs. According to Mchunu (2018), once an offender has been released back to the community, he or she will once again be exposed to unchanged circumstances that led to incarceration in the first place. Sometimes the released offender's circumstances changed for the worse at the time of release. The released offender will be unemployable due to a previous criminal record and subjected to extreme societal stigma. The same offender who stayed away from drugs whilst in prison will relapse immediately once released from prison. The vicious cycle begins anew and the drug user then returns to prison, resulting in a lifetime of criminality and drug dependency. When questioned about their knowledge of the substances used in whoonga, 23% of the participants indicated that whoonga contained, amongst other dire substances, rat poison or rat powder. The literature indicates that dealers to simply bulk up the whoonga straws commonly use rat powder, pool powder or any white powdered substance, but these products have no significant impact on the actual drug effect. It was noted that 6% of the participants indicated that whoonga was mixed with ARV drugs. There have been widely reported incidences of HIV patients who were robbed of their ARV medication by whoonga drug users based on the belief that the whoonga drug contains ARVs (Strydom, 2010). None of the offenders knew exactly what ingredients could be found in whoonga. However, if whoonga users continue to believe that ARVs are ingredients in this drug, the theft and robbery of HIV patients is not likely to stop.

6.5 Recommendations

In light of the findings of the study and the information provided above, the study offers the following recommendations:

The NDMP (2017:59) argues that increased punishment yields little benefit as is evidenced by the high rate of recidivism amongst drug addicts. This argument is supported by Chonco (2018), who alludes that the Department of Correctional Services receives a high number of return offenders despite the availability of substance abuse rehabilitation programmes.

In 2018, the South African Constitutional Court decriminalised the private cultivation and use of cannabis. However, earlier anecdotal evidence exists that suggests that cannabis is a major ingredient in whoonga and a gateway drug to other drugs such as heroin.

People who have been convicted for the possession and use of whoonga should be diverted to non-custodial sentences. Chonco (2018) reiterates that petty offenders who are incarcerated for minor crimes become hardened criminals after their exposure to the gang culture inside prisons. *This study recommends that, the non violent drug offenders with no prior criminal convictions , convicted to imprisonment terms of less than one year should not be given custodial sentences but be considered for alternative sentences like community service.*

The SAPS drug performance measurement and its drug arrests reporting system as indicated in their 2018 Annual Performance Plan must be revisited. This is essential to prevent police officers from arresting petty criminals simply to improve their performance statistics and targets.

The rehabilitation programs offered by the DoCS must be improved to include after care services with stricter monitoring and evaluation procedures. This is essential to reduce the current high rates of recidivism.

The offender pre-release program and the parole system of the DoCS should make the employment of offenders a pre-condition for parole or early release from custody. Government and the private sector should endeavour to destigmatise released offenders so that job opportunities become more readily available to them. Currently, employers are reluctant to give jobs to people with previous convictions, regardless of their skills and successful rehabilitation. The South African NDP Vision 2030, which aims for a country where all citizens feel safe, can best be realised if the unemployment rate among the youth is reduced.

The South African government should consider signing a memorandum of understanding or enforcing treaties with opium producing countries with a view to minimising drug trafficking. As pointed out by Manu, Maluleke and Douglas (2017:10), increasing vigilant activities by the police at shipping ports and at airports will help to curb the influx of drugs from other countries. These authorities need to vigorously monitor the importation of drugs from outside South African boundaries.

Local government authorities should create shelters with education facilities for vulnerable and homeless youths. Equally, municipal law enforcement units must be non-compromising in the implementation of municipal by laws. Furthermore, according to the Substance Abuse Act No. 70 of 2008, the municipality in which a treatment centre is situated must provide financial support for the rehabilitation of the inmates of these centres.

With reference to the recommendations by Hughes *et al.* (2014:26), the present study also recommends partnerships between the South African government and international bodies that will help in providing financial and labour resources in South African provinces in order to effectively deal with drug related crime problems in the country.

Governmental agencies and UNODC in particular can help by developing and rolling out awareness campaigns and programmes that will help to enlighten people about the ill effects of illicit drugs. Their negative effect on families, society and the world should be shared to curb this problem (Rough *et al.*, 2014:1378).

This report concurs with the 2018 evaluation report by the RSA Department of Monitoring and Evaluation on the National Drug Master Plan that makes the following statement: “A quick response strategy to the spread of heroin, linked to harm reduction, must be developed by the Central Drug Authority, including awareness creation about the dangers of nyaope (whoonga) and the provision of opiate substitution therapy (OST) and needle syringe programmes.

6.6 Recommendation for future studies

More than 50% of the convicted drug offenders stated that they had full knowledge of their actions whilst they were high on drugs. This response requires further study because prior research suggests that drug addiction has psychological effects on the users that inhibit and alter their cognitive abilities.

It is also recommended that the actual knowledge and understanding of drug users regarding the contents of heroin derivative drugs be explored as a measure to facilitate precautionary guidelines and to warn the youth in general of the dangers associated with such drugs. The findings of the study suggest that drug users' ignorance is their worst enemy as the fact that so many stated that they had used heroin, whereas they may actually have ingested whoonga or other forms of adulterated heroin, is an indication of the measure of the callousness and cruelty of drug merchants who exploit this country's vulnerable and socially marginalised youths for their greed.

6.7 Conclusion

The current study, although limited in scope, will contribute new information to the pool of scholarly knowledge on depressant drugs and their relationship with crime. The study successfully addressed the research questions and the hypotheses. It was adequately demonstrated that the persistent escalation of illicit drug use is related to the escalation of criminality in South African provinces. As was also alluded to by SAPS APP (2018), Burns (2014:216), and the SAPS Annual Report (2017), the study highlighted statistical data and reports published by United Nations agencies dealing

with drugs and crime to demonstrate the negative drug situation in South Africa. In corroboration of the finding by Krug, Hildebrand and Sun (2015:19), the study recommends preventive measures and steps that can be taken by South African authorities in all three spheres of government and UNODC to address the problem of the use of heroin derivative drugs such as whoonga/nyaope. The recommendations include large-scale interventions by government and international bodies engaged in creating a drug free world and ideas for future studies that may augment the findings of this study.

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APPENDICES

Appendix 1

**Research approval from University of KwaZulu – Natal (UKZN) Humanities &
Social Sciences Research Ethics Committee (HSSREC)**



24 August 2017

Mr Siyanda Brightman Ngcobo (205525005)
School of Applied Human Sciences – Criminology
Howard College Campus

Dear Mr Ngcobo,

Protocol reference number: HSS/1050/0160

Project title: The exploration of an association of Whoonga / Nyaope and criminality through the eyes of convicted drug offenders in the three metropolitan cities of the Republic of South Africa

Approval Notification – Full Committee Reviewed Protocol

With regards to your response received on 22 August 2017 to our letter of 26 June 2017, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Dr Shamila Naidoo (Deputy Chair)

/ms

cc Supervisor: Dr Jean Steyn
cc Dean & HoS: Professor J Buidendach
cc School Administrators: Mrs Ayanda Ntuli

Humanities & Social Sciences Research Ethics Committee

Dr Shenuke Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X24004, Durban 4000

Telephone: +27 (0) 31 250 3987/03334557 Facsimile: 127 (0) 31 280 4908 Email: ethics@ukzn.ac.za / shynw@m@ukzn.ac.za / manujp@ukzn.ac.za

Website: www.ukzn.ac.za



100 YEARS OF ACADEMIC EXCELLENCE

Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

Appendix 2

Conditional Approval of the research proposal by the UKZN HSSREC



26 June 2017

Mr Siyanda Brightman Ngcobo (205525005)
School of Applied Human Sciences – Criminology
Howard College Campus

Dear Mr Ngcobo,

Protocol reference number: **HSS/1050/0160**

Project title: The exploration of an association of Whooonga / Nyaope and criminality through the eyes of convicted drug offenders in the three metropolitan cities of the Republic of South Africa

Provisional Approval – Full Committee Reviewed Protocol

I wish to inform you that your application received on 14 June 2017 in connection with the above, has been granted Provisional Approval, subject to the following:

1. Gatekeeper permission letter(s) being obtained;

Kindly submit your response to Dr Shenuka Singh (Chair), Research Office, Westville Campus as soon as possible.

This approval is granted provisionally and the final approval for this project will be given once the above condition has been met. Research may not begin until full approval has been received from the HSSREC.

Yours faithfully

pp Dr Shenuka Singh (Chair)

/ms

cc Supervisor: Dr Jean Steyn
cc Dean & HoS: Professor J Ruidendaal
cc School Administrators: Ms Ayanda Ntuli

Humanities & Social Sciences Research Ethics Committee

Dr Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag 354001, Pietermaritzburg 6001

Telephone: +27 (0) 31 260 3652 / 43024857 Facsimile: +27 (0) 31 260 4506 Email: srh@ukzn.ac.za / secretary@ukzn.ac.za / ethics@ukzn.ac.za

Website: www.ukzn.ac.za



110 YEARS OF ACADEMIC EXCELLENCE

Founding Campuses: Edgewood Howard College Mcedral School Pietermaritzburg Westville

Appendix 3

Gatekeeper authority letter from Durban Westville Prison, which granted the researcher the permission to access the Prison



correctional services

Department:
Correctional Services
REPUBLIC OF SOUTH AFRICA



Area Commissioner
Correctional Services Durban
Private Bag X1,
Westville, 3630

Ref No : 13/1/3/1
Enq : BL Nkomo
Tel: (031)204 8739

ENTRANCE PERMIT TO MANAGEMENT AREA: DURBAN CORRECTIONAL SERVICES

1. Authorization is hereby granted to:

Full Name:	NGCOBO SIYANDA BRIGHTMAN
Identity Number:	720720 5373 08 1
Capacity:	UKZN STUDENT
Institution:	UKZN
Purpose:	TO CONDUCT RESEARCH : THE EXPLORATION OF THE ASSOCIATION BETWEEN WHDONGA/NYADPE DRUGS AND CRIMINALITY THROUGH THE EYES OF CONVICTED DRUG OFFENDERS.
Period of validity	2017/09/12 – 2017/12/31

2. The permit is subjected to the following specific condition and provisions.

- 2.1 The permit holder is restricted to do Practical Work/Research at the Durban Medium C and Youth Centre.
- 2.2 Bearer has to produce this permit upon entry to the Correctional Centres if and when requested to do so.
- 2.3 Bearer must comply with the security arrangements of each of the Correctional Centres he/she will visit during the period authorized.
- 2.4 Bearer is authorized to enter the premises with **VEHICLE REGISTRATION NUMBER**.....
- 2.5 On expiry, the permit must be returned to this office.

SIGNED AT: DURBAN ON: 12th OF: DECEMBER 2017


AREA CO-ORDINATOR CORRECTIONS
MS NG DLAMINI

Appendix 4

**Letter of research approval from the South African Police Service (SAPS),
National Head Office**



Private Bag	X302 Pretoria	Fax No:	012 393 2193
Privaatsak		Faks No:	
Your reference/U verwysing:		THE DIVISIONAL COMMISSIONER DIE AFDELINGSKOMMISSARIS DETECTIVE SERVICE SPEURDIENS PRETORIA 0001	
My reference/My verwysing :	3/34/2		
Enquiries/Navrae:	Lt Col K Stassen		
Tel:	012 393 1902		
E-mail:	<u>divcomm.det@saps.gov.za</u>		2016 -02- 18


The Head
STRATEGY, RESEARCH, MONITORING AND EVALUATION

RESEARCH PROPOSAL: AN EXPLORATION OF RELATIONSHIP BETWEEN ILLICIT DRUG LOCALLY KNOWN AS WHOONGA/NYAOPE AND CRIME: PHD IN CRIMINOLOGY: UNIVERSITY OF KWAZULU-NATAL: RESEARCHER: SB NGCOBO

3/34/2 – Lt Col Joubert

1. Your letter dated 12 February 2016 has bearing on this matter.
2. Permission is granted on condition of the adherence of paragraph 4 of your letter.

Kind regards.


 LT COL K STASSEN
 DIVISIONAL COMMISSIONER: DETECTIVE SERVICE

South African Police
Service



Suid-Afrikaanse
Polisiediens

Umbutho Wamaphoyisa Aseningizimu-Afrika

Our Reference / U Verwysing / Inkomba Yakho

My Reference / My Verwysing / Inkomba Yami

Enquiries / Navrae / Buza

Telephone / Telefoon / Ucingo

Fax No / Faks No

25/7/12/2/3 (310)

Colonel A.D. van der Linde / CAC R. Moodley

031 – 325 4841 / 6116

031 – 325 6022

THE PROVINCIAL COMMISSIONER

KWAZULU-NATAL

P O BOX 1965

DURBAN

4000

Colonel S.B. Ngcobo
c/o Provincial Human Resource Development
South African Police Service
KWAZULU-NATAL

Dear Mr Ngcobo

RE: RESEARCH REQUEST: AN EXPLORATION OF THE RELATIONSHIP BETWEEN AN ILLICIT DRUG LOCALLY KNOWN AS WHOONGA/NYAOPE AND CRIME: PHD IN CRIMINOLOGY: UNIVERSITY OF KWAZULU-NATAL: S.B. NGCOBO

Attached, please find Head Office minute 3/34/2 dated 2016-02-12 and 2016-02-18 regarding permission to conduct the above-mentioned research.

Recommendation to conduct the said research has been granted in terms of National Instruction 1/2006 (SAPS Research Policy).

Approval from the office of the Provincial Commissioner: KwaZulu-Natal is hereby granted to conduct analysis on 150 closed dockets at SAPS Durban Central in order to conduct the said research.

**RE: RESEARCH REQUEST: AN EXPLORATION OF THE RELATIONSHIP BETWEEN AN ILLICIT
DRUG LOCALLY KNOWN AS WHOONGA/NYAOPE AND CRIME: PHD IN CRIMINOLOGY:
UNIVERSITY OF KWAZULU-NATAL: S.B. NGCOBO**

Paragraph 4 of minute 3/34/2 dated 2016-02-12 from the Office of National Strategic Management must be adhered to.


Attached, please find statement of undertaking that must be completed and returned to this office (MoodleyRohine@saps.gov.za) prior to the commencement of the research study.

For any queries, please contact Colonel A.D. van der Linde on the following numbers:

Office: 031 325 4841

Cell: 082 496 1142

Thank you.


DEPT OF JUSTICE LIEUTENANT GENERAL
PROVINCIAL COMMISSIONER: KWAZULU-NATAL
B.M. NGOBENI
R.E. RADEBE
DATE: 2016-03-02

SUID-AFRIKAANSE POLISIEDIENS



SOUTH AFRICAN POLICE SERVICE

Privaatsak/Private Bag X94

Reference Nr Verwysing	3/34/2
Navrae Enquiries	Lt Col GJ Joubert
Telefoon Telephone	012-393 3118
Faksnommer Fax number	012-393 3178

**STRATEGY, RESEARCH MONITORING AND
EVALUATION
HEAD OFFICE
PRETORIA**

- A. The Provincial Commissioner (Attention: Col van der Linde)
KWAZULU-NATAL
- B. The Provincial Commissioner (Attention: Brig Pheto)
GAUTENG
- C. The Provincial Commissioner (Attention: Brig Heilbron)
WESTERN CAPE
- D. The Divisional Commissioner (Attention: Lt Col Stassen)
DETECTIVE SERVICE

RE: RESEARCH PROPOSAL: AN EXPLORATION OF THE RELATIONSHIP BETWEEN AN ILLICIT DRUG LOCALLY KNOWN AS WHOONGA/NYAOPE AND CRIME: PHD IN CRIMINOLOGY; UNIVERSITY OF KWAZULU-NATAL; RESEARCHER: SB NGCOBO

- A-D 1. The research proposal of Mr SB Nqco, pertaining to the above mentioned topic, refers.
2. The goal of the research is to establish if whoonga/ nyaope abuse and its distribution is associated with any criminality in Durban, Cape Town and Johannesburg. It will also seek to educate youth of the implications of illicit drug use, and influence policy changes on drug crime prevention in line with the strategic goals of government as highlighted in the NDP Vision 2030 (see proposal attached).
3. The researcher requests permission to analyse a total of 150 closed drug dockets, filed with a conviction at Durban Central, Cape Town and Johannesburg Central police stations. A total of fifty (50) dockets will be analysed at each of these stations.
4. The proposal was perused according to National Instruction 1 of 2006 and it is recommended that permission be granted for the research subject to the final approval and further arrangements by the offices of the Divisional Commissioner: Detective Service, the Provincial Commissioner: Gauteng, the Provincial Commissioner: Western Cape and the Provincial Commissioner:

RE: RESEARCH PROPOSAL: AN EXPLORATION OF THE RELATIONSHIP BETWEEN AN ILLICIT DRUG LOCALLY KNOWN AS WHOONGA/NYAOPE AND CRIME: PHD IN CRIMINOLOGY; UNIVERSITY OF KWAZULU-NATAL; RESEARCHER: SB NGCOBO

Kwazulu-Natal and that an undertaking be obtained from the researcher prior to the commencement of the research stating that –

- 4.1. the research will be at his/her exclusive cost;
- 4.2. the researcher will conduct the research without any disruption of the duties of members of the Service and where it is necessary for the research goals, research procedure or research instruments to disrupt the duties of a member, prior arrangements must be made with the commander of such member;
- 4.3. the information will at all times be treated as strictly confidential;
- 4.4. the researcher should bear in mind that participation in the interviews must be on a voluntary basis, and
- 4.5. the researcher will provide an annotated copy of the research work to the Service.
5. A copy of the approval (if granted) and signed undertaking as per paragraph 4 supra to be provided to this office within 21 days after receipt of this letter.

With kind regards,



HEAD: STRATEGY, RESEARCH MONITORING AND EVALUATION

Date: 2060212



Privaatsak Private Bag	X9004 CAPE TOWN	Faks No. Fax No.	021 417-7416
Your reference/U verwysing:	25/7/21(201600026)	THE PROVINCIAL COMMISSIONER DIE PROVINSIALE KOMMISSARIS	
Enquiries/Navrae:	Brigadier Slingers Major Greeff	WESTERN CAPE / WES-KAAP	
Tel:	021- 4177115/197	8000	

A **RESERCHER**
 MR SB NGCOBO
 Room 1U10
 MT building
 Durban

B **STATION COMMANDER**
 Cape Town Central
 WESTERN CAPE

RESEARCH PROPOSAL: AN EXPLORATION OF THE RELATIONSHIP BETWEEN AN ILLICIT DRUG LOCALLY KNOWN AS WHOONG/NYAOPPE AND CRIME: RESEARCHER: SB NGCOBO

- A1. We have pleasure of informing you that your research Application has been approved by the Provincial Commissioner.
2. In order for you to proceed with you in the Province, compulsory legal documents must be signed by yourself as well as your supervisor and the originals must be forwarded to this office.
- B1. Mr Ngcobo has submitted an application to conduct research with SAPS. The aim is to establish if whoonga/nyaope abuse and its distribution is associated with any criminality in Cape Town.

**RESEARCH PROPOSAL: AN EXPLORATION OF THE RELATIONSHIP BETWEEN AN
ILLICIT DRUG LOCALLY KNOWN AS WHOONG/NYAOPE AND CRIME: RESEARCHER:
SB NGCOBO**

2. Please find the approved documents together with the indemnity, condition and undertakings signed by the researcher for your information.
3. As per information note approved by the Provincial Commissioner, Mr Ngcobo will conduct his research at your station and we request your assistance in this regard.
4. Your contact details will be forwarded to the researcher and they will liase with your office in due course.
5. Please acknowledge receipt of this letter and forward it back to our office for our record purposes.



BRIGADIER BRIGADIER

PROVINCIAL HEAD: OD AND STRATEGIC MANAGEMENT
WESTERN CAPE
PL VOSKUIL

Date 2016, 4, 29

Appendix 5

**English letter to request permission from the participants to participate in the
research**

Dear Participant: I hereby request your permission to involve you in the research to explore the relationship between Whoonga and crime in the three cities of South Africa. My name is Siyanda Ngcobo, a PhD student at the University of Kwazulu Natal in the Applied Human Sciences Faculty. I am planning to conduct a research under the supervision of Dr J Steyn.

I kindly ask you to become involved as a respondent in the research that will seek to explore the relationship between the drug called whoonga and crime in the three major cities of South Africa. If this request is acceptable to you, kindly note that your real names will be withheld to conceal your identity, you are not compelled to participate in this planned study. You can agree to participate freely, voluntarily and because you feel comfortable with the involvement. Finally, you are advised that, you are welcome to withdraw your participation at any stage of the research should you feel uncomfortable and there will be no negative consequences for withdrawal.

If you agree, kindly----- (Sign)..... (Place of signature)
..... (Date)

Appendix 6

(Afrikaans Language letter to request permission from the participants to participate in the research)

Brief om toestemming te versoek van respondente om deel te neem aan navorsing

Geagte Deelnemer: Ek versoek hiermee u toestemming om u te betrek by navorsing wat die verband ondersoek tussen whoonga en misdaad in drie stede in Suid-Afrika.

My naam is Siyanda Ngcobo, 'n doktrale student aan die Fakulteit Toegepaste Geesteswetenskappe aan die Universiteit van KwaZulu-Natal. Ek beplan om hierdie navorsing te doen onder leiding van Dr J Steyn.

Ek versoek u vriendelik om deel te neem aan navorsing wat sal poog om die verband te ondersoek tussen die dwelmmiddel whoonga en misdaad in drie groot stede in Suid-Afrika. Sou u die versoek aanvaar, neem asseblief kennis dat u regte naam nie vermeld sal word nie ten einde u identiteit te beskerm. U is egter nie verplig om aan die beplande studie deel te neem nie. U kan egter toestem om vrywillig deel te neem omrede u gemaklik voel met u betrokkenheid. Laastens word u herinner dat u welkom is om gedurende enige stadium van die navorsing te onttrek sou u ongemaklik voel om daarmee voort te gaan en dat daar geen negatiewe gevolge vir u sal wees in so 'n geval nie.

Sou u wel instem om deel te neem aan die navorsing, teken asseblief hier:

(Handtekening)..... (Plek)..... (Datum)

Appendix 7

**(IsiZulu Language letter to request permission from the participants to participate
in the research)**

Incwadi yokucela invume yocwaningo

Sawubona : Ngicela ukuba ungivumele ukwenza inhlolovo mayelana nokuthi kungaba bukhona yini ubudlelwano nokuxhumana phakathi kokusetshenziswa kwezidakamizwa iWhoonga Kanye nobugebengu lapha eMzansi Afrika.

Mina ngiwuSiyanda Ngcobo ngiyafunda enyuvesi yase KwaZulu Natal, ngaphansi kwezeSayensi yabantu , ngisizwa nguchwepheshe uDokotela J Steyn.

Ngicela ukuba wamukele ukuthi ube yingxenye yabantu engizokhuluma nabo ngaloludaba lokubheka ukuxhumana kwewhoonga nobugebengu. Uma uvuma , ngicela wazi ukuthi , amagama akho angempela angeke asetshenziswe, azohlala egodliwe ukukuvikela, futhi awuphoqelekile ukuba yingxenye yalenhlolovo, ngicela uvume ngoba uthanda. Ekugcineni, wamukelekile ukuthi uhoxe phakathi nayo inhlolovo ngokuthanda kwakho uma kukhona okungavumelani nawe.

Ngicela usayine lapha uma uvuma ukuba yingxenye yalenhlolovo:
Sayina.....IndawoNesikhathi

Appendix 8

English Language - Informed consent letter given to each respondent at the beginning of each interview session

Dear Participant

My name is Mr. Siyanda Ngcobo. I am a PhD candidate studying at the University of KwaZulu-Natal, Howard College campus, South Africa. I am currently conducting a research study titled: *'An exploration of the relationship between drugs called Whoonga / Nyaope and criminality through the eyes of convicted drug offenders in the three cities of Durban, Cape town and Johannesburg'*. As an inmate incarcerated for drug possession, you were purposively selected to be one of the participants to participate in the study.

To gather the information, I am interested in asking you some questions.

Please note that:

- Your confidentiality is guaranteed, as your inputs will not be attributed to you in person, but reported only as a population member opinion.
- The interview may last for about 15 minutes and may be split depending on your preference.
- Any information given by you cannot be used against you, and the collected data will be used for purposes of this research only.
- Data will be stored in secure storage and destroyed after 5 years.
- You have a choice to participate, not participate or stop participating in the research. You will not be penalized for taking such an action.
- The research aims to establish if there is any scientific relationship between Whoonga / Nyaope drug use and crime.
- Your involvement is purely for academic purposes only, and there are no financial benefits involved.
- If you are willing to be interviewed, please be advised that the written notes will be taken and there will be no audio, video or cameras that will be used.

I can be contacted at:

Email: sasolmerrivale@yahoo.com Cell: 0795000793

My supervisor is Dr. J Steyn who is located at the School of Applied Human Sciences, Criminology Department, and Howard College campus of the University of KwaZulu-Natal.

Contact details: email: steynj@ukzn.ac.za Phone number: 03126013341.

Appendix 9

(Afrikaans Language - Informed consent letter given to each respondent at the beginning of each interview session)

Brief van ingeligte toestemming

Geagte Doelnemeer

My naam is Siyanda Ngcobo , ek is n student by the Universiteit van KwaZulu Natal .Ek wil U graag bedank vir U instemming om deel te neem aan die navorsing. Die navorsing is gemik op die ondersoek van dwelm misdaad verhouding. Hierdie brief dien as 'n versoek om jou beskikbaar te stel vir 'n onderhoud. Ek sal 'n stel voorafbepaalde vrae vra. Die onderhoud sal vir min of meer vyftien minute duur. Voordat U instem, tot die versoek van die onderhoud, moet U asseblief kennis neem van die volgende:

- Jy mag vrylik en vrywillig deelneem in die navorsing.
- U mag ten enige tyd voor of gedurende die onderhoud ontrek, sonder enige negatiewe nagevolge.
- U deelname sal anoniem gehou word en dit sal so bly.
- Alles wat bespreek word sal vertroulik gehou word en nie aan enige mense, behalwe die Toesighouer wat toegang het hiertoe, vir akademiese doeleindes geopenbaar word nie.
- Toestemming word verlang van U, vir die opname van hierdie onderhoud. As U die bogenoemde verstaan en U is gemaklik daarmee om deel te neem aan die onderhoud, sal ek U versoek om die aangehegte toestemmings vorm te teken en dan deel te neem aan die studie.

Ek kan gekontak word:

Epos: sasolmerrivale@yahoo.com Cell: 0795000793

My oorsiener is Dr. J Steyn by die School of Applied Human Sciences, Criminology Department, Howard College University of KwaZulu-Natal.

Kontak besonderhede: epos: steynj@ukzn.ac.za Telefoonnr: 03126013341.

Appendix 10

(IsiZulu language - Informed consent letter given to each respondent at the beginning of each interview session)

Incwadi yokucela imvume ephelile yokwenza ucwaningo

Sawubona

Igama lami uMnu.Siyanda Ngcobo. Ngifunda iziqu zobudoktela eNyuvesi yaKwaZulu-Natal, eHoward College Campus, South Africa. Ngenza ucwaningo olusihloko esithi : uphenyo mayelana nobudlelwano phakathi kokusetshenziswa kwezidamizwa iWhoonga kanye nobugebengu emadolobheni amathathu amakhulu okuyiTheku,iKapa neGoli. Njengesiboshwa esisitilongweni ngenxa yezidakamizwa , ukhethiwe ukuba ube yingxenye yalolucwaningo.

Ukuthola lolulwazi , ngifisa ukubuza lemibuzo emibalwa:

Ngicela wazi lokhu :

- Igama lakho lizogcina liyimfihlo , imibono yakho angeke isabalaliswe kodwa iyovezwa njengelunga elambandakanywa kucwaningo.
- Ucwaningo luzothatha imizuzwana nje engu 15 ingacazwa kabili uma ufisa lokho.
- Noma yini ozoyisho angeke isetshenziswa ukuhlasela wena futhi imibono yakho kuzoba ngeyocwaningo jje kuphela.
- Ulwazi luzogcinwa endaweni ephephile bese ilahlwa emuva kweminyaka emihlanu.Unelungelo lokuba yingxenye yocwaningo , noma ukungabi yingxenye noma uyeke ukuba yingxenye. Angeke ujeziswe noma ngabe isphi isinqumo osithathile.
- Uma uvuma ukuba yingxenye yalolucwaningo, kumele wazi ukuthi kuzobhalwa phansi izinto ozishoyo kodwa angeke kuqoshwe.

Ngingatholakala ku:

Email: sasolmerrivale@yahoo.com Ucingo: 0795000793

Umpathi wami kulocwaningo nguDokotela J Steyn othalakala eNyuvesi yaKwaZulu Natal esikoleni socwaningo lezesayensi yabantu, lapho kufundwa khona ngobugebengu, eHoward College.

Email: steynj@ukzn.ac.za Ucingo: 03126013341.

Appendix 11

English Language: Semi - structured interview schedule

Good day, my name is Siyanda Ngcobo and I am conducting this interview with you in order to ask you few questions around the illicit use of Whoonga - Nyaope drug and its relationship to crime. The data obtained from this discussion will be used to write up a study dissertation but more importantly, the information may be used to educate others and prevent future drug:

1. Why are you here in prison?
2. What type of drugs did you use?
3. Do you know how Whoonga/Nyaope is taken? Smoked, snorted or injected?
4. Do you know what concoction makes up Whoonga /Nyaope?
5. How did you get these drugs?
6. How often must Whoonga/ Nyaope be taken per day?
7. How much do they cost? Do you have that money? If no, where do you get the money?
8. What type of offence did you commit that resulted in your incarceration?
9. Did Whoonga / Nyaope have anything to do with the crimes that you committed? If yes, please explain.
10. What type of feelings are experienced at that moment? Do you feel energised/ stimulated (high), happy (euphoric), sad (depressed), tired (down), hallucinate, feeling of pains? Please explain your feelings after you have taken the drugs?
11. Does Whoonga/Nyaope have a different effect compared to the use of other drugs? How do you feel after the Whoonga/Nyaope wears off on your blood system?
12. How do you satisfy your cravings now? How did you satisfy them prior to imprisonment? What type of crimes did you commit, why that particular crime?
13. In your own words, do you think a person who takes Whoonga has control of his actions whilst he is on the drugs?
14. In your own words, do you think Whoonga makes people to commit crime? Is it the need to get money to acquire Whoonga that makes the user to engage in crime or is it the drug itself that drives a person to commit crime?
15. If you never used Whoonga would you have committed any crime?
16. What do you think can be done to solve the Whoonga problem?
17. How long is your imprisonment term? How would you like to change your life?
18. Is there anything else that you would like to tell me about the Whoonga drug?

Appendix 12

(IsiZulu Language: Semi - structured interview schedule)

Imibuzo yenhlolovo ehlelwe kafuphi

Sawubona, igama lami uSiyanda Ngcobo ngenza inhlolovo nokubuza imibuzo ngenhloso yokwazi ukuthi kungabeukusetshenziswa kwezidakamizwa iWhoonga kunabo yini ubedlelwano nobugebengu. Ulwazi oluzotholakala lapha kulenhlolovo luzotshenziswa ukufunda nocwaningo kuphela.

1. Uboshelweni?
2. Iziphi izidakamizwa ozisebenzisile?
3. Uyazi isetshenziswa kanjani iWhoonga? Iyabhenywa, hogelwa noma iyajowa?
4. Ngabe uyazi yenziwa kanjani iWhoonga?
5. Wawuyithola kanjani iWhoonga?
6. Kumele uyibheme kangaphi iWhoonga ngelanga ukuze ikuthokizise?
7. Ibiza malini iWhoonga? Unayo lejomali?Uma ungenayo , uyithola kanjani imali yeWhoonga?
8. Iliphi icala owalenza elenza ukuthi uboshwe?
9. Kungabe iWhoonga yiyona eyenza ukuthi wenze icala oliboshelwe? Uma kunjalo , chaza kafuphi.
10. Wazi kanjani? Uba senjabulweni noma uyabhocobala, noma uyakhathala kumbe ubone izinto ezingekho? Chaza imizwa yakho uma usudle lezidakamizwa.
11. Kungabe iWhoonga inemiphumela ehlukile kwezinye izidakamizwa? Uzizwa njani uma iWhoonga nisiphelile egazini lakho
12. Uzanelisa kanjani iznkanuko zakho zezidakamizwa njengamanje? Wawuzanelisa kanjani ungakaboshwa? Inhlobo ni yamacala owawenza futhi kungani?
13. Ngamagama akho ucabanga ukuthi umuntu osebenzisa izidakamizwa uyakwazi ukunqanda imizwa yakhe?
14. INgamagama akho ucabanga ukuthi ukusebenzisa iWhoonga kwenza umuntu enze ubugebengu? Kungaba ubugebengu benzelwa ukuthola imali yokuthenga iWhoonga? Noma iWhoonga qobo lwayo nje yenza eyenza abantu benze ubugebengu?
15. Ukube awuzange usebenzise iWhoonga , ngabe wabenza ubugebengu na?
16. Uma ucabanga yini engenziwa ukunqanda lenkinga yeWhoonga?
17. Uboshwe isikhathi esingakanani? Ufisa ukuyishintsha kanjani impilo yakho?
18. Kukhona okunye ofisa ukungitshela kona ngesidakamizwa iWhoonga?

Appendix 13

(Afrikaans Language : Semi - structured interview schedule)

Semi Gestruktueerde Onderhoud Skedule.

Goeie dag, my naam is Siyanda Ngcobo en ek voer die onderhoud met jou, om vrae te vra oor die onwettige gebruik van Whoonga-Nyaope dwelm en die verwantskap daarvan tot misdaad. Die inligting van die besprekinge sal gebruik word vir die help van studie handelinge, maar meer belangrik daartoe sal dit help vir die voorkoming van dwelm misbruik in die toekoms.

1. Waarom is U opgeneem in die gevangenis?
2. Watter tipe dwelm/s het U gebruik?
3. Weet U hoe Whoonga/Nyaope geneem word? Gerook, gesnuif of ingespuet?
4. Weet U van watter samestelling Whoonga/Nyaope gemaak word?
5. Hoe het U aan hierdie dwelms gekom of of bekom?
6. Hoe gereeld moet Whoonga/ Nyaope per dag geneem word?
7. Hoeveel kos dit? Het U daardie hoeveelheid geld? Indien nee, waar kry U die geld om dit te kan koop?
8. Watter tipe misdaad het U gepleeg wat aanleiding gegee het tot U opsluiting?
9. Het Whoonga/Nyaope enige aandeel aan die kriminele oortredinge wat U gepleeg het? Indien ja, verduidelik asseblief.
10. Dink jy dat 'n person sal weet wanneer hy of sy onder die invloed is van hierdie dwelms? "Hoe sal 'n person weet of hy/sy hoog of lag is?" Watter gevoel word ervaar op daardie tydstip? Voel U energiek/ gestimuleerd (hoog), bly (eufories), hartseer.
11. Hoe voldoen jy nou aan jou drange? Hoe het jy jou drange gestimileer voor gevangeneskap?
12. Watter tipes misdade het U gepleeg, en waarom daardie misdaad?
13. In U eie woorde, dink U dat 'n person wat Whoonga/Nyaope gebruik het beheer oor sy aksies het, terwyl hy op die dwelm is?
14. In U eie woorde, dink U Whoonga veroorsaak dat mense misdaad pleeg? Is dit ook nodig om geld te kry sodat Whoonga gekoop kan word, wat maak dat die gebruiker hom by misdaad betrek, of is dit die dwelm self wat die person dryf om die misdaad te pleeg?
15. As jy nooit Whoonga gebruik het nie, sou jy nogtans misdaad gepleeg het?
16. Wat dink jy kan gedoen word om die Whoonga problem op te los?
17. Vir hoe lank dien jy gevangenstraf uit? Hoe sou jy jou lewe wou verander?
- 18.** Is daar enige iets anders wat jy my kan vertel van dwelm Whoonga?

Appendix 14

English Language: Questionnaire

Thank you for taking part in this research. The purpose of this study is to explore the association of Whoonga and criminality. You are requested to complete the following questionnaire by simply marking with an “X” the statement that is applicable to you. This form will also ask you to state whether you “Agree, Uncertain or Disagree” and please mark with the “X” that which is appropriate. If you agree with the statement , please place an “X” next to “Agree” , place an “X” next to “Disagree” if you do not agree and if you do not know or unsure, please place an “X” next to “Uncertain”. The form will ask you twenty questions, please respond to all of them. Do not write your name or your prison number.

Please indicate your gender with an “X”:

Male	Female	Other
------	--------	-------

Please indicate your age group with an “X”

18 to 25 years old	25 to 35 years old	Above 35 years old
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Please indicate employment status at the time of your arrest with an “X”

Unemployed	Employed	Other
------------	----------	-------

Please read the statements below and mark with an “X” only.

	AGREE	UNCERTAIN	DISAGREE
I committed the crime whilst under the influence of Whoonga			
I committed acts of criminality in order to get money to buy Whoonga			
I still use drugs			
I have stopped using drugs			
Whoonga made me to commit a crime			
Whoonga did not make me to commit crime			
If you stop taking Whoonga you get sick			

Appendix 15

(Afrikaans Language: Questionnaire)

Voorgestelde Vraelys

Dankie vir jou deelname in die navorsing. Die doel van die studie is om die vereniging van Whoonga en misdadigheid te verken. U word versoek om die vraelys te voltooi met 'n "X" by die toepaslike verklaring wat betrekking het tot U. Hierdie vorm sal U ook vra of U saam stem, onseker, of nie saam stem nie. As U saam stem met die verklaring, merk asseblief met 'n "X" teenoor saam stem of merk met 'n "X" langs aan "nie saam stem nie", of as U onseker is plaas 'n "X" teenoor "onseker". Die vorm sal jou 17 vrae vra, en antwoord asseblief almal. Moenie jou naam of jou gevangenis nommer neer skryf nie.

Dui asseblief jou geslag aan met 'n "X":

Manlik	Vroulik	Ander
--------	---------	-------

Asseblief dui jou ouderdoms groep aan met 'n "X"

18 to 25 jaar oud	25 to 35 jaar oud	Ouer as 35 jaar oud
-------------------	-------------------	---------------------

Asseblief dui aan U werkstatus tydens U arrestasie met 'n "X"

Werkloos	Onderneming	Ander
----------	-------------	-------

Asseblief lees die state hieronder en merk met 'n "X" net wat betrekking het op U.

	HERKEN	ONSEKER	STEM NIE SAAM NIE
Ek het die misdaad gepleeg terwyl ek onder die invloed van Whoonga was			
Ek het dare van misdadaad gepleeg om geld in die hande te kry om Whoonga te kon koop			
Ek gebruik nog steeds dwelms			
Ek het gestaak om dwelms te gebruik			
Whoonga was die rede dat ek misdadaad gepleeg het			
Whoonga was nie die rede dat ek die misdadaad gepleeg het nie			
Wanneer jy stop om Whoonga te gebruik, word jy siek?			

Appendix 16

(IsiZulu Language : Questionnaire)

Uhlelo lwemibuzo

Ngiyabonga ukuthi uvume ukuba yingxenye yalenhlolovo. Inhloso yalenhlolovo ukucubungula ukuthi ukusetshenziswa kwezidakamizwa iWhoonga iyabenza yini labo abayisebenzisayo ukuthi bazibandakanye nobugebengu. Ngiyacela ukuthi ugcalise lenhlolovo ngokuthi ufake u"X" kulokho "Ovumelana nakho, Ongazi, Okuphikisayo". Uma uvuma ngicela ufake u"X" eduze kuka "ngiyavuma" ufake u"X" eduze kuka "angazi" uma ungenambono noma ufake u"X" eduze ku"angiumi" uma uphikisa. Ifomu inembizo ewu 17 ngicela uyiphendule yonke. Ungalibhali igama lakho nenamba yakho yasejele.

Kungabe ungowesilisa noma owesifazane , faka u "X":

Owesilisa	Owesifazane	Okunye
-----------	-------------	--------

Kungabe uneminyaka emingaki, faka u "X"

18 kuya ku 25 iminyaka	25 kuya ku 35 iminyaka	Ngaphezu kweminyaka ewu 35
------------------------	------------------------	----------------------------

Kungabe wawuqashiwe mhla uboshwa, faka u "X"

Ngingasebenzi	Ngisebenza	Okunye
---------------	------------	--------

Funda okulandelayo bese ufaka u "X" kulokho ovumelana nakho.

	Ngiyavuma	Angazi	Angivumi
Ngenza icala ngidakwe i Whoonga			
Ngenza icala ukuze ngithole imali yokuthenga i Whoonga			
Ngisazisebenzisa izidakamizwa			
Sengiziyekile izidakamizwa			
iWhoonga yangenza ngenze icala			
iWhoonga ayingenzanga ngenze icala			
Uma uyeka iWhoonga uyagula			

Appendix 17

Offender responses to Questionnaire used during the pilot study

Male = 20	Female=0	Other=0
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Please indicate your age group with an “X”

18 to 25 years old = 11	25 to 35 years old = 09	Above 35 years old = 0
-------------------------	-------------------------	------------------------

Please indicate employment status at the time of your arrest with an “X”

Unemployed = 15	Employed =0	Other = 5 students
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Please read the statements below and mark with an “X” only that which you find to be appropriate.

	AGREE	UNCERTAIN	DISAGREE
I committed the crime whilst under the influence of Whoonga	17	2	1
I committed acts of criminality in order to get money to buy Whoonga	18	0	2
I still use drugs	2	8	10
I have stopped using drugs	15	3	2
Whoonga made me to commit a crime	15	2	3
Whoonga did not make me to commit crime	0	4	16
If you stop taking Whoonga you get sick	20	0	0

The above table reflects the responses to the fourteen survey questions that were compiled for the pilot study. The pilot study comprised of twenty youth offenders from Westville Prison. The responses thereof were used to adjust the questions posed to the convicted offenders at the three research sites during the actual data collection phase. The only purpose of the questionnaire was simply to test the validity of the questions and the responses there of .

Appendix 18

Letter of research approval from the Department of Correctional Services (DoCS)

Research Ethics Committee



correctional services

Department:
Correctional Services
REPUBLIC OF SOUTH AFRICA

Private Bag X196, PRETORIA, 0201 Poyntons Building, C/O WFNkomo and Sophie De Bruyn Street, PRETORIA
Tel (012) 307 2770, Fax 086 538 2088

Mr SB Ngcobo
22A Blessing Road
Hillcrest
3810

Dear Mr SB Ngcobo

RE: APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF CORRECTIONAL SERVICES ON: "THE EXPLORATION OF THE ASSOCIATION BETWEEN WHOONGA/NYAOPPE DRUGS AND CRIMINALITY THROUGH THE EYES OF CONVICTED DRUG OFFENDERS IN THE THREE METROPOLITAN CITIES OF SOUTH AFRICA"

It is with pleasure to inform you that your request to conduct research in the Department of Correctional Services on the above topic has been approved. Your attention is drawn to the following:

- DCS officials are not allowed to assist the researchers to recruit participants on behalf of researchers. You are advised to recruit participants personally.
- You are not allowed to use DCS officials to recruit research participants for your study.
- The relevant Regional and Area Commissioners where the research will be conducted will be informed of your proposed research project.
- Your internal guide will be **Mr T Manganyi: Assistant Director Correctional Programmes, Head Office.**
- You are requested to contact him at telephone number (012) 307 2441 before the commencement of your research.
- It is your responsibility to make arrangements for your interviewing times.
- Your identity document/passport and this approval letter should be in your possession when visiting the correctional centres.
- You are required to use the terminology used in the White Paper on Corrections in South Africa (February 2005) e.g. "Offenders" not "Prisoners" and "Correctional Centres" not "Prisons".
- You are not allowed to use photographic or video equipment during your visits, however the audio recorder is allowed.
- You are required to submit your final report to the Department for approval by the Commissioner of Correctional Services before publication (including presentation at workshops, conferences, seminars, etc) of the report.
- Should you have any enquiries regarding this process, please contact the Directorate Research for assistance at telephone number (012) 307 2770 / (012) 305 8554.

Thank you for your application and interest to conduct research in the Department of Correctional Services.

Yours faithfully



ND SIHLEZANA
DC: POLICY COORDINATION & RESEARCH

DATE: 18/08/2017



correctional services

Department:
Correctional Services
REPUBLIC OF SOUTH AFRICA

Tel: (012) 307 2770

Fax: 086 539 2693


INTERNAL MEMO

DATE:	17 AUGUST 2017	FILE NR:	47/5/1
TO:	AREA COMMISSIONER: DURBAN WESTVILLE	FROM:	RESEARCH DIRECTORATE
SUBJECT:	RE: APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF CORRECTIONAL SERVICES ON: "THE EXPLORATION OF THE ASSOCIATION BETWEEN WHOONGA/NYAOPPE DRUGS AND CRIMINALITY THROUGH THE EYES OF CONVICTED DRUG OFFENDERS IN THE THREE METROPOLITAN CITIES OF SOUTH AFRICA"		

AREA COMMISSIONER: DURBAN WESTVILLE

1. This is to inform you that the application on the above-mentioned research has been approved.
2. You are therefore requested to grant permission to the following researcher to conduct the said research: Mr SB Ngcobo, ID Number: 720720 5373 061. The researcher intends visiting Durban Westville Management Area.
3. Please take note that:
 - 3.1 The researcher is not allowed to use photographic or video equipment during his visits to the Correctional Centres, however the audio recorder is allowed.
 - 3.2 The researcher's internal guide is Mr T Manganyi: Assistant Director Correctional Programmes, Head Office.
 - 3.3 It is the researcher's responsibility to make arrangements with the Correctional Centres for the visiting times. The researcher has been informed of this arrangement.
 - 3.4 The security measures are still applicable and must be adhered to by the researcher.
4. Should you have any enquiries regarding this process, please contact the Directorate Research for assistance at telephone number (012) 307 2770 / (012) 305 8554.

Your cooperation is highly appreciated.


ND SIHLEZANA
DC: POLICY COORDINATION & RESEARCH
DATE: 18/08/2017



correctional services

Department:
Correctional Services
REPUBLIC OF SOUTH AFRICA

Tel: (012) 307 2770

Fax: 086 539 2693

INTERNAL MEMO

DATE:	17 AUGUST 2017	FILE NR:	4/7/0/1
TO:	ACTING REGIONAL COMMISSIONER: KWAZULU-NATAL	FROM:	RESEARCH DIRECTORATE
SUBJECT:	RE: APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF CORRECTIONAL SERVICES ON: "THE EXPLORATION OF THE ASSOCIATION BETWEEN WHOONGBANYAOPE DRUGS AND CRIMINALITY THROUGH THE EYES OF CONVICTED DRUG OFFENDERS IN THE THREE METROPOLITAN CITIES OF SOUTH AFRICA"		

ACTING REGIONAL COMMISSIONER: KWAZULU-NATAL

1. This is to inform you that the application on the above-mentioned research has been approved.
2. You are therefore requested to grant permission to the following researcher to conduct the said research: Mr SB Ngcobo, ID Number: 720720 5373 081. The researcher intends visiting Durban Westville Management Area.
3. Please take note that:
 - 3.1 The researcher is not allowed to use photographic or video equipment during his visits to the Correctional Centres, however the audio recorder is allowed.
 - 3.2 The researcher's internal guide is Mr T Manganyi: Assistant Director Correctional Programmes, Head Office.
 - 3.3 It is the researcher's responsibility to make arrangements with the Correctional Centres for the visiting times. The researcher has been informed of this arrangement.
 - 3.4 The security measures are still applicable and must be adhered to by the researcher.
4. Should you have any enquiries regarding this process, please contact the Directorate Research for assistance at telephone number (012) 307 2770 / (012) 305 8554.

Your cooperation is highly appreciated.


 ND SIHLEZANA
 DC: POLICY COORDINATION & RESEARCH
 DATE: 18/08/2017



correctional services

Department
Correctional Services
REPUBLIC OF SOUTH AFRICA

Tel: (012) 307 2770

Fax: 086 539 2693


INTERNAL MEMO

DATE:	17 AUGUST 2017	FILE NR:	4/7/3/1
TO:	ACTING AREA COMMISSIONER: JOHANNESBURG	FROM:	RESEARCH DIRECTORATE
SUBJECT:	RE: APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF CORRECTIONAL SERVICES ON: "THE EXPLORATION OF THE ASSOCIATION BETWEEN WHOONGA/NYAOPPE DRUGS AND CRIMINALITY THROUGH THE EYES OF CONVICTED DRUG OFFENDERS IN THE THREE METROPOLITAN CITIES OF SOUTH AFRICA"		

ACTING AREA COMMISSIONER: JOHANNESBURG

1. This is to inform you that the application on the above-mentioned research has been approved.
2. You are therefore requested to grant permission to the following researcher to conduct the said research: **Mr SB Ngcobo, ID Number: 720720 5373 081**. The researcher intends visiting Johannesburg Management Area.
3. Please take note that:
 - 3.1 The researcher is not allowed to use photographic or video equipment during his visits to the Correctional Centres, however the audio recorder is allowed.
 - 3.2 The researcher's internal guide is **Mr T Manganyi: Assistant Director Correctional Programmes, Head Office**.
 - 3.3 It is the researcher's responsibility to make arrangements with the Correctional Centres for the visiting times. The researcher has been informed of this arrangement.
 - 3.4 The security measures are still applicable and must be adhered to by the researcher.
4. Should you have any enquiries regarding this process, please contact the Directorate Research for assistance at telephone number (012) 307 2770 / (012) 305 8654.

Your cooperation is highly appreciated.


ND SILEZANA
DC: POLICY COORDINATION & RESEARCH
DATE: 18/08/2017



correctional services

Department
Correctional Services
REPUBLIC OF SOUTH AFRICA

Tel: (012) 307 2770

Fax: 086 539 2693

INTERNAL MEMO

DATE:	17 AUGUST 2017	FILE NR:	47/84
TO:	ACTING REGIONAL COMMISSIONER: GAUTENG	FROM:	RESEARCH DIRECTORATE
SUBJECT:	RE: APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF CORRECTIONAL SERVICES ON: "THE EXPLORATION OF THE ASSOCIATION BETWEEN WHOONGA/NYAOPPE DRUGS AND CRIMINALITY THROUGH THE EYES OF CONVICTED DRUG OFFENDERS IN THE THREE METROPOLITAN CITIES OF SOUTH AFRICA"		

ACTING REGIONAL COMMISSIONER: GAUTENG

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Your cooperation is highly appreciated.


ND SIHLEZANA
DC: POLICY COORDINATION & RESEARCH
DATE: 18/08/2017

2/3



correctional services

Department:
Correctional Services
REPUBLIC OF SOUTH AFRICA

Tel: (012) 307 2770

Fax: 086 539 2693

INTERNAL MEMO

DATE:	17 AUGUST 2017	FILE NR:	4/776/1
TO:	AREA COMMISSIONER: POLLSMOOR	FROM:	RESEARCH DIRECTORATE
SUBJECT:	RE: APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF CORRECTIONAL SERVICES ON: "THE EXPLORATION OF THE ASSOCIATION BETWEEN WHOONGA/NYAPOE DRUGS AND CRIMINALITY THROUGH THE EYES OF CONVICTED DRUG OFFENDERS IN THE THREE METROPOLITAN CITIES OF SOUTH AFRICA"		

AREA COMMISSIONER: POLLSMOOR

1. This is to inform you that the application on the above-mentioned research has been approved.
2. You are therefore requested to grant permission to the following researcher to conduct the said research: Mr SB Ngcobo, ID Number: 720720 6373 081. The researcher intends visiting Pollsmoor Management Area.
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4. Should you have any enquiries regarding this process, please contact the Directorate Research for assistance at telephone number (012) 307 2770 / (012) 306 8564.

Your cooperation is highly appreciated.

Sihlezana

ND SIHLEZANA
DC: POLICY COORDINATION & RESEARCH

DATE: 18/08/2017



correctional services

Department:
Correctional Services
REPUBLIC OF SOUTH AFRICA

Tel: (012) 307 2770

Fax: 086 539 2693

INTERNAL MEMO

DATE:	17 AUGUST 2017	FILE NR:	4/7/0/1
TO:	REGIONAL COMMISSIONER: WESTERN CAPE	FROM:	RESEARCH DIRECTORATE
SUBJECT:	RE: APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF CORRECTIONAL SERVICES ON: "THE EXPLORATION OF THE ASSOCIATION BETWEEN WHOONGA/NYAOPE DRUGS AND CRIMINALITY THROUGH THE EYES OF CONVICTED DRUG OFFENDERS IN THE THREE METROPOLITAN CITIES OF SOUTH AFRICA"		

REGIONAL COMMISSIONER: WESTERN CAPE

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Your cooperation is highly appreciated.


ND SIMLEZANA
DC: POLICY COORDINATION & RESEARCH
DATE: 18/08/2017



correctional services

Department:
Correctional Services
REPUBLIC OF SOUTH AFRICA

Tel: (012) 307 2770

Fax: 086 538 2899

INTERNAL MEMO


DATE:	17 AUGUST 2017	FILE NR:	4/7/6/1
TO:	ASSISTANT DIRECTOR CORRECTIONAL PROGRAMMES: HEAD OFFICE	FROM:	RESEARCH DIRECTORATE
SUBJECT	RE: APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF CORRECTIONAL SERVICES ON: "THE EXPLORATION OF THE ASSOCIATION BETWEEN WHOONGANYAOPE DRUGS AND CRIMINALITY THROUGH THE EYES OF CONVICTED DRUG OFFENDERS IN THE THREE METROPOLITAN CITIES OF SOUTH AFRICA"		

ASSISTANT DIRECTOR PERSONAL CORRECTIONS; HEAD OFFICE

It is with pleasure to inform you that you have been appointed to act as an internal guide for the above mentioned research project by Mr SB Ngcobo. This research has been approved, and the policy guidelines require that every researcher should be allocated an internal guide. Your responsibilities for this research will be as follows:

- DCS officials are not allowed to assist the researcher to recruit participants on behalf of researchers. Kindly ensure that the researcher recruits participants personally.
- Assist the researcher in accessing information or data from records of the Department.
- Ensure that technical aspects such as statistics and policy are interpreted correctly and the correct use of terminology as reflected in the White Paper on Corrections in South Africa (February 2005).
- To ensure that the researcher submits progress reports quarterly about the research project.
- To identify sensitive information which could cause embarrassment to the DCS and exercise control over the use and management of such information or through interviews with offenders.
- Make recommendations concerning further utilisation, implementation of findings and exploitation of research results, publication possibilities or possible restrictions on the publication thereof.
- Arrange for a person to act as a facility guide when research is being conducted.
- Please refer to the DCS research policy, or contact the Research Directorate at (012) 307 2770 / (012) 306 8554.

Your cooperation is highly appreciated.


ND SHLEZANA
DC: POLICY COORDINATION & RESEARCH
DATE: 18/08/2017

Appendix 19

Respondent's individual responses to questions asked during the semi-structured interviews at the three prison facilities Durban Westville Prison, Pollsmoor Prison and Johannesburg Prison: responses from Offender No.1 – Offender No.100

OFFENDERS 1-10										
QUESTION	OF1	OF2	OF3	OF4	OF5	OF6	OF7	OF8	OF9	OF10
Q1	Theft	Domestic Violence	Mandrax	Theft	Robbery	Drugs	Mandrax	Drunken driving warrant of arrest	Theft	Hijacking
Q2	Heroin	Possession of heroin	Mandrax	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin
Q3	Inject	Smoked , blow through nose	Swallow or inject	Smoked with foil	Burn and smoke	Smoked	Burn and smoke	Smoke with foil	Smoke	Smoked
Q4	ARVs & Dagga	Do not want to know	Do not know	Rat poison	Rattex mix	Rattex	Rat powder	Heroin mix with morphine	Poppy seeds , ARV	Do not know
Q5	From dealer	Merchants	Merchants	Dealers	Dealers	Dealers	Nigerian merchants	Girlfriend	Dealer	Merchant
Q6	2 times per day	1 time per day	2 times a day	1 per day	2 per day	1 per day	1 per day	2 per day	4 to 5 times per day	Need more one after other
Q7	R25, committed crime	R30 , steal from mother	R300 , commit crime of robbery to get money	R20 ,steal to get money	R30 , sometimes R200 per day	R20 , sometimes 4 times	R30	R30 , sometimes R900	R30	R30
Q8	Theft	Drugs	Mandrax possession	Theft of laptop	Need to rob to get money	Caught with drugs	Prostitution to support habit	Employed	Stole	Armed robbery for money
Q9	Stress reliever , gave strength	Yes, relaxed, talkative, powerful	Yes, otherwise would not be here	Yes, steal cellphones, laptops, need money	Yes, if I did not smoked would not have robbed	Yes, can't sleep without drugs, feel sleepy ,	Yes, Caught with drugs	No , ruined my life		Yes
Q10	Do not know	Relaxed	Energetic	Body changes, sleeps, talk fast	Gets angry without drugs	Makes me high Feel sleepy	No, realise things later , can walk for two days straight	Feel down, cannot crime because relaxed ,feel pain next morning , need another hit	Body slows down, slurred speech	Yes, keeps quiet becomes lazy
Q11	Joint pain , need another dose	Feel fresh, all is good	Hallucinate	Sleepy	High	Feel tired	Sleep, do not eat	In pain	Heroin makes u to feel down	Feel high , fresh feeling
Q12	Clean, no more cravings. Does not use drugs anymore	No more drugs, now smokes tobacco	No more drugs , 3 crimes per day	Use cigarettes	Scarce in jail have not smoked in 2 months	Not craving , drugs out of reach , not smoked 2 months	12 months clean	No more pain , I pray to God	Clean for 2 years	Do not smoke anymore
Q13	Yes, very conscious of actions	Yes , no exactly, no feelings for no one	No , could not	Yes, but do not remember the next day	Yes	No , can do anything when high for money and realise later	No it controls you	Yes , can control if smoked but no control if injected	No control over actions , need to get help	Has control , knows exactly, crime thoughts known
Q14	Yes, shoplifting and theft	Cannot blame drugs, just need for money	Yes , need money , no coming out	Yes, it is the truth , worry about getting next hit	Once you start can't stop , need money	No, u Need to support habit	Yes , feel high, high enough to shoot	Not Whoonga or heroin	No	Yes, both questions
Q15	No	No	No	No	No	Yes , I don't work	Yes , would not have	No , would not be here	No	No
Q16	High relapse , nothing can be done	Nothing	No solution	Nothing	Society cannot do anything ,starts with a person	Call the army	Catch the dealer not the user	Lock them up , get medical treatment , use methadone	I don't know	Employment
Q17	12 months	40 days ,R1000 fine, Want to have a healthy lifestyle	2 years, want to leave friends bad influence	6 months , no parole	2 months	3 months	12 months	3 months , happy with life as it is	Correctional services program, to get help	4 years, go back to work as lifeguard
Q18	No	No	Drug is evil, u can kill your own mother	Beat wife and kids, turns back on kids, drugs	No, I wish to stop using drugs	No	Need to stop	Nothing , cannot come back unless if u are an idiot	No	Stop whilst in jail but peer pressure is bad

OFFENDERS 11-20

QUESTION	OF11	OF12	OF13	OF14	OF15	OF16	OF17	OF18	OF19	OF20
Q1	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin
Q2	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin
Q3	Smoked	Smoked	Smoked , use foil	Smoked with foil	Burn and smoke	Smoked	Burn and smoke	Smoke with foil	Smoke	Smoked
Q4	Washing powder	Do not know	Do not know	Dagga	Rattex mix	Rattex	Rat powder	Dagga	Dagga	Washing powder
Q5	Merchant	Merchants	Merchants	Merchants	Dealers	Dealers	Street dealer	Dealer	Dealer	Dealer
Q6	2 times per day	3 times per day	3 times a day	3 per day	1 per day	2 per day	1 per day	2 times per day	4 times per day	2 per day
Q7	R20, robbed for money	R30 , steal	R30	R25	R30	R20	R20	R30	R30	R20
Q8	Robbed people	Stealing	Heroin possession	Stealing	Rob to get money	Heroin possession	Robbery to support habit	Bought it , had money	Stole	Robbed people
Q9	Yes	Yes, do sad things	Yes	Yes	Yes	Yes,	Yes	No	No	Cannot sleep without
Q10	Feel relaxed	Sleepy but nice and relaxed	Feel relaxed	Sleepy	Feel sick and sleepy	Feel sleepy	Tired	Feel down	Body slows down	Withdraws and sleep
Q11	Sleepy	Feel good and fresh	Stomach cramp	Tired	High	Feel tired	Sleep	In pain	Feel down	Stomach cramps
Q12	Scarce in here , quit drugs	Now smokes cigarette only	No	No	Have not smoked in 2 months	Not smoked for 2 months	6 months clean	No	Clean for 2 years	Scarce and expensive
Q13	No, u have no control	Yes , have no control	No	No control , drug controls you	Yes	No	Drugs control your actions	Yes , have control	No control o	No control , no coming out
Q14	Cannot quit , need money	Yes	Need money	Need for next hit	Yes	No	Yes	Cannot stand the pain	No	Locked in this cycle forever
Q15	Yes, would not be here	Yes, drug problem	No	No	No	Yes	Yes	Yes	No	No
Q16	Arrest merchants	Nothing can change	Nothing	Tough laws	Society	Nothing	Community prayers	Arrests	No	Police
Q17	8 months	Need good prisons	8 months	7 months	2 months	6 months	2 months	3 months	6 months	10 months
Q18	No	Education of kids	No	No	No,	No	No	No	No	Nothing extra

OFFENDERS 21-30										
QUESTION	OF21	OF22	OF23	OF24	OF25	OF26	OF27	OF28	OF29	OF30
Q1	Heroin	heroin	Heroin	Heroin	Cocaine	Heroin	Heroin	Heroin	Heroin	Heroin
Q2	Drug possession	Had dagga	Heroin	Heroin	Cocaine	Heroin	Heroin	Heroin	Heroin	Heroin
Q3	Smoked	smoked	Sniffed	Smoked	Injected	Smoked	Burn and smoke	Smoke with foil	Snorted & smoked	Smoked
Q4	ARV	Do not know	Do not know	Morphine	Unknown	Dagga	Rat powder	Heroin mix with dagga and ARV	ARV	Do not know
Q5	Dealer	Friend	Bought	Girlfriend	Friend	Dealers	Merchants	Friend	Dealer	Merchant
Q6	2 per day	3 per day	2 per day	3 per day	1 per day	2 per day	3 per day	2 per day	4 times per day	Need more money
Q7	R30	R20	R20	R30	R400 per day, worked	R20	R30	R30	R30	R30
Q8	Stole	Stole	Employed	Stole	Employed	Caught with drugs	Caught with drugs	Robbed people	Stole	Armed robbery
Q9	Yes	Yes	No	Caught with drugs	No	Yes	Yes,	Yes		Yes
Q10	Feel tired	Sleepy	Feel good	Fresh	Feel very good ,all good	Feel sleepy	No, realise things later , cannot think straight	Feel down, feel good	Body slows down	Sleepy
Q11	Sleepy	Sleepy	Tired	Energized	High	Feel tired	Sleep, do not eat	In pain ,withdrawal	Feel down	Fresh feeling
Q12	No	clean	Scarce in jail	Clean	Very scarce and expensive, better to use cigarettes. No drugs now.	not smoked for 2 months	12 months clean	Clean	Clean	Clean, no more drugs
Q13	No	No control	Yes, need money	Need money	No	No , need another hit	No it controls you	Yes , can control	yes	Yes
Q14	No	Yes	Need money	Escape pains	Lot of pain	Need money	Yes , feel high	No	No	Yes
Q15	Yes	Yes	No	No	No	Yes	Yes	No	No	No
Q16	Do not know	Police	Arrest dealer	No	Community	Police	arrests	arrests	5 years	Employment
Q17	7 months	12 months	14 months	6 months	16 months	13 months	12 months	8 months	3 months	6 moths
Q18	No	Nothing	Nothing	nothing	Nothing	No	No	Nothing	We all need help	Nothing

OFFENDERS 31-40										
QUESTION	OF31	OF32	OF33	OF34	OF35	OF36	OF37	OF38	OF39	OF40
Q1	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin
Q2	Heroin	Heroin	Heroin	Heroin	Heroin	Whoonga	Whoonga	Whoonga	Whoonga	Whoonga
Q3	Smoked	Smoked	Smoked	Smoked	Smoked	Smoked	Smoked	Smoked	Smoke	Smoked
Q4	Unknown contents	Do not know	Do not know	Rat poison	Rattex mix	Heroin and dagga	Do not know	Heroin mix with rat poison	ARVs and drugs	Do not know
Q5	Merchant	Merchants	Merchants	Dealers	Dealers	Street merchant	Park dealer	Dealer	Dealer	Park dealer
Q6	2 times per day	3 times per day	5 times a day	2 per day	2 per day	3times per day	4 times per day	2 times per day	5 times per day	4 times per day
Q7	R30, stole to get next hit	R30 , steal	R20 ,robed people	R20 , steal	R30	R30	R30	R20	R30	R30
Q8	Stole anything	Theft	Possession of drugs	Theft	Rob to get money	Caught with drugs	Possession of drugs	Had drugs with me	Found with drugs	Drugs
Q9	Yes	Yes, I was stealing	Yes	Yes, stealing	Yes, robbed	Yes, stole to get money	Yes, robbed people	Yes, needed money	Yes, stole	Yes, do anything to get money
Q10	Sleepy	Relaxed	Drowsy, relaxed	Feel sleepy	Get tired	Feel sleepy	Get tired	Feeling very down , need another drug	Get tired	Sleepy and relaxed
Q11	Sleepy	Sleepy but brain is busy	Stomach cramps	Sleepy	Need to sleep	Feel tired	Do not want anything just relax	Feel sleepy	Feel down	Feel fresh
Q12	No drugs in here	Now smokes cigarette only	No more drugs , clean now	Use cigarettes	Use cigarettes	Do not smoke now, not smoked for 2 months	5 months clean	Clean	Clean for 2 months	Do not smoke anymore
Q13	No, no control	Yes , have no control	No	Yes, but pain is strong	Yes	No , can do anything need money	No control	Can do anything and realise later	No control over actions	Yes , have control , but need money
Q14	Need money	Could not stand pain	Yes , pain is too much	Yes, need another drug	Yes , need money for drugs	Need for money	Yes , must buy drugs	Yes arosta is painful	Yes need more drug	Yes, need drugs and money
Q15	Yes, would not be here	Yes	No	No	No	Yes	Yes	No	No	No
Q16	Don't know	Nothing	No	Nothing	Nothing	Do not know	Government to do something	Nothing	Do not know	No idea
Q17	11 months	12 months	20 months	6 months	6 months	13 months	10 months	6 months	5 months	10 months
Q18	No	No	Nothing	No	Nothing	No	No	Nothing	No	Need help

OFFENDERS 41-50										
QUESTION	OF41	OF42	OF43	OF44	OF45	OF46	OF47	OF48	OF49	OF50
Q1	Theft	Robbery	Heroin	Robbery	Heroin	Heroin	Heroin	heroin	Heroin	Theft
Q2	Heroin	Possession of heroin	Heroin	Heroin	Whoonga	Heroin	Heroin	Had dagga	Whoonga	Heroin
Q3	Inject	Smoked , blow through nose	Smoked	Burn and smoke	Smoked, use foil	Smoked , use foil	Smoked	smoked	Smoked	Inject
Q4	ARVs & Dagga	Do not want to know	Do not know	Rattex mix	Heroin	Do not know	Rattex	Do not know	Do not know	Dagga
Q5	From dealer	Merchants	Merchants	Dealers	Dealer	Merchants	Dealers	Friend	Merchant	From dealer
Q6	4 times	2 time per day	2 times a day	2 per day	2 times per day	5 times a day	2 per day	3 per day	Need more	10 times
Q7	R25	R30	R30	R30	R30	R18 , crime	R20	R20	R30	R25, crime
Q8	Theft	Robbery	Heroin possession	rob to get money	Had drugs	Heroin	Heroin possession	stole	Robbery	Theft
Q9	Stress reliever , gave strength	Yes	Yes	Yes	Yes, money	Yes	Yes	yes	Yes	Stress reliever
Q10	Do not know	Relaxed	Relaxed	Gets angry	Feeling very down	Feel calm, drowsy	Feel sleepy	Sleepy	Yes, keeps quiet	Do not know
Q11	Withdrawal pains, need another dose	All is good	Fresh	High	Feel tired and sleepy	Stomach cramps	Feel tired	sleepy	Feel high , fresh	Joint pain
Q12	Clean	Clean ,smokes tobacco	Use cigarettes	Scarce in jail	Clean now	No more drugs	Not smoked	clean	Do not smoke	Clean.
Q13	Yes,	Yes no feeling	No	Yes	Can do anything	No , could not	No	No control	Has control	Conscious
Q14	Yes, shoplifting and theft	just need for money	just need money	Once you start can't stop	Yes	Yes , need money	No	yes	Yes, both questions	Yes
Q15	No	No	No	No	No	No	Yes	yes	No	No
Q16	Cannot stop	Nothing	Nothing	No	Arrest dealers	No solution	Nothing	police	Employment	nothing
Q17	12 months	11 months	4 months	2 months	4 months	2 years	6 months	12 months	4 years	12 months
Q18	No	No	No	No, I wish to stop	No	No	No	Nothing	No	No

OFFENDERS 51-60										
QUESTION	OF51	OF52	OF53	OF54	OF55	OF56	OF57	OF58	OF59	OF60
Q1	Dagga	Dagga	Mandrax	Heroin	Dagga	Robbery	Robbery	Theft	Dagga	Dagga
Q2	Heroin	Possession of heroin	Mandrax	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin
Q3	Inject	Smoked , blow through nose	Snorted	Smoked with foil	Burn and smoke	Smoked	Burn and smoke	Smoke with foil	Smoke	Smoked
Q4	Do not know	Do not want to know	Do not know	Rat poison	Rattex mix	Do not know	Do not know	Do not know	ARV	Do not know
Q5	From dealer	Merchants	Merchants	Dealers	Dealers	Dealers	Merchants	Friend	Dealer	Merchant
Q6	3 times	1 time per day	1 time a day	1 per day	1 per day	1 per day	1 per day	Twice per day	4 to 5 times per day	3 times
Q7	R25, crime	R30	R200	R20 ,steal	R30	R20	R30	R30	R30	R30
Q8	Theft	Drugs	Drugs	Theft	Rob to get money	Drugs	Robbery	Theft	Stole	Robbery
Q9	Stress reliever , gave strength	Yes, relaxed, talkative, powerful	Yes, otherwise would not be here	Yes, steal cellphones, laptops, need money	Yes, if I did not smoked would not have robbed	Yes, can't sleep without drugs, feel sleepy , withdraws	Yes, Caught with drugs	No , ruined my life		Yes
Q10	Sad	Fresh	Lot of energy	Tired	Sleepy	Sleepy	Very low	Sad	Tired	Sleepy
Q11	Joint pain , need another dose	All is good	Headaches	Sleepy	Tired	Feel tired	Sleep, do not eat	In pain	feel down	Feel down
Q12	Do not smoke	Cigarettes	Clean	Clean	Do not smoke	Do not smoke	Scarce	Clean	Clean	Quit
Q13	Aware of actions	Do not know	Know exactly	Know	know	aware	conscious	No knowledge	aware	Do not know
Q14	Need money	Need money	Yes	Yes	Yes	Need money	No	No	Yes	Need money
Q15	No	No	No	No	No	Yes	No	No	No	No
Q16	Nothing	Nothing	No solution	Nothing	Police work	Police job	Call army	Lock them up , get medical treatment , use methadone	I don't know	Employment
Q17	12 months	4 months	4 years	16 months	12 months	4 months	14 years	12 months	3 months	4 months
Q18	No	No	No	No	No	No	No	No	No	No

OFFENDERS 61-70										
QUESTION	OF61	OF62	OF63	OF64	OF65	OF66	OF67	OF68	OF69	OF70
Q1	Robbery	Robbery	Robbery	Break in	Theft	Drugs	Heroin	Heroin	Theft	theft
Q2	Heroin	Possession of heroin	Mandrax	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin
Q3	Snorted	Smoked	Snort or swallow	Smoked	Burn and smoke	Smoked	Burn and smoke	Smoke with foil	Smoke	Smoked
Q4	Dagga	Do not want to know	Do not know	Do not know	Rattex mix	Unknown	Do not know	Unknown	Rat powder	Heroin
Q5	Dealer	Merchants	Merchants	Merchant	Dealers	Dealers	Merchants	Neighbor	Dealer	Dealer
Q6	2 times	3 times per day	1 times a day	2 times per day	1 per day	1 per day	3 per day	2 times per day	4 times per day	2 times per day
Q7	R20	R30	R300	R30	R30	R20	R30	R30	R30	R30
Q8	Theft	Heroin	Mandrax possession	Armed robbery for money	Rob to get money	Caught with drugs	Theft	Stole	Stole	theft
Q9	Yes, gave strength	Yes	Yes	Yes	Yes	Cannot sleep with no drugs	Yes	No	Yes	Yes, money
Q10	Do not know	Fresh	Active	Yes, keeps quiet becomes lazy	Sleepy	Sleepy	No	Tired	Tired	Feeling very down
Q11	Need another dose	Feel fresh	See funny things	Feel high , fresh feeling	Tired	Feel tired	Sleep	In pain	Feel down	Feel tired and sleepy
Q12	Clean	No more drugs	Scarce here	Do not smoke anymore	Do not smoke	Not smoked for 2 months	10 months clean	Clean	Clean	Clean now
Q13	Yes	Yes	No idea of what you do	Has control ,	know	No	No	Yes , can control if smoked but no control if injected	No	Can do anything
Q14	Yes	No ,just need for money	Yes , need money , no coming out, when finished need more	Yes, both questions	yes	No	Yes	Not Whoonga or heroin	No	Yes
Q15	No	No	Yes	No	No	Yes	No	No , would not be here	No	No
Q16	Nothing	Nothing	No solution	Employment	Police work	Call the law	Catch the dealer	Arrest dealers	Nothing	Arrest dealers
Q17	10 months	7 months	5 years, want to change my life	4 years	12 months	10 months	2 months	3 months	5 months	6 months
Q18	No	No	Drugs kill	No	No	No	No	Nothing	No	Nothing

OFFENDERS 71-80										
QUESTION	OF71	OF72	OF73	OF74	OF75	OF76	OF77	OF78	OF79	OF80
Q1	Whoonga	Heroin	Heroin	Whoonga	Heroin	Whoonga	Dagga	Heroin	Heroin	Dagga
Q2	Heroin	Heroin	Heroin	Heroin	Heroin	Whoonga	Whoonga	Whoonga	Whoonga	Whoonga
Q3	Smoked	Smoked	Smoked	Smoked	Smoked	Smoked	Smoked	Smoked	Smoke	Smoked
Q4	Unknown contents	Do not know	Do not know	Rat poison	Rattex mix	Heroin and dagga	Do not know	Heroin	Dagga and cheap heroin	Do not know
Q5	Merchant	Merchants	Merchants	Dealers	Dealers	Street merchant	Park dealer	Dealer	Dealer	Park dealer
Q6	2 times per day	3 times per day	5 times a day	2 per day	2 per day	3times per day	4 times per day	2 times per day	5 times per day	4 times per day
Q7	R30	R30 , steal	R20 ,robed people	R20 , steal	R30	R30	R30	R30	R30	R30
Q8	Stole anything	Theft	Possession of drugs	Theft	Rob to get money	Caught with drugs	Possession of drugs	Had drugs with me	Found with drugs	Drugs
Q9	Yes	Yes, I was stealing	Yes, sold anything for money	Yes, stealing	Yes, robbed	Yes, stole to get money	Yes, stole	Yes, stole because I needed money	Yes, stole because I needed money	Yes, stole anything to get money
Q10	Sleepy	Relaxed	Relaxed	Feel sleepy	Get tired	Feel sleepy	Get tired	Feeling down	Get tired	Sleepy
Q11	Sleepy	Sleepy	Stomach cramps	Sleepy	Need to sleep	Feel tired	Relaxed	Feel tired and sleepy	Feel down	Feel fresh
Q12	No	Now smokes cigarette only	No more drugs , clean now	Use cigarettes	Use cigarettes	Not smoked for 2 months	Clean	Clean now	Clean for 5 months	Do not smoke anymore
Q13	No, no control	Yes , have no control	No	Yes, but pain is strong	Yes	No , can do anything need money	No control	Can do anything and realise later	No control over actions	Yes , have control , but need money
Q14	Yes , stomach too painful without drugs	Yes could not stand pain	Yes , need money	Yes, need money for another drug	Yes , need more money for drugs	Yes ,need for money	Yes , need more drugs	Yes , need more money	Yes need more drug	Yes, need drugs and money
Q15	Yes	Yes	No	No	No	Yes	Yes	No	No	No
Q16	Don't know	Nothing	No	Nothing	Nothing	Do not know	Police work	Arrest dealers	Do not know	No idea
Q17	7 months	10 months	11 months	4 months	8 months	5 months	5 months	6 months	5 months	4 months
Q18	No	No	Nothing	No	Nothing	No	No	Nothing	No	Need help

OFFENDERS 81-90										
QUESTION	OF81	OF82	OF83	OF84	OF85	OF86	OF87	OF88	OF89	OF90
Q1	Heroin	Heroin	Cocaine	whoonga	Heroin	Theft	Theft	Heroin	Heroin	Robbery
Q2	Heroin	Possession of heroin	Cocaine	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin
Q3	Inject	Smoked , blow through nose	Injected	Smoked with foil	Burn and smoke	Smoked	Burn and smoke	Smoke with foil	Smoke	Smoked
Q4	Do not know	Do not want to know	Do not know	Rat poison	Unknown	Do not know	Do not know	Do not know	Unknown	Do not know
Q5	Dealer	Merchants	Friends	Dealers	Dealers	Dealers	Merchants	Dealers	Dealer	Merchant
Q6	2 times per day	1 time per day	3 times a day	1 per day	1 per day	1 per day	1 per day	2 times per day	3 times per day	3 times
Q7	R30	R30	R400	R30	R30	R20	R30	R30	R30	R30
Q8	Theft	Drugs	Stealing	Theft	Stole anything for money	Drugs	Robbery	Theft	Stole	Stole
Q9	Relaxed and calm	Yes, relaxed, talkative, powerful	Yes, need for money	Yes	Yes	Yes	Yes	Yes		Yes
Q10	Sad	Fresh	Euphoric and in paradise	Tired	sleepy	sleepy	Very low	Sad	Tired	Sleepy
Q11	Sleepy and tired	Fresh	Feel dizzy and headaches	Tired	tired	Feel tired	Sleepy	Feel tired	Feel weak	Feel tired
Q12	Do not smoke	Do not smoke anymore	Yes, but very scarce and expensive in prison	Clean	Do not smoke	Do not smoke	Scarce	Clean	Clean	Clean
Q13	No knowledge	Do not know	Very conscious but driven by need to get high again	Know	know	Aware	Conscious	No knowledge	Aware	Do not know
Q14	Need money	Need money	Yes, peer pressure and need to belong	Yes	Yes	Need money	No	No	Yes	Need money
Q15	No	No	No	No	No	Yes	No	No	No	No
Q16	Nothing	Nothing	No solution	Nothing	Nothing	Nothing	Nothing	Nothing	I don't know	Employment
Q17	11 months	5 months	24 months	10 months	10 months	14 months	24 months	10 months	13 months	10 years
Q18	Society has a role	Nothing	Rehabilitation and change of friends	Employment of the youth	Arrest of dealers	Nothing	Nothing	Police to work harder	Arrest merchants	Nothing problem is too big

OFFENDERS 91-100										
QUESTION	OF91	OF92	OF93	OF94	OF95	OF96	OF97	OF98	OF99	OF100
Q1	Stole laptop	Whoonga	Robbery	House breaking	Heroin	Heroin	Whoonga	Heroin	Heroin	Cocaine
Q2	Whoonga	Whoonga	Mandrax	Heroin	Heroin	Heroin	Heroin	Heroin	Heroin	cocaine
Q3	Inject and shared	Injected and shared	snorted	Injected and shared	Burn and smoke	Smoked	Injected and shared	Smoked	Smoke	Injected
Q4	Rat powder & Dagga	Do not want to know	Do not know	Do not want to know	unknown	Rattex	Rat powder	Unknown	Cheap heroin	Do not know
Q5	From friends	Merchants	Merchants	Dealers	Dealers	Dealers	Merchants	Dealers	Dealers	Friend
Q6	3 times	5 time per day	2 times a day	1 per day	2 per day	3 times per day	2 times day	3 times per day	2 times per day	2 times
Q7	R25	R30	R90	R30 ,steal to get money	R30	R20 ,	R30	R20	R20	R400
Q8	Theft	Stealing	Mandrax	Theft		Caught with drugs	Robbery	Stealing	Robbed people	Robbery for money
Q9	Stress reliever , sleep	No	Yes, otherwise would not be here	Yes	Yes, I have no idea	Yes, can't sleep without drugs	No	No	Yes	Yes
Q10	Tired	Relaxed	Active	Sleepy	Tired	Feel sleepy	Feel sleepy	Feel down	Tired	Feel energy
Q11	Pain , stomach	Feel fresh	Headaches	Sleepy	Sleepy	Feel tired	Sleepy and tired	Tired	Feel tired	Feel high , and happy
Q12	Yes , but expensive	Smoke tobacco	No more drugs	Yes , butt scarce and expensive	Clean	Clean	No more drugs	No more drugs	Clean	Clean
Q13	Yes, you're your actions	Yes	No	Yes	Yes	No	Yes , you have control	Yes , can control yourself	Yes have control but need money	No control of actions
Q14	Yes , steal everyday	Yes	Yes , need money	Yes	Yes, need money to sustain habit	No,	Yes , need money	No	No	Yes, need more drugs
Q15	No	No	No	No	No	Yes ,	Yes	No	No	No
Q16	Always back in jail, no solution	Nothing	Nothing	Nothing	Nothing	Police work	Arrest dealers	Police work	I don't know	Nothing
Q17	24 months	12 months	4 years	5 months	12 months	3 months	10 months	12 months	5 months	13months , change friends
Q18	No, prefer jail	No	Nothing, getting back to prison is better	Nothing	Nothing	No	Nothing	Nothing	Nothing	Nothing