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Illicit drugs use in South African female correctional centres

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ABSTRACT

The number of male prisoners is several times that of female prisoners worldwide, yet paradoxically, women illicit drug users outnumber men. Even though the use of illicit drugs is prohibited within prisons, the substances continue to permeate prisons and the behaviour thrives therein. The channels through which illicit drugs make their way into female correctional centres in South Africa otherwise referred to as female prisons in other parts of the world, is one of the findings of this study. Based on the interviews that were conducted with seven formerly incarcerated women in South Africa, the other findings of this qualitative study include the availability of illicit drugs in the correctional centres for females; the attitudes of wardens to illicit drug use within female correctional centres; and the variety of illicit drugs used by the female offenders. This paper analyses the use of illicit drugs amongst females in South African correctional centres thematically. The paper recommends the initiation of recovery support programmes for offenders with drug use problems; and a continuation of such programmes after incarceration, with specific attention to the histories of sexual, physical, and emotional abuse that is experienced by a majority of women offenders, increased scrutiny of everyone who visits the centres, and a regular sensitization of the prison wardens on the need to be more vigilant and interested in drug use within the centres.

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Background

Although the incarceration of people is a ubiquitous global phenomenon and has many causes and has been noted to be on a decreasing trajectory, this reality remains a country-specific phenomenon, with the incarceration on the use of illicit drugs topping the causes of reasons for incarceration in some countries such as South Africa. It is also important to consider the gender dynamics across many countries as this informs interventional programming to address the quagmire. The 2019 statistics indicated that 275 prisoners per 100,000 people were incarcerated, with 7.4 prisoners (2.6%) of this total population figure being female prisoners (South Africa: Department of Correctional Services, 2017b, p. 25). In 2015/2016, South Africa had 236 functioning prisons, 9 of which accommodate females, compared to 129 prisons for males only (South Africa: The Judicial Inspectorate for Correctional Services, [sa], p. 44). By 2022, the number of correctional centres in South Africa had increased to 243, with 237 in use and 6 closed due to dilapidation and upgrading (South Africa: Department of Correctional Services, 2022, p. 146). Out of these, 9 house female inmates (Khumalo, 2023).

The low number of prisons for females in South Africa mirrors the trend of more male inmates (also referred to as offenders) than females in many countries of the world. Furthermore, it should be indicated that South Africa constitutes 5% to 8% of the total prison population globally (Baltieri, 2014: 114).

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While South Africa harbour more male prisoners than female prisoners (South Africa: Department of Correctional Services, 2017a), a paradox manifests with females outnumbering men who use illicit drugs (Montanari et al., 2014). The use of drugs is reported to be a characteristic of about 50% to 75% of female prisoners prior to incarceration and this behaviour continues during imprisonment (Baltieri, 2014, p. 114; Montanari et al., 2014).

Unlike the male prisoners whose drug use is linked to histories of drugs misuse before imprisonment, offences related to the purchase of drugs, extended periods of imprisonment, offences committed under the influence of drugs, poor schooling and family drug use, drug use among women prisoners is associated with abusive homes, whether physical, sexual and emotional, intimate partner violence, and childhood neglect (Bowles et al., 2012; Grella et al., 2013; Radatz & Wright, 2017; Friestad et al., 2014; Jones et al., 2018; Sharp 2014), social factors, and dysfunctional interpersonal relationships (Baltieri, 2014; Mowen & Boman, 2019; Mowen & Visser, 2015). These factors also act as a coping mechanism for the abuse that is experienced by women (Baltieri, 2014).

Drug use in prison by prisoners who previously did not engage in the habit is often a coping mechanism to deal with the pains of imprisonment and its use also acts as a buffer against the violent nature of prisons. Male prisoners and female prisoners inject illicit drugs in most prisons globally, and although this is pervasive in several countries, it is difficult to establish its prevalence (Carpentier et al., 2012; Lintonen et al., 2011). For prisoners who use illicit drugs before incarceration, the act may diminish considerably or even cease during their imprisonment because of reduced access to a supply of drugs due to the spatial infringement imposed by prisons (Carpentier et al., 2012). Evidently, intravenous drug use in prisons poses several health problems as this practice encourages the spread of blood-borne viruses, such as Hepatitis B and C, and HIV among prisoners who indulge in this habit (Rodríguez et al., 2011). The transmission of HIV because of the practice of sharing needles to inject drugs is a more common problem in prisons than in the outside world, because of the scarcity of needles (Jürgens et al., 2011; Woodall, 2012).

Often, illicit drug use by prisoners creates problems within prisons and in the wider society due to the violence and friction that it creates between prisoners and prison staff, and situations whereby the users' friends and families are bullied and mobbed by the users in society (Montanari et al., 2014). Inopportunistly, the consumption of illicit drugs by prisoners takes a huge financial toll on the management of prisons due to the considerable sums of money that are expended on programmes that are targeted at the detoxification of prisoners, as well as the rehabilitation of their drug use habit (Bala & Kang'ethe, 2020; Kinner et al., 2012; Woodall, 2012). Furthermore, money is also expended on managing drug use in prisons because the diseases that are transmitted via the sharing of needles during illicit drug injection have to be treated both within the prisons and outside of them (Montanari et al., 2014). When prisoners are either not cured of or adequately treated for the diseases that they contract through injecting illicit drugs in prison, they pose a significant threat to other members of society as they may spread these diseases to other people in society, either via unprotected sexual intercourse or by the shared use of needles for injecting such substances upon release from prison. The central question that guides this research is "What are the experiences of illicit drugs use amongst females in female South African correctional centres?"

Methods

The study design used a qualitative paradigm, with a case study as a specific research design that was descriptive and explorative, using face-to-face interviews method. The participants of this study were seven women who were formerly incarcerated and were parolees until a few minutes before the interviews for this study took place. The women in this study were part of another study which explored the experiences of female ex-prisoners regarding imprisonment, in general. The subject matter of this article represents recurrent theme from the participants of the previous study. The participants began their sentences in various correctional centres in South Africa but were transferred and completed their sentences in correctional centres within Pretoria, South Africa. Although this study does not strive toward representativeness, the varied experiences of the participants from the different correctional centres provide useful insights into illicit drug use therein.

Unequivocally, the small number of participants for this study is not uncommon in qualitative studies (Vasileiou et al., 2018). To ensure data saturation and correctness of the information that the participants provided in the first study, the participants of this study were interviewed a second time whilst focusing on the specific theme of this paper. Also, when the theme of illicit drugs use in female correctional centres emerged in the first study, it was explored with subsequent participants of the first study, and a total of seven participants of this study provided information regarding it. A depth of case-oriented analysis (Vasileiou et al., 2018) was made possible in this study, despite the small number of participants.

Key-informant interview, using face-to-face interviews (ULCA Center for Health Policy Research, [sa]) was adopted for this study because it allowed for the probing of the participants responses to obtain deeper meanings into their initial responses, and a review of the responses that they provided in the first study. With the permission of the designated authorities, the females were approached on the premises of the Department of Correctional Services (DCS) in Pretoria, South Africa, as they came to sign their release papers, to be part of this study. The willing participants were interviewed, for about 45 min each, in an empty office located on the grounds of DCS. All the interviews were executed in English. The participants were informed that they could choose to not take part in this study but that their participation would be highly appreciated. All the females who were approached agreed to take part in this study. The interviews were recorded and later transcribed before they were subjected to thematic content analysis. An inductive process of thematic content analysis (Caulfield, 2023) was used to identify the themes in this study. Pseudonyms were used to protect the identity of the participants.

The method of data collection was cross-sectional. Cross-sectional studies collect data at a specific point in time. However, the time dimension in cross-sectional research is not fixed in that it could be a specific time or a period (Kesmodel, 2018). Accordingly, the data were collected from the participants within an 8-month period. The use of tape recorders in interviews allows for the participants voices to be transcribed accurately (Edwards & Hollands, 2020). Hence, with the consent of participants, the interviews were tape-recorded. An interview guide and non-verbal cues (DeJonckheere & Vaughn, 2019) were used and observed during the interviews.

Purposive sampling (Campbell et al., 2020) of prospective participants was done to select a sample of female ex-offenders with knowledge on illicit drug use inside the correctional centres in South Africa. Hence, the inclusion criteria provided the fact that the participants had to be females who had been incarcerated and had some knowledge of illicit drug use within the correctional facilities. As this study is a follow-up of a previous study, an additional inclusion criterion was that this study's participants had to have been part of the first study. The small sample size of this study may be considered a limitation; however, it is not a limitation per se because the aim of this study was not to provide a generalisation of illicit drug use in correctional centres for females in South Africa. Rather, this study provides contextual insight of the use of such substances in South African correctional centres for females.

Confirmably, the ethical considerations of informed consent, voluntary participation, confidentiality, anonymity and avoidance of harm (Scribbr, sa) guided this study. The consent of the participants of this study was obtained before data collection commenced. In the process of seeking the participants' informed consent, they were told that their participation in this study was voluntary, and they could withdraw from it whenever they wanted (Ferreira & Serpa, 2018). The confidentiality and anonymity of this study's participants were ensured by using pseudonyms to protect their identities. Also, the participants were protected from possible harm – one of the ways that this was done was to interview the participants in a secure location.

The city of Pretoria in South Africa constituted the research domain for this study. The participants of this study were incarcerated in various female correctional centres all over South Africa at the beginning of their sentences but completed their sentences in female correctional centres within Pretoria – the varied experiences of the participants from different female correctional centres enriched the data that was collected for this study. When data was gathered for this study, the participants were parolees, and they were approached to take part in this study as they came to the Department of Correctional Services in Pretoria to sign their release papers, in other words, on their last days as parolees.

The findings and discussion of this study are discussed next.

Findings and discussion

From Table 1, the ages of the participants are between 29 and 52 years old. The employment status of the participants varied between the employed and unemployed, with four out of seven of them without jobs. The shortest and longest amount of time that was spent in prison by the participants was between 4 months and 48 months, respectively.

The availability of illicit drugs in female correctional centres

The presence of illicit drugs in one of the female correctional centres was pointed out by a participant. According to Erica:

You are not supposed to be making money inside prison, except when you are paid for working in places like the workshop and co, but, in the prison, they sell drugs.

Study findings established that the use of illicit drugs is more common among prisoners than in the wider society and its use prior to imprisonment is pervasive among the prison population. This phenomenon finds support in a study in America where between 30% and 60% of women prisoners were found to be drug users upon admission into prisons. Furthermore, a similar drug use pattern is recorded for European Union (EU) countries (Montanari et al., 2014). Imprisonment may either influence drug use or drug disuse. While some prisoners abstain from drug use during incarceration, numerous prisoners continue to use drugs whilst in prison (Montanari et al., 2014). Being in the company of prisoners who use drugs may influence prisoners who did not take drugs previously to indulge in the habit (Woodall, 2012). The narratives of other participants of this study indicate that illicit drugs are present in female correctional facilities, and the various names by which they are known is explored next.

The types of illicit drugs used

Study findings established that South Africans use the same illicit drugs that are used in other parts of the world (Department of Social Development, 2019). However, the prevalence of illicit drug use in South Africa is reported to be double that used worldwide (Tshitangano & Tosin, 2016). The study participants through the following verbatim sentiments pointed to the prevalence of variegated drugs in the South African market:

There is this one, nyaope. The girls [offenders] who stay in Marabastad [an area in Pretoria], they love nyaope eish. They like that drug (Vera).

Erica supplied the names of more drugs that are used in female correctional centres:

...You see young girls doing drugs like whoonga [an illicit drug that is commonly used in South Africa and which contains a mixture of other illicit drugs, such as cannabis, crystal meth and heroin] inside prison.

The above verbatim sentiments mirror the report from the Department of Social Development that heralds the following drugs used popularly in South Africa – alcohol, cannabis, white pipe (a combination of marijuana and mandrax) and nyaope (Department of Social Development, 2019). In addition to

Table 1. Participants' demographic information.

Name	Age	Religion	Racial category	Occupation	Marital status	Highest educational qualification	Length of last prison sentence
Vera	29	Christianity	Zulu	Unemployed	Single	Grade 11	4 months
Erica	47	Christianity	Greek	Unemployed	Married	Grade 10	16 months
Cindy	36	Christianity	Afrikaner	Unemployed	Divorced	Grade 12	48 months
Francine	46	Christianity	Afrikaner	Medical doctor	Divorced	Tertiary education	36 months
Eunice	52	Christianity	Afrikaner	Bookkeeper	Single	Grade 12	10 months
Busisiwe	30	Christianity	Pedi	Unemployed	Single	Grade 12	12 months
Estelle	33	Christianity	Ndebele	Cleaner	Separated	Grade 4	36 months

these, a concoction of household products and dagga (dagga is a South African term for an illicit drug mixture of marijuana, cannabis or Indian hemp) was reported to be used within the correctional facilities. The use of dagga, which is also known as cannabis (Puljević & Learmonth, 2014), is not limited to the correctional centres of this study's participants only. Cannabis, heroin, cocaine, and amphetamine-type stimulants are reported to be commonly used by non-incarcerated South Africans (Department of Social Development, 2019). Cannabis is used mostly by young people in Africa (Tshitangano & Tosin, 2016). Also, cannabis is reported to be the most used drug by prisoners in EU countries too, alongside cocaine, heroin and amphetamines. The aforementioned drugs are also the most popular drugs used amongst the non-prisoner population in EU countries (Montanari et al., 2014).

The use of nyaope in South Africa started in 2006 (Peltzer et al., 2010), and it is also known as whoonga (Department of Social Development, 2019). Nyaope is used mostly by young Black people, and it comprises heroin, dagga, antiretroviral medications, rat poison, sugar, and other variegated detergents (Masombuka, 2013; Mokwena & Fernandes, 2014). Also, nyaope contains other substances, such as bicarbonate of soda, pool cleaner, painkillers, and other acids (Bala & Kang'ethe, 2021a). The use of nyaope and its deleterious effects on females in South Africa have been noted (Bala & Kang'ethe, 2021b). Illicit drugs in South Africa have peculiar names, and these names change over time and differ from one part of South Africa to the other. As such, nyaope is referred to with different names in different provinces in South Africa – sugars in KwaZulu-Natal, Ungah in the Western Cape, pinch in Limpopo and Mpumalanga, and kataza in Johannesburg, which is a section of Gauteng (Mokwena & Fernandes, 2014).

It was found that illicit drugs are not used in all the correctional centres for females. According to Cindy, illicit drugs were not used in the centre where she was incarcerated. She believed the use of illicit drugs is limited to the larger correctional centres only. When quizzed about the presence of use of drugs in the centre that she was incarcerated in, she responded "Not in the one I went, but the bigger ones [centres], they have it"

Wardens' attitudes toward illicit drugs use

Study findings reflected that the wardens' attitudes to illicit drug use are correctional centre-specific, and it impacts the behaviour negatively or positively when met with either harsh reactions or nonchalance from the wardens. Francine, Eunice and Busisiwe's accounts below suggest that their centres had wardens who were against the use of illicit drugs, but those in Erica and Vera's centres were unconcerned with the behaviour:

When they [female offenders] want to smoke, they don't care. They just take the chance (Francine).

Eunice noted:

One day, one of the inmates came to my room to pass the time, so I asked her why she was in my room and not hers. She said Stella and Racheal left their own rooms and came to her to borrow her own room to smoke drugs in. They gave her [mentions an item that she was given in exchange for the use of her room] in exchange, to use her room to do drugs. She said they were smoking dagga [South African name for cannabis]. I said "In your room?!", "Are you out of your ... mind?!" "If the warden passes by your room and smells dagga, you will be the one in trouble cos they gonna claim they [Stella and Racheal] don't know nothing (sic).

...Sometimes they mix ... with ... and [mentions an insecticide], put them inside foil papers, light a fire under the foil paper and inhale the smoke. They get so high on this, and the wardens don't care (Erica).

They [the wardens] know that there is something [drugs use and transfer] that is going to happen, but they are not in support of it. They are like "As long as I did my job, I don't care" (Vera).

Busisiwe explained how female offenders who are in possession of illicit drugs evade being caught by the wardens.

When there is gonna be general searching, in the morning before the searching of cells starts, inmates go and hide their drugs and whatever they don't want the wardens to see.

Illicit drugs routes into correctional centres for females

The study participants pointed out the conduits of illicit drugs in the correctional centres. When quizzed about how illicit drugs get into the correctional centres, Erica explained:

...from their [female offenders'] visitors. When their visitors get them the drugs, they [female offenders'] put it in their socks and then smuggle it inside prison. Normally, we are searched by the wardens when going back to our cells after each visit, but we are not asked to remove our socks.

Participants further indicated that for the correctional centres that house both males and females, male offenders play an important role in helping female offenders to obtain illicit drugs. Cindy and Estelle explained:

... they don't allow drugs [inside the centres]. When they [female offenders] go outside, when they take the dustbins outside, they find like male inmates there, they [male offenders] give them [female offenders] dagga. They [female offenders] come with it and smoke it inside (Cindy).

... from outside. When they go outside, like when they go to the dentist, they meet men [male offenders] there. They [female offenders] do whatever they can to meet male inmates [who then give them drugs]. They are mixed [such visits to the dentist and other places include male offenders and female offenders] (Estelle).

Studies (The Centre for Social Justice, 2015; Thematic Report: Changing patterns of drug misuse in adult prisons and service responses, 2015) show that people, such as medical personnel, guards, suppliers, and tutors, smuggle illicit drugs into the prisons for prisoners or to sell themselves as drug cartels, but this study did not come across such a finding. The smuggling of drugs into prisons by non-prisoners is made possible because they are not scrutinised as they enter the facilities. The wardens do not condone the use of illicit drugs in the centres, hence the great lengths to which the female offenders go to obtain and conceal the substances. Although the use of illicit drugs inside prisons is highly prohibited (Tawandra et al., 2016), this practice was common in most of the participants' prisons.

Recommendations

In line with a finding of this study on the channels of illicit drugs into female correctional centres, increased scrutiny of people who go in and out of the correctional centres is recommended to help control the influx of drugs into the facilities. This scrutiny should be carried out on the offenders and non-offenders alike. Also, the use of illicit drugs by offenders in female correctional centres can be curtailed if the wardens are regularly sensitised on the need to be more vigilant and interested in putting a stop to the practice.

It is recommended that the correctional centres put support programmes in place for offenders who are recovering from drug addiction. Chamberlain and Aminawung (2019) noted that the use of illicit drugs is found among ex-prisoners. The foregoing recommendation may help to reduce the introduction of illicit drug use into correctional centres such that when prisoners re-offend or are imprisoned, may not be tempted to continue their illicit drug use habit behind bars. This coupled with the difficulty of obtaining drugs during incarceration may help to rehabilitate offenders with a history of drug use. As Carpentier et al. (2012) reported, it is easier for prisoners to stop taking drugs while in prison because of the absence or reduced supply of drugs as well as a lack of money to purchase the drugs during imprisonment. However, the true test of whether offenders have successfully overcome drug addiction is, if after their re-entry into society, they abstain from taking drugs. It is for this reason that the period after incarceration is the most crucial time that former offenders need the assistance of drug support groups, but it appears that this is the time when they are left completely on their own by the authorities to fight their drug addiction. To ensure that the amount of money spent on drug rehabilitation for offenders in correctional centres is not in vain, it is imperative that there be continued support for recovering drug addicts who are former offenders to help them prevent relapse after they leave the centres. For female offenders, the support programmes for recovery from drug addiction should have treatment components which include emotional, physical, and sexual abuse support as one of their focal points because, in line with a similar trend globally, Haffejee et al. (2005) found that this type of abuse is a

major characteristic of the sub-group in South Africa. In addition, the establishment of a continuum of care for formerly incarcerated people may help to bring about a significant reduction in crime rates as research (Lintonen et al., 2011; Riordan, 2017) has identified the relationship between the use of drugs and the commission of crimes with much of the crime being committed while the perpetrators were under the influence of drugs.

Conclusion

Unequivocally, the phenomenon of drug use in South Africa manifests a unique gender dynamic, with women users paradoxically outnumbering men. This is important for the country to factor it into prevention programming. There is, therefore, a need to increase the number of female correctional centres to address the reality of the increasing number of women illicit drug users. It is sufficient to indicate that the drivers of illicit use mirror a gender dynamic. While the male behaviour leading to drug use is inter alia linked to histories of drugs misuse before imprisonment, drug use among women prisoners is associated with abusive homes, whether physical, sexual and emotional, intimate partner violence, and childhood neglect

Axiomatically, the consumption of illicit drugs by prisoners takes a huge financial toll on the management of prisons due to the considerable sums of money that are expended on programmes that are targeted at the detoxification of prisoners, as well as the rehabilitation of their drug use habit. Furthermore, money is also expended on managing drug use in prisons because the diseases that are transmitted via the sharing of needles during illicit drug injection have to be treated both within the prisons and outside of them. While the most common types of drugs used within the facilities were inter alia identified as dagga, nyaope, or whoonga, some channels through which illicit drugs found their way into the centres were via the female offenders' visitors and, from the male offenders in centres which housed both male offenders and female offenders.

Disclosure statement

No potential conflict of interest was reported by the author(s).

About the authors

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Simon Murote Kang'ethe is full professor since year 2016. He is a prolific publisher and has published more than 200 journal articles in local, regional, and international journals and has accumulated a Google scholar citation of 1253, h-index 18 and i-10 index of 42. Also, he has published several book chapters and some school curriculum-based books for the country of Botswana. He got his first South African National Research Foundation (NRF) rating of C3 in 2015 (2015–2020) and has won another NRF rating of C2 for another five years (2023–2027). He has supervised, to completion, nine PhD in Social work and one in Sociology, over 30 masters in social work and one MBA students. He has attended and presented close to 50 conference papers in the globe. Prof Kang'ethe acts as a non-examining chair of the Department of Social work & Psychology, Walter Sisulu University. He can be reached via skangethe@wsu.ac.za

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