



THE QUASI-COERCIVE TREATMENT OF YOUNG DRUG OFFENDERS IN SOUTH AFRICA: THE ROLE OF THE FAMILY

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Abstract: *The adoption of restorative justice principles in the treatment of youth offenders offers the opportunity and challenge of providing evidence-based guidelines for treatment programmes (as opposed to punitive measures). This paper aims to add to the body of growing literature to support treatment of youth offenders within the community. A link is made between drug abuse and criminal behaviour in young people and then placed within a legal context that enables the choice of quasi-coercive treatment. To highlight what this means for the family who will take responsibility for alternative sentencing of young offenders, the person-in-environment framework is used to show the dynamic working of environment systems and social roles, as well as attachment theory to show the effect of relationship quality of the parent-child dyad. The paper ends with a summary of aspects to consider when a focus on the family is taken when alternative sentencing is considered.*

Keywords: *Quasi-coercive treatment, youth offenders, drug abuse, criminal justice, person-in-environment*

Introduction

Since the early 1990s the involvement of communities has been seen as part of the solution to drug abuse in South Africa (SA). SA's strategic position as a transit country to surrounding less wealthy states increases the operation of drug syndicates (Swart, 1995). With the premise that prevention of substance abuse is better than cure, conditions for preventing the development of drug abuse have been identified early on as focusing on the stages before addiction; having the youth as a main target group; and having everyone involved as drug addiction affects the whole community (Swart, 1995: 2).

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This paper looks at the link between drug abuse and juvenile behaviour and the alternative treatment of young offenders, specifically in South Africa. Of interest is the impact of the alternative sentencing of quasi-coercive treatment on the family and this context will be provided through the application of the person-in-environment framework and attachment theory.

The link between drug abuse and other crimes

There is much research on the link between drug abuse and crime (Bennett & Holloway, 2009; Goldstein, 1985; Gottfredson, Kearley & Bushway, 2008; White & Gorman, 2000). Within the literature, there is also much debate surrounding the dynamics of the drug-crime relationship (Gottfredson et al., 2008: 602; White & Gorman, 2000: 153). From this debate, three explanations of the relationship between drug use and crime have emerged, namely: a) drug use causes crime, b) crime causes drug use and c) the relationship between drug use and crime can be explained by a set of common variables. Importantly, these three explanations are not mutually exclusive (Gottfredson et al., 2008: 602).

Drug use causes crime

This particular causal model suggests that drug use leads to crime because of the psychopharmacological effects of drugs, the economic motivation to obtain drugs and the systemic violence which can be associated with the drug market and lifestyle (White & Gorman, 2000: 170). The psychopharmacological explanation posits that the actual effects of intoxication, such as disinhibition and bad judgement, directly cause crime (White & Gorman, 2000:170). The economic explanation of the causal drug-crime relationship suggests that crime is committed in order to obtain funds to purchase drugs and maintain a drug habit (White & Gorman, 2000: 174). Crimes such as robbery, burglary and prostitution all provide access to money to buy drugs, or to drugs directly to maintain a drug habit. While the psychopharmacological explanation provides some valuable arguments, it must be criticised on the basis that it only applies to certain socio-economic classes and certain drugs; it is mostly applied to violent crimes; the causal mechanisms between the drug-crime relationship are not explained and the disinhibition hypothesis is impossible to measure. Furthermore, the economic motivation explanation must be criticised for its assumption that the demand for drugs is inelastic; and empirical evidence suggests at best a correlation, not a causal relationship.

Crime causes drug use

This explanatory model argues that those who engage in crime are more likely than those who do not to be in social situations which facilitate drug use (Gottfredson et al., 2008: 602). As such, those situations provide the context for drug use and often condone and encourage the use of drugs (Gottfredson et al., 2008: 602; White & Gorman, 2000: 174). This Model takes into account certain lifestyle factors which may be common to both deviant individuals and drug use such as being unmarried and working periodically (White & Gorman, 2000: 174). Furthermore, it has been

postulated that individuals who engage in criminal behaviour may use drugs as self-medication or may excuse their criminal behaviour by blaming it on the drug abuse (White & Gorman, 2000:174).

Common cause explanations

The common cause explanation of the drug-crime relationship posits that neither crime causes drug use or vice versa, but rather the drug-crime nexus has a set of common factors or causes (Gottfredson et al., 2008: 602). Certain common causes such as anti-social personality disorder, genetic and temperamental traits, parental alcoholism and poor parental attachment have been highlighted as linked to crime (Gottfredson et al., 2008: 602). Furthermore, there are certain subculture norms which encourage both the use of drugs and deviant behaviour (Gottfredson et al., 2008: 602). There may also be certain common situational factors such as poor, densely populated neighbourhoods with transient populations (White & Gorman, 2000: 175).

It is possible that all three of these explanations offer insight into the drug-crime nexus. This relationship could be reinforcing and reciprocal in that drug use may cause more crime and more crime could cause an increase in drug abuse (White & Gorman, 2000: 175). In terms of common cause explanations, crime and drug use is more prevalent at certain times and within certain situations, for example, at a sports stadium over a weekend when alcohol is freely available.

Youth drug crime in South Africa

It is critical to note that it is often difficult to fully reflect on certain youth crime trends because research on the extent of crime is based on official crime information sources and therefore does not account for youth that have not yet come into contact with the law (Booyens, Beukman & Bezuidenhout, 2013: 60). Self-report studies and these official statistics often form the basis for research on the nature of the offence category and thus findings on the nature of the crime may not be entirely reliable. Still researchers claim that criminals are getting younger. (Booyens, Beukman & Bezuidenhout, 2013: 59). Furthermore, it must be recognised that adolescence is a period of physical and emotional development, experimentation and maturation. This allows adolescents a certain leeway within their behaviour constraints because certain criminal behaviour, such as substance abuse, is often rationalised to simple experimentation. (Harris, 2009: 1). As such, the problem of youth substance abuse is a complex one to address.

The incidence and prevalence of youth drug offending in South Africa

It is difficult to estimate the drug use rates of young South Africans because no national survey measuring the incidence and prevalence of youth drug use exists (Booyens, Beukman & Bezuidenhout, 2008: 39; Brook, Pahl, Morojele & Brook, 2006: 27). A 2012 study conducted on alcohol and drug use amongst Western Cape adolescents indicated that 53.5% of the respondents from grade 8-12 agreed that drugs were easily

accessible, 30.7% of respondents knew friends who used drugs and 22.1% reported using drugs themselves, with marijuana being the most popular across all age groups (Youth Research Unit, 2012: 4). In Gauteng a study with grade 8-12 learners (with the majority in grade 12) showed that approximately seven in 10 learners (70.7%) confirmed that drugs are easily accessible, with almost half the learners (45.3%) being aware of friends who use drugs and three in 10 learners (26.7%) using drugs themselves (Youth Research Unit, 2012a: 4).

A further confounding variable when attempting to measure the incidence and prevalence of drug use among young people is that schools and parents often address the problem outside of the criminal justice system (Booyens et al., 2008: 39). Thus, youth drug offenders who do come into contact with the law may be under-represented. A further problem is that the South African Police Service (SAPS) does not disaggregate their statistics; therefore the statistics provided do not differentiate between adult and youth users. Furthermore, the SAPS only provide statistics on drug-related crime and not drug abuse as a crime. However, the 2012/2013 crime statistics report indicates that drug-related crime has increased by 192.8% across a period of nine years and 13.5% of that increase was recorded between 2012 and 2013 (SAPS, 2013). It can be assumed that part of the 192.8% increase can be attributed to youth drug users. Lastly, while it may be useful to analyse statistics, if they were available, these statistics could only show the youth which had been arrested, charged or convicted of being in possession of, using or distributing crime and could not provide concrete evidence surrounding the actual trends of youth drug abuse in South Africa.

The nature of youth drug offending in South Africa

Research on drug use amongst South African youth has clearly shown an increase (Brook et al., 2006: 26). The types of drugs which are used by South African youth fall into three categories: a) depressants, b) stimulants and c) hallucinogens (Koch, 2002: 52). The most used depressants amongst the youth population are alcohol, heroin, morphine, painkillers and sleeping pills. Domestic depressants such as glue, nail varnish removers and petrol are also used to obtain a high. Popular stimulants used by young people include amphetamines, meta-amphetamines (Ecstasy, Ice and crack), caffeine, ephedrine (speed), cocaine and nicotine. Lastly, hallucinogens most commonly used by South African youth include lysergic acid diethylamide (LSD), marijuana and ketamine. (Booyens et al., 2008: 39-40).

There are also new drugs available specifically to South African youth: Tik, cat (battery acid and cocaine), sugars (crack, cocaine and Rattex), and Nyaope. Tik is one of the amphetamine drugs which are potent and easy to make. The use of Tik has been steadily increasing and is most popular in the Cape Flats area of South Africa. (Booyens et al., 2008: 42). A large scale study in 2011 by the Alcohol and Drug Abuse Research Unit of the South African Medical Research Council did highlight the high prevalence of alcohol and tobacco use among learners in the Western Cape province, but also found a likely reduction in the use of methamphetamine (tik) and other hard drugs that have been of major concern in the province (Morojele, Myers, Townsend, Lombard, Plüddemann, Carney, Petersen Williams, Padayachee, Nel and Nkosi, 2013).

“Community and school-based health promotion programmes that address multiple risk behaviours and provide healthy alternatives for at-risk learners need to be implemented and scaled up throughout the Western Cape” (South African Medical Research Council, 2013, no pag). The drug nyaope is known as the drug of poverty and is known to be part of everyday culture in South African townships (Makhubu, 2014: 1). The effects of nyaope are evident in the statement “Children as young as 10 use and deal in nyaope” (Makhubu, 2014: 1).

The challenge to be faced through services to these youths is highlighted by the studies related above. It also reiterated the need to consider that addressing the challenge needs a multi-level consideration of treatment programmes.

Alternative sentencing for youth drug offenders

Age is often seen as a mitigating factor when it comes to young offenders because they are in a transitory stage of development which may encompass certain experimental, reckless and irresponsible behaviour such as substance use or abuse (Gallinetti, 2009: 28; Yehia, 2007: 2). Age can therefore not be ignored when discussing youth drug offenders because young individuals cannot be held to the same standards as adults because they are deemed to be immature, reckless, easily influenced and lacking life experience (Du Toit, 2006:16; Gallinetti, 2009:18, Yehia, 2007:5). Alternative sentencing options which include certain restorative justice (RJ) principles such as restoration lend themselves to the appropriate way in which to deal with young people in trouble with the law (Tomita & Panzaru, 2010: 4167; Van Ness & Strong, 2002: 38). Young offenders have the capacity to learn from their mistakes and thus punishment options which include rehabilitation are vital in the treatment of young offenders (Swanzen & Harris, 2012:9).

Moreover, the South African Child Justice Act (75 of 2008) specifies that youth who come into contact with the law should not under any circumstances be subjected to the adverse effects of formal criminal justice proceedings. This Act further makes provision for young offenders to engage in mediations and/or diversion programmes which bring about healing and community reintegration (Swanzen & Harris, 2012:10). Moreover, the Act which is in line with the United Nations Convention on the Rights of the Child (UNCRC), which South Africa ratified and the South African Constitution accepted, expressly states that children should only be detained as a measure of last resort and if totally necessary for the shortest possible duration of time – this highlights the fact that South Africa is seeking “non-prison” solutions to youth crime.

Regardless of the relationship between drug use and crime, it is vital that the drug abusing behaviour is addressed in a non-punitive manner because of the South African legislation which guides the treatment of youth offenders. Over and above that, if the young offender is committing crime to finance a drug habit then dealing with the addiction will negate the need for the youth to engage in subsequent offending.

Quasi-coercive treatment in South Africa

It is clear then that alternative sanctions are more effective in the treatment of youth offenders because these sanctions allow for resocialisation and rehabilitation (Tomita & Panzaru, 2010:4165). One of the reasons that these alternatives have also become popular when treating drug addicted offenders is that research has shown that community and residential treatment programmes are correlated to a significant decrease in illicit substance abuse (Best, Wood, Sweeting, Morgan & Day, 2010:371).

The legalities of quasi-coercive treatment in South Africa

The Prevention of and Treatment for Substance Abuse Act (70 of 2008) makes provision for quasi-coercive treatment in South Africa in terms of youth offenders. Section 32(1)(c) stipulates that an application for admission to a treatment centre can be made in the prescribed manner and would be considered voluntary in terms of a minor if the parent or guardian of the child substance user made the application. In this circumstance, quasi-coercive treatment does not apply to youth offenders because the parent or guardian has taken responsibility of the minor because the minor is deemed not to have that capacity.

However, in terms of admission of an involuntary service user to a treatment centre, Section 34 of the Prevention of and Treatment for Substance Abuse Act (70 of 2008) deals specifically with the admission and transfer of children. This Section indicates that Section 152 of the Children's Act (38 of 2005) applies "with the changes required by the context in respect of the admission and transfer of a child to a treatment centre." Section 152 of the Children's Act (38 of 2005) refers explicitly to the removal of a child to temporary safe care without a court order (RSA, 2005). This can be done by a social worker or a police official. Furthermore, if it appears to the magistrate holding an enquiry that (a) the person concerned is the involuntary service user, (b) the person both requires and would benefit from treatment at a treatment centre and (c) it would be in the person's best interests, or the best interests of his dependants (if any) and/or the community for he/she to be admitted to a treatment centre, then the magistrate may order the person to be admitted to a treatment centre as designated by the Director-General for a period not exceeding 12 months (s35(7) Act 70 of 2008). Lastly, Section 36 of the Prevention of and Treatment for Substance Abuse (70 of 2008) makes provision for individuals to be committed to a treatment centre after being convicted of a crime (RSA, 2005):

“36. (1) A court convicting a person of any offence may in addition or in lieu of any sentence in respect of such offence order that such person be committed to a treatment centre if the court is satisfied that such person is a person contemplated in section 33(1) and such order, for the purposes of this Act, must be regarded as having been made in terms of section 35.

(2) An order in terms of subsection (1) may not be made in addition to any sentence of imprisonment, whether direct or as an alternative of a fine, unless the operation of the whole sentence is suspended.

(3) (a) Where a court has referred a person to a treatment centre under subsection (1) and such person is later found not to be fit for treatment in such treatment centre, he or she may be dealt with in accordance with section 276A(4) of the Criminal Procedure Act.”

Where the legislated option of alternative and restorative sentencing is not practiced, the rights of the young offender should be advocated for, but with a consideration of mitigating factors like the role the family that will be responsible for implementing such alternatives play.

Explaining the role of the family

The fundamental principles adopted by the United Nations General Assembly resolution from the Riyadh Guidelines (45/112 of 14 December 1990) highlights the importance of the family in the prevention of criminal behaviour by youth. Principle 10 states (Riyadh Guidelines, 1990:722):

“Emphasis should be placed on preventive policies facilitating the successful socialization and integration of all children and young persons, in particular through the family, the community, peer groups, schools, vocational training and the world of work, as well as through voluntary organizations. Due respect should be given to the proper personal development of children and young persons, and they should be accepted as full and equal partners in socialization and integration processes.”

Principles 11-18 highlights the following in the consideration of the family (Riyadh, 1990): every society should place a high priority on the needs and well-being of the family; being primarily responsible for socialisation governmental and social efforts should preserve the integrity of the family; policies should be established that are conducive to the bringing up of children in stable and settled family environments; when community efforts to assist parents in this regard have failed and the extended family cannot fulfil this role, alternative placements should be considered to replicate a stable and settled family environment; and special attention should be given to children of families affected by problems brought on by changes that disrupt the social capacity of the family to secure the traditional rearing and nurturing of children.

Of specific interest for this paper is Principle 16 (Riyadh, 1990:722):

“Measures should be taken and programmes developed to provide families with the opportunity to learn about parental roles and obligations as regards [to] child development and child care, promoting positive parent-child relationships, sensitizing parents to the problems of children and young persons and encouraging their involvement in family and community-based activities.”

To be useful in practice, policies need to be operationalised in a way that allows for the implementation of programmes. Theory provides an evidence base from which to provide guidance and this is the aim of the next sections.

Using a person-in-environment approach to describe transactional complexities

In the late 1990s theories viewing issues in transactional terms were refined by social work theorists. To illustrate, ecological models focus on 'goodness of fit' between person and environment (e.g. Germain & Gitterman, 1996); family systems models view problems as lying in family dynamics rather than residing in the person; and eco-behavioural models are concerned with changes in patterns of events that are embedded indivisibly in the person and his world (e.g. Mattaini, 1997). The Person-in-Environment (PIE) system separates such problems into problems of Role Functioning and Environmental Problems. (Swanzen, 2006).

Kemp, Whittaker and Tracy (1997: 2-3) describe person-in-environment practice is:

“an emergent model of direct practice that makes strategic use of time to accomplish three things: (1) Improving a client’s sense of mastery in dealing with stressful life situations, meeting environmental challenges, and making full use of environmental resources; (2) Achieving this end through active assessment, engagement, and intervention in the environment, considered multi-dimensionally, with particular emphasis on mobilization of the personal social network; (3) Linking individual concerns in ways that promote social empowerment through collective action.”

Germain and Gitterman (1996 in Saleeby, 2004) use the word ‘environment’ to typically mean environmental resources and supports or environmental challenges or scarcities. Environmental resources include formal service networks such as public and private agencies and institutions and supports also include informal networks of relatives, friends, neighbours, workmates, and co-religionists. However, some formal and informal support systems may be unresponsive or cease to be supportive and the social and physical environments involved in coping must be assessed as well. (Saleeby, 2004). Germain and Gitterman also refer to habitat and niche, terms from ecology that amplify the idea of environment. ‘Habitat’ is the place where the individual organism and its group can be found, and ‘niche’ is the organisms' place in the local ecosystem. (Saleebey, 2004).

Early ecological models were based on systems theories and were most commonly used by social workers to explain the interactional processes between family members (Ungar, 2002). To translate ecological terms to concepts in practice, the Person-in-Environment (PIE) classification was designed after two decades of research. The PIE framework identifies the following environmental systems (‘habitat’) that can affect the functioning of the family according to Karls and Wandrei (1994:29-31): the economic or basic needs system (production, distribution, consumption of need for food, shelter, employment, and transportation); educational or training system (nurture intellect, develop individual skills, optimal development); judicial or legal system (social control and enforcement measures by police and courts); health, safety and social service system (presence of service delivery during natural disasters as well); voluntary association system (social support and interaction outside the family and work place, like participating in informal community and religious groups) and the affectional support system (under involved or over involved personal environments).

The 'niche' or place in the ecosystem can be explained as social roles. "A person's role can be defined in terms of fulfilling a recognized and regulated position in society. Although the major functions of these roles remain generally the same across cultures, the way the functions are accomplished may vary from culture to culture ..." (Karls & Wandrei (1994:24). The full classification system designed to operationalise the person-in-environment concepts for assessment is not covered in this paper. This system further offers indexes describing the type, severity and duration of problems within the fit between the person and their environment (Karls & Wandrei, 1994).

The role categories adapted from the original PIE classification system for adults to accommodate roles youth occupy are explained in Table 1.

Table 1: Social role category descriptors

Main role	Description	Sub-role	Description
Family roles	Roles that are played out in the context of a family setting in which people are linked by blood, the law, or formal or informal arrangements	Natural child role	His/her role as the son or daughter of his/her mother and father. This role is influenced by socialisation processes and is frequently assessed in terms of obedience and the need for discipline.
		Surrogate child role	A child in a family where all members are not biologically related, including stepchild, foster child, adopted child, and where donor eggs or sperms were used to conceive a child. The family meets all the requirements of a nuclear family, but the child is also related to others who are not part of the family he/she lives with.
		Sibling role	His/her role as brother or sister, influenced by family atmosphere and involvement of parents as role models. It can be affected by disability in a sibling, by differences in gender, and by values attributed to the child by other family members. Birth order influences the expectations held for each child and this affects the perception of fairness and experiences in sharing, trust, mutual activities, and assertiveness.
		Caregiver role	This alludes to cases where the child is forced to take up a caring role, either by dysfunction within the parental subsystem, such as substance abuse or mental illness, or by the absence of the parental subsystem in the case of abandonment and death (i.e. child-headed households).
		Relative role	This signifies the extended family relationships the child has, including that of grandchild, cousin, niece/nephew, and aunt/uncle. Grandparents often offer the first safe place outside the parental home.

Main role	Description	Sub-role	Description
			As children mature their systems become larger and they learn more about relating to others.
Other interpersonal roles	Roles that are also played out in interpersonal relationships between individuals, but these persons are not members of the same family. They interact with each other because of physical proximity or common interest	Playmate role	The first social relationship an older infant has with other children close in age. It applies to children under the age of four, since friendships only develop after the age of four. Before this children play alone or show parallel play.
		Friend role	Conveys the first social relationship with a peer where genuine interest in each other is evident, usually occurring after the age of four. Friendship is a dynamic, reciprocal relationship between two individuals. As children become friends, they negotiate boundaries and experience in conflict management and sharing.
		Partner role	Implies a romantic relationship with someone with the presence of sexual attraction. It coincides with sexual maturity during early adolescence and self-esteem, gender identity development, physical and emotional well-being, and relationship-building skills are all involved and affected by the romantic involvement. The quality of this role will be evaluated in terms of exclusivity, the amount of jealousy, presence of abusiveness, and the extent to which emotional security needs are met.
		Peer role	Represents the interactions of near same-age children with the absence of positive emotional involvement. These children are merely in close physical proximity on a regular basis and may share in some common activities, but with no mutual attraction or interest. These typically involve the child in his church, school, aftercare, sport and neighbourhood settings.
		Member role	Involving voluntary affiliation and participation with a group of individuals associated for a common purpose and adhering to mutually agreed-upon beliefs or regulations. The responsibilities and expectations of the role vary according to the purpose and structure of the group, which can be organised for political (youth protests), religious (including cult activity), social (community involvement or

Main role	Description	Sub-role	Description
			gangsterism), or recreational (sport and culture) reasons.
Occupational roles	Roles performed in the paid or unpaid economy or by students in the academic institutions. This category only applies to adolescents who are of legal age to be employed, including part-time work.	Pupil or student role	A pupil is a child who is required by law to be attending school in the required grade. A student is a young person who is enrolled at a formal institutional to acquire tertiary education. The primary function of this role is acquiring and assimilating knowledge and skills. The role expresses the relationship of the child to his tutors, be it in pre-school (day-mothers, playgroup, crèche, kindergarten, and nursery school), primary school, secondary school (high school), Sunday school, or boarding school. Activity level, attention span, cognitive ability, temperament traits, behaviour trends, problem-solving, motivation, achievement, and goal-directedness are all relevant aspects of performance in this role.
		Paid worker role	Includes the activities being performed to acquire economic resources. Laws govern child labour. For young people in the late adolescent phase one of the development tasks is to become independent. Getting employment can be part of getting funds to support studies or to start supporting themselves and their new lifestyle. Work provides the employee with material resources and status.
		Volunteer role	Unpaid activities performed in health care, community agencies, and educational and religious settings. A young person may want to give their time to the community but may not understand toll it will take from them. Keeping true to their motivation for getting involved will provide the young person with a sense of purpose.
Special life situation roles	Roles people may voluntary or involuntary assume throughout the course of their lives. They are time-limited, situation-specific roles people assume in addition to	Client role	Assumes all those instances where the child is receiving professional treatment. This could be through referral for statutory intervention in the case of child maltreatment, or private referral for therapeutic intervention in the case of developmental delay, adjustment problems, and medical treatment to restore chemical imbalances or improvement of functioning through physical therapy.
		Special care recipient	Encompasses the client role, except for the fact that the child is admitted to an

Main role	Description	Sub-role	Description
	or in place of their usual roles		institution to receive special care for a prescribed period of time. The specialised care role includes inpatient centres for drug rehabilitation, special schools for disabilities such as deafness, blindness, autism, mental retardation, severe behaviour difficulties and so on, as well as hospitals for long-term and chronic treatment of mental health problems, and terminal illnesses such as AIDS and cancer.
		Juvenile role	This indicates the time-frame situation a child finds himself in after being convicted of a crime and incarcerated in juvenile detention. This could only happen after the age of 10, when the child is seen by the justice system as having criminal responsibility.

Source: Swanzen, 2013:15-20

Each role occupied by the young offender implies a lieu of people involved, either from their own support system or professionals delivering a service. For alternative sentencing to work, the complexity of the involvement by the family and community needs to be understood. The systems that need to be empowered to support the family of the youth offender is set out as well as the number of relationships to consider through the various social roles occupied by the young offender. For the family relationships to exert an influence on the young offender the quality of the relationship is important and this brings us to the matter of bonding to be discussed in the next section.

Understanding the strength of relationship through attachment theory

Attachment can provide a measure of the quality of the connection within the family roles described thus far and specifically the effect the relationship can have on influencing the young person's choices and behaviour. Konrad Lorenz saw the first year of life as a critical period for the development of social relationships, with consequences for a life-time. He viewed infant-caregiver attachment as a FAP [fixed action pattern] that occurs over a time period when infants are particularly sensitive to parental attention and caring. (Rathus, 2011: 20). "Attachment is the enduring emotional closeness that binds families, to protect children and prepare them for independence and parenthood" (Rees, 2008: 209).

From the attachment theory designed by theorists like Bowlby and Harlow with subsequent studies in social research in the past 30 years, the following are influences on relationships to be considered (Lewis & Takahashi, 2005 and Pascuzzo, Cyr & Moss, 2013: 83-84):

- Attachments occur in a sequential order, first to the mother and then, through the mother’s influence, to others.
- There is a likely possibility of multiple attachment systems and that peers could be successful attachment figures which, in the absence of mothers, could positively affect each other’s subsequent parenting behaviour.
- The child’s attachment relationship with the primary caregiver fulfils a central role in the development of emotion regulation across the life span.
- Internal working models, developed through attachment experiences, guide individuals in their interpersonal relationships through the development of expectations and beliefs concerning self and others.
- As the child develops and becomes more autonomous, emotion regulation strategies developed within the parent–child dyad are internalized by the child and applied to other interpersonal contexts.
- The capacity for dealing with undesirable emotional states or stressful situations stem from the quality of the individual’s interactions with their primary attachment figure.

It is evident that the parent-child attachment relationship during childhood plays a direct role in the young person’s response to his social environment in later years. For the young offender the regulation of emotions and motivations behind their behaviours are especially critical. A summary of findings on emotional regulations from various studies summarised by Pascuzzo, et al (2013) is tabled below. Two distinct dimensions of emotion regulation strategies are underscored through empirical studies with adolescents and adults. The first strategy is *attention orientation* which includes task-oriented, avoidant, and emotion-oriented strategies, and *social support-seeking* which includes the tendency to express emotions and seek social support. Table 2 describes the evidence found in the behaviours of securely and insecurely attached young people (yp).

Table 2: Behaviours influenced by emotional regulation strategies

Attention orientation strategy		Social support seeking strategy	
<i>Secure attachment</i>	<i>Insecure attachment</i>	<i>Secure attachment</i>	<i>Avoidant attachment</i>
<ul style="list-style-type: none"> • decrease in strategies centered on negative avoidance (e.g., drug and/or alcohol consumption) • yp more likely mobilize problem-solving strategies 	<ul style="list-style-type: none"> • hyperactivation (maintaining the attachment system) may engender adoption of strategies centered on negative emotions, i.e. focusing on potential negative scenarios, making catastrophic 	<ul style="list-style-type: none"> • stressful episodes led to an increase in parent–child communication • yp more likely to openly communicate distress & seek out support • yp may seek help from close 	<ul style="list-style-type: none"> • yp more likely to block emotional states that activate their attachment system by diverting their attention from emotion-eliciting information or stressful situations & inhibiting verbal & nonverbal communication of

Attention orientation strategy		Social support seeking strategy	
<i>Secure attachment</i>	<i>Insecure attachment</i>	<i>Secure attachment</i>	<i>Avoidant attachment</i>
<ul style="list-style-type: none"> • with respect to protection and proximity-seeking needs, these individuals have learned to adopt constructive problem-solving or task-oriented strategies for dealing with distressing emotions or situations • yp use cognitive strategies to reappraise the stressful situation in a less threatening manner and they may put into action effective problem-solving strategies 	<p>appraisals & ruminating</p> <ul style="list-style-type: none"> • seeking advice may be used by yp to demonstrate helplessness & dependence on the attachment figure 	<p>others to assist them in overcoming stressful situations, making them less likely to show symptoms of psychopathology</p> <ul style="list-style-type: none"> • yp protected against the experience of symptoms of dissociation when trauma is experienced 	<p>distress</p> <ul style="list-style-type: none"> • even with a great deal of distress on a physiological level, yp are less likely to express their emotions, and rarely seek-out others to help manage their internal emotional states • anxious yp more likely to intensify & exaggerate in order to attract & maintain attention when distressed • use of ineffective support-seeking strategies such as clinging, controlling, & overly-dependent behaviours

Source: Adapted from Pascuzzo, et al. (2013:85-86)

Determining the quality of the young offender's relationship with his family is critical to understand his approach to problem solving and attention-seeking.

Application of theories to understand the role of the family

Quasi-coercive treatment and the role of the family

If alternative sanctions are to allow for the re-socialisation and rehabilitation of the young offender, expectation would be placed with the family as the primary socialisation agent. The person-in-environment framework and attachment theory provide more operationalised evidence to guide what interventions and programmes should target. Not all roles are under the equal influence of family transactions.

The important areas for service delivery of family, the community, peer groups, schools, vocational training, and voluntary organizations identified in fundamental principle 10 are covered through the categories derived from the discussed classification system that is based on the person-in-environment framework.

Should a quasi-coercive treatment alternative be applied to young drug offenders, programmes should consider the following to successfully address the complex dynamics:

- determine which of the three explanations of the relationship between drug use and crime applies to be influenced and addressed through treatment
- acknowledge that international guidelines are advocating for families to receive the opportunity to learn about parental roles and obligations
- support the legislative drive that governmental and social efforts (interventions and programmes) should aim to preserve families and in support of traditional nurturing and child rearing practices
- explore the extent of the drug abuse problem specific to youth in South Africa
- look at the multiple roles the young offender functions in
- consider the roles and systems the family does not have control over to determine whether responsibility for treatment as alternative sentencing can be given to the family (see Table 1)
- focus on the strengthening of attached relationships to increase emotional regulation (see Table 2)
- in facilitating the environment to be more responsive to the family the economic, educational, legal, health, safety and social service, voluntary association- and the affectional support systems must all be considered.

For a fuller understanding of how to address the substance abuse problem leading to criminal behaviour by the young person, each of the above elements deserves consideration.

Conclusions

Even though official statistics are not disaggregated, enough evidence has been produced through research to confirm that drug abuse among the youth remains a concern in South Africa, specifically for its link to youth crimes. Due to the development stage of exploration and risk taking towards achieving independence, some alternative options to punitive sentencing needs to be considered and one such alternative involves a quasi-coercive approach. When voluntary adherence to treatment as an alternative to harsh sentencing is considered, knowledge about the role of the family is needed.

The main impact on the family highlighted through this paper is the responsibility they will take on for the rehabilitation of the young offender and this implies that governmental and social interventions should consider the various environmental systems that must be strengthened to support the family. A larger part of the discussion in this paper focuses on the dynamics within the family that need to be understood for

programmes to effectively work with families in the rehabilitation of young drug offenders.

The family dynamics exert a large influence on how well a young offender can respond to the second chance provided through quasi-coercive treatment. It is important to identify which of the social roles he is engaged in are involved in the substance abuse problem and whether the strength of the family or peer relationships are positively or negatively influenced by the level of attachment present. The strength of the parent-child relationship can have a positive or negative influence on the young person's regulation of emotions and the use of family support. If the family takes responsibility for the young offender, programmes should focus on strengthening the family system and the relationships within the family to increase the chances of success for rehabilitating the juvenile.

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