

THE REHABILITATION OF ILLICIT DRUG USERS IN CORRECTIONAL FACILITIES: A STRATEGY OF EFFECTIVE STAKEHOLDER COOPERATION AND COLLABORATION

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I. INTRODUCTION

Namibia is a developing country in the SADC region of sub-Saharan Africa with a population of 2.5 million people; furthermore it is a vast country with 14 regions and borders countries such as South Africa, Angola, Zambia and Botswana. Like many other countries in the region, it is faced with a rising problem of illicit drug use and drug trafficking, which has significantly contributed to social problems such as crime, family disintegration and unhealthy lifestyles. Additionally, Namibia has one of the largest coastal ports, hence a lot of cargo is transported via Namibia to the neighbouring countries and thus is viewed as a drug transit country as well.

In 2009, then Minister of Health and Social Services, Honourable Richard Kamwi, raised a concern regarding drug use in the country, as he said, "Especially worrying, is Namibia's gradual transition from a transit route for illicit drugs to a consumer country." The minister was making reference to the increase in patients with drug-related problems. Subsequently his concern was raised again on the Namibian Broadcasting Channel on the 24th of July 2018, by a psychiatrist from the Mental Health Unit at the Ministry of Health and Social Services. According to Dr Lahja Hamunyela, an addiction specialist and psychiatrist, it was found that 80% of patients admitted at the mental unit and mental regional wards, developed mental illness linked to drug abuse.

It is further reported that the most prevalent illicit drug in Namibia is Cannabis, and it is estimated that its consumption is at an average of 60%, while other illicit drugs such as cocaine, mandrax, heroine and crystal meth are also prevalent at a smaller scale. (Kazembe and Neema, 2015).

Moreover, according to statistics provided by the Mental Health Unit at Windhoek Central Hospital, it was found that during the period of January to December 2017, a total of 346 patients were admitted due to mental and behavioural disorders induced by multiple drug use and use of other psychoactive substances, while a total of 33 patients for the same period were admitted due to mental and behavioural disorders induced by alcohol use. It should be noted that the above statistics are not indicative of Namibia as a whole, as it is only reflecting one health facility. (Health Information System, Windhoek Central Hospital, 2017).

In cognisance of the above concerns the government of Namibia has put in place various mechanisms to try to curb this problem with various levels of success. One of the central role players in this fight is the Criminal Justice System sector which includes Namibian Correctional Service that is primarily charged with the responsibility of implementing rectification programmes with the end goal of effective social reintegration of offenders and reducing recidivism. In order to accelerate the effective implementation of rehabilitation interventions and treatment of offenders, the government of Namibia enacted the Correctional Service Act, Act No. 9 of 2012, to replace the Prison Act, 1998 (Act 17 of 1998).

Although the Namibian Criminal Justice System's approach to the management of offenders with illicit drug use problems is generally strict, the Criminal Procedure Act, Act No.51 of 1977, provides for alternative treatment of accused persons who are found to have committed criminal acts but not criminally responsible by reason of mental illness or mental defect under section 77-79. Such individuals may include illicit drug users. These sections of the CPA allow the courts to refer offenders for mental observation and if found

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unable to appreciate the wrongfulness of their offence based on reports from the psychiatrist, to be declared as State President Patients, thus sentenced to undergo treatment in line with their mental disorder. Bearing in mind the above mentioned, this paper discusses the treatment methods for offenders with illicit drug use problems that the Namibian Correctional Service has implemented following the introduction of the Offender Risk Management Correctional Strategy (ORMCS) in 2010. The paper will also share insight into the significant characteristic of cooperation and collaboration with various strategic partners within the Criminal Justice System.

II. REHABILITATION INTERVENTIONS OF ILLICT DRUG USERS IN NAMIBIAN CORRECTIONAL SERVICE FACILITIES: A CASE STUDY

Jack* is a repeat offender with a prior conviction for possession of Cannabis in 2012 and was sentenced to six months' imprisonment or with an option to pay a fine. His mother paid his fine. However in June 2015, Jack* committed his second offence and was charged with one count of malicious damage to property and a second count of theft. He was 30 years old when he was sentenced to two years and nine months' imprisonment. Upon admission to the correctional facility, Jack* was observed to have severe night sweats and anger outbursts. The medical personnel arranged with the local hospital to have him admitted, and it was discovered that he was experiencing extreme withdrawal symptoms from his mandrax use. He was stabilized and kept under observation for four days. The correctional facility took note of his condition and requested his transfer to a correctional facility that had the required professionals to treat his condition.

He was transferred to a facility in Tsumeb, which had psychological counsellors, social workers and medical personnel able to manage his condition. Upon assessment of his risk factors, the areas of Drug/Alcohol Use, Employment/Education, Anti-Social Thinking and Anti-Social Associates were found to be high, and these areas were flagged to be attended to in his correctional treatment plan. However, due to Jack's immediate need for treatment of his physical withdrawal symptoms, his level of medical care was intensified, and the facility collaborated with the local hospital for his admission, in order for a medical doctor to regularly monitor his progress. Furthermore, the facility engaged his family to render emotional support, considering that he had committed an offence against a family member. The Case Management Officer (CMO) responsible for his case file also liaised with the social worker at the hospital, to obtain feedback on his progress since he was concurrently receiving counselling while at the hospital. Jack was released from the hospital after three weeks and the CMO referred him for continuation of counselling by the Programme Officer to ensure that he was adjusting well to the correctional environment and to consolidate his understanding of his drug use problem.

Jack* served his sentence and maintained good conduct in the facility; he developed pro-social habits such as participating in rehabilitation programmes. He worked at the garden and attended a cognitive-based rehabilitation programme called Managing My Substance Use (MMSU), which he completed successfully and he was also educated on aftercare services available in the community, which he could approach when faced with challenges. He was released in July 2017 on earned remission and returned to his family in Grootfontein.

However, due to good stakeholder relations with the local social worker in Grootfontein, it was reported that Jack* had relapsed six months after his release, during the festive season. He had met up with old associates and used mandrax. He overdosed on the mandrax resulting in him being hospitalized. During his stay in the hospital, Jack* voluntarily approached the social worker for assistance concerning his drug dependency problem and during the consultation with the social worker, he spoke about the aftercare services that were discussed during the MMSU programme in the correctional facility. He further indicated to the social worker that he wanted to gain balance in his life and to stop using drugs. The social worker called the programmes division at the correctional facility to get more information on the programmes offered in the facilities and to report that Jack* had volunteered to check into a rehabilitation centre. She also indicated that he was attending aftercare meetings with a local support group in addition to undergoing family therapy with his mother and sister to help him with his drug use problems.

III. TREATMENT OF ILLICIT DRUG USERS IN NAMIBIAN CORRECTIONAL FACILITIES

A. The Strategy of Offender Rehabilitation in the Namibian Correctional Service

The Namibian Correctional Service implemented the Offender Risk Management Correctional Strategy (ORMCS) in 2010, with the aim of transforming the service from the primarily punitive approach to that prioritizing the rehabilitation and empowerment of offenders with the aim of successfully reintegrating back into society as productive and law abiding citizens. Considering the new perspective of the Namibian Correctional Service towards rehabilitation, the service engaged in a range of strategic partnerships and research in order to develop and adopt reformatory initiatives that are evidence-based and have proven ability to reduce recidivism. The implementation of the ORMCS focused on the critical role of the Case Management Process and improved Unit Management structures. In addition the strategy also incorporated the Risk, Needs and Responsivity Principle as a management approach to ensure that all offenders entering correctional facilities were to be screened, assessed and assisted in line with their individual risk and needs to address their criminogenic factors and minimize their chances of re-offending (Nafuka and Kake, 2015).

Ultimately the approach considered criminogenic factors of offenders from an individual perspective, meaning offenders were to receive services in line with their specific risk and needs; thus the approach made provision for the treatment of illicit drug users.

B. Effective Coordination and Collaboration of Illicit Drug User Treatment for Offenders

The new approach to offender management has specifically improved treatment of offenders with illicit drug use problems, as the Namibian Correctional Service has established partnerships with various service providers in the areas of the Criminal Justice System, Health Care and Social Welfare Services. In addition, the Namibian Correctional Service has invested extensively in capacity-building and employing professional staff to offer specialized services to offenders in line with the rehabilitation philosophy that the service adopted.

Evidence regarding capacity-building and specialized staffing is visible as, according to statistics provided by the Namibian Correctional Service in 2009, it was reported that the service had employed 13 social workers and 1 clinical psychologist (Nakuta and Cloete, 2012). However, much has improved over the years, as currently the service has 1 clinical psychologist, 2 intern clinical psychologists, 13 psychological counsellors, 39 social workers, 3 medical doctors, 1 occupational therapist, 40 nurses and 13 HIV/AIDS counsellors that are registered with the Health Professional Council of Namibia. The above is evident that the Namibian Correctional Service finds it imperative to provide quality multi-disciplinary health care services to offenders.

Furthermore, recognizing the importance of collaboration with stakeholders, it should be mentioned that the Namibian Police Force and the Namibian Correctional Service has an administrative arrangement regarding the management of offenders awaiting trial. Thus the provision for health care, social welfare and legal services is availed to offenders while they are in police custody, as stipulated by the Namibian Police Force Operational Manual. Bearing in mind that the judicial sector tends to be overwhelmed with cases, it is unfortunate that offenders experience lengthy periods as persons awaiting trial, and by the time they get sentenced, they may no longer display severe symptoms of withdrawal from drugs, meaning if an offender is to be arrested while displaying acute withdrawal symptoms, the police and the judicial courts may refer the offender to relevant health care service providers for detoxification treatment and where deemed necessary the courts may apply provisions from section 77-79 of the Criminal Procedure Act, Act 51 of 1977 that allows for the offender to be referred for mental evaluation; if found to have a mental disorder induced by drug use, the offender can be declared a State President Patient, and be housed in a forensic psychiatric unit or a correctional facility with the required professional staff to treat the mental disorder.

The Offender Risk Management Correctional Strategy is an effective approach to rehabilitation that is complementing the national efforts of fighting crime and reducing recidivism; however, its success depends much on stakeholder cooperation and essential collaboration that lead to the smooth provision of treatment to offenders in accordance with their risk and needs.

C. Stages of the Strategy within the Correctional Facility and the Role of Stakeholder Collaboration for Illicit Drug Users

1. Admission Process

Offenders entering the correctional facility are received at the admission office to process warrants of committal and other documents. During this stage offenders have 48 hours to undergo a health screening by the medical staff as provided for in the NCS Health Policy (2016) in accordance with national Primary Health Care standards. This process enables correctional and medical officers to identify offenders displaying acute withdrawal symptoms for referral to medical centres, thus the Ministry of Health and Social Services renders its services by admitting offenders in hospitals to stabilize and detox. Furthermore, correctional officers also notify family members on offenders' conditions and may arrange for visitation as family reconstruction is encouraged.

2. Reception and Assessment Unit

Offenders are housed in the Reception and Assessment Unit for a period of 90 days, as a mechanism of conducting extensive individual screening, assessment and observation with the aim of identifying the criminogenic factors. Medical officers' conduct comprehensive health screening, while offenders receive rehabilitation activities such as Orientation Programmes. The programmes focus on psycho-social education with content on illicit drug abuse, treatment intervention and preventive measures. Officers and relevant external stakeholders facilitate the delivery of this programmes to help offenders adjust in a correctional environment.

Recognizing the importance of assessment, offenders are assessed to establish their individual risk and needs in order to develop a treatment plan that will address those criminogenic factors, while serving their custodial term. In the instance of an illicit drug user, the strategy provides for the timely referral of the offender to treatment interventions pertaining to their needs; furthermore the 90-day observation period offers sufficient time for officers to observe and identify offenders who may not disclose their drug use problems in order to offer crucial assistance. It should be noted that all assessment conducted required specialized assessment tools that are standardized to the Namibian norms. Hence the aspect of being evidence based is of great importance to the Namibian Correctional Service.

3. Unit Management, Case Management and Programming

During this stage, offenders are classified into either the Maximum, Medium, Low-Medium and Minimum-security levels, based on the assessment conducted in the Reception and Assessment Unit. The security levels are not solely determined by the offence but also considers the offenders risk and needs when conducting assessment.

Most offenders spend their custodial terms within the units; hence extensive components of rehabilitative programmes and activities are offered to offenders. Case Management provides offenders with daily motivational support, as Case Management Officers oversee individual needs of offenders such as family contact and facilitate offenders' access to rehabilitation programmes in accordance with the treatment plans that address the risk and needs. Therefore, an illicit drug user may be referred to attend programmes that are in line with the treatment plan, such as the Managing My Substance Use Programme that is currently being delivered in four correctional facilities.

Programming in the Namibian Correctional Service is comprehensive, as the strategy provides for offenders to access programmes that address their criminogenic factors, such as cognitivebased, educational, vocational, religious care, and recreational programmes. The success of programming is reliant on cooperation and collaboration, as specialized officers offering programming often engage external stakeholders to ensure quality services are delivered to offenders that are on par with the services in the community. Additionally, stakeholders are the driving factor to providing offenders with treatment, intervention and activities that are aimed at reforming offenders. Such strategic stakeholders are the office of the Ombudsman, Judicial Courts, Ministry of Gender Equality and Child Welfare, Ministry of Health and Social Services, United Nations Office on Drugs and Crime (UNODC), Prison Fellowship, Local Religious Care Providers and Community-Based Organizations forge a strong framework in rehabilitating offenders.

4. Community Supervision

Considering that treatment for illicit drug users is an ongoing process, offenders may reach the end of

their sentence and still require additional treatment to ensure the effective rehabilitation and successful reintegration into society as law-abiding citizens. Hence, this stage focuses on the support and supervision of offenders in the community when released from the facility on earned remission, full parole and probation. Community Supervision Officers monitor the reintegration process of offenders, and where applicable ensure that offenders with release conditions comply. In addition, offenders with illicit drug use problems may be requested to attend aftercare programmes in the community and provide proof of attendance and progress to the Community Supervisor. However, when non-compliance is noted, the officer may recommend for conditions to be changed and refer the offender to a rehabilitation centre or social worker. Community-based organizations such as Lifeline Namibia assist offenders by providing therapeutic counselling to illicit drug users, whilst Turning Point Organisation offers accommodation for offenders whose treatment requires them to be placed in an environment that is supportive to their treatment versus returning to their community where they may become vulnerable to relapsing and re-offending. Other stakeholders are the Namibian Police Force, Prison Fellowship and the Ministry of Labour, Industrial Relations and Employment Creation. While the Ministry of Health and Social Welfare is critical as the Etagameno Resource and Rehabilitation Centre may admit offenders who urgently require treatment.

5. Community Service Orders

The Namibian Correctional Service oversees offenders that are sentenced to community service orders by undertaking community service duties instead of serving a custodial term. This form of diversion offers offenders with alternative convictions while being rehabilitated. Community Service Orders Officers supervise offenders to ensure compliance with the service order is enforced. The Community Service Orders Officers do not work in isolation as they collaborate with the judicial courts, the Ministry of Gender Equality and Child Welfare, the Ministry of Health and Social Welfare, the Namibian Police Force, Regional Council Offices and Community Based Organizations, in order to secure centres where offenders can render their services.

D. Offenders' Responsivity to Programming

In response to the growing concern of substance abuse including illicit drugs in the country, the Namibian Correctional Service developed a programme that would address the risk and needs of offenders who either committed an offence due to being under the influence of substances or had a substance use dependency problem. Hence the service introduced Structured Core Programmes such as the Thinking and Living Skills Programme (TLS) that focused on replacing maladaptive cognitive patterns and promoting pro-social behaviour, while the Managing My Substance Use programme is implemented to specifically assist in the treatment of offenders with illicit drug dependency problems. The programme is based on Marlatt's Cognitive Behavioural Relapse Prevention Model, which focuses on addressing the lifestyle imbalances caused by the dependency problem and how to develop a relapse prevention plan. The relapse prevention plan often involves different stakeholders that provide support to assist the offender to not relapse to substance use.

While the efforts of the Namibian Correctional Service towards the provision of programmes is commendable, the service has realized that a significant number of offenders in correctional facilities could not benefit from rehabilitation programmes due to low literacy levels and English proficiency, which is the country's official language. Hence the aspect of responsivity has become a priority in order to improve treatment of offenders (Chiremba, et al., 2012).

The Responsivity Principle is concerned with the types of appropriate treatments that match each offenders' general learning styles based on cognitive-behavioural and social learning approaches. In addition, the principle also looks at the specific responsivity levels of offenders in order to tailor treatment to address specific cognitive learning interventions such as motivation, language and educational levels (Andrews, et al, 1990).

Taking the above into consideration, offenders with illicit drug use dependency problems have been referred to attend Managing My Substance Use programme, where they receive cognitive intervention by Programme Officers, who are specialized staff in areas such as psychology and social work. However, a large number of offenders do not qualify to attend the programme to due language barriers, as the programme is delivered in English and most offenders have low literacy levels. Subsequent to the above findings, the Namibian Correctional Service applied the responsivity principle by tailoring interventions to the needs of

illicit drug dependency users that could not be in programmes, through offering interventions delivered by translating concepts targeting offenders' risk factors in the offenders' vernacular and on other occasions, inviting external stakeholders such as the Ministry of Health and Social Welfare and NGO's to offer treatment that could not be offered by the correctional officers. The Namibian Correctional Service has embraced the importance of collaborating with strategic stakeholders, as it is in the nation's interest to have rehabilitated and law-abiding citizens.

E. Legislation Supporting Rehabilitation Interventions and Treatment for Offenders

Namibia, being a member state of the United Nation (UN), has ratified several UN Conventions relating to illicit drugs and trafficking treaties such as the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substance. On a national level Namibia has worked on amending the Combating of the Abuse of Drugs Bill and Prevention of Organized Crime Act, Act 29 of 2004 among others. (Kazemba and Neema, 2015)

The Criminal Justice System has recognized the importance of offender rehabilitation and has over the years made critical amendments to various statutes, the most significant change being the repeal of the Prison Act, Act 17 of 1998 which was replaced with the Namibian Correctional Service Act, Act 9 of 2012. This change led to the transformation of the service and implementation of the ORMCS.

Moreover, the treatment of illicit drug users now features prominently on the national agenda, as the country strives to comply with the Nelson Mandela Rules, also known as the United Nations Standard Minimum Rules for the Treatment of Prisoners. As a result, the service has strengthened stakeholder relations with several ministries, agencies and organizations in order to improve treatment programmes, preventive measures and decrease drug use in the country drastically through the provision of detoxification treatment, admission to rehabilitation centres, aftercare support groups and community-based prevention campaigns. One of the prominent community-based initiatives is the Be Free campaign that is overseen by the Office of the First Lady of Namibia; the First Lady is an active advocate on drug control. The country also adopted the National Drug Control Master Plan, which according to His Excellency Simon M. Martuta, Ambassador and Permanent Representative of the Republic of Namibia to the United Nations, entailed an approach of combating drug abuse and illicit drug trafficking through multi-agency coordinating frameworks with the aim of mitigating and reducing drug abuse and illicit drug trafficking, among other crimes. (Martuta, 2015).

Supporting the adoption of the master plan, the Namibian Correctional Service, focused on promoting treatment interventions for offenders suffering from substance dependency by employing increasing numbers of specialized staff like psychologists, psychological counsellors, social workers and medical personnel. It can proudly be stated that all thirteen (13) correctional facilities in Namibia are staffed with registered medical personnel and registered rehabilitation officers overseeing the psycho-social aspects of offender rehabilitation. In addition, the Namibian Correctional Service Health Policy (2016) has been aligned to the Namibia Standard Treatment Guidelines of the Ministry of Health and Social Welfare, (2011), when treating offenders, and applied the section on Psychiatric Disorder on Drug and Substance Abuse, when facilitating the treatment of offenders with illicit drug use problems.

Recognizing that each statute is an essential part of the successful treatment of offenders, it is fair to mention that the following statutes such as the Abuse of Dependence Producing Substance and Rehabilitation Centres Act, Act 41 of 1971, Mental Health Act, Act 18 of 1973, National Health Act, Act 2 of 2015 and the Namibia Correctional Service Health Policy, 2016 have been well integrated resulting in the timely treatment of illicit drug users and the general offender population. Furthermore, the provision of laws supporting offender rehabilitation service delivery has improved, and initiatives such as commemorating International Day against Drug Abuse and Illicit Trafficking has been conducted in correctional facilities with the support of the United Nation Office on Drugs and Crime and the Ministry of Health and Social Welfare to name a few.

In regard to offenders released from correctional facilities whose risks and needs were not fully addressed prior to release, there are provisions to attach conditions to their remission or parole release, which may require them to attend aftercare programmes in the community, such as joining Circle of Friends, Blue Cross and religious community support groups.

F. Challenges and Possible Solutions to Improving Treatment for Offenders with Illicit Drug Use Problems

The NCS is faced with internal and external challenges that affect the process of effective treatment. The internal factors affecting the treatment of illicit drug users is the effective responsiveness to treatment, as offenders may not be willing to disclose their drug use problem for fear of persecution or stigmatization. Treatment may fail due to offenders concealing critical information that would improve their response to their drug use treatment. However, the NCS has implemented rehabilitation and recreational activities that create platforms for educational campaigns on topics such as drug abuse within correctional facilities and community outreach programmes. The UNODC and the Ministry of Health and Social Welfare have been supportive in commemorating days such as the No Tobacco Day, International Day against Illicit Drug Use and Trafficking and World Suicide Day. Furthermore, the professional staff has provided support to offenders through individual and group therapy treatment within the correctional facilities.

The external challenge is the limited rehabilitation centres in the country, as Namibia currently has Ettagameno Resource and Rehabilitation Centre, which is a state owned and Okonguarii Psychotherapeutic Centre that is privately owned. Hence when offenders are released and require further treatment in rehabilitation centres, this often does not materialize because the state-owned centre can only admit 80 individuals on an annual basis between the ages of 18-39, while the private centre is costly for most offenders. Furthermore, in case of intensive care, the country only has one fully staffed mental health centre with a bed capacity of 200, while 70 beds are allocated to the Namibian Correctional Service, functioning as a forensic mental health centre. Thus, for a population of 2.5 million, the available services are not able to address the demand for treatment.

Based on the above, stakeholders such as the Ministry of Health and Social Welfare that is responsible for the state-owned rehabilitation centre, has introduced alternative treatment programmes, such as the Resource Centre that offers day treatment programmes, prevention programmes and aftercare programmes offered by social workers. In addition, 19 aftercare programmes were active in the regions, offering immediate support to offenders in their regions.

IV. CONCLUSION

The Namibian Correctional Service has been able to provide essential treatment to offenders with illicit drug dependency problems in accordance with its philosophy of rehabilitation. Furthermore, collaboration of strategic partners in the Criminal Justice System, Health Care and Social Welfare Sector has been the driving force to the implementation of the Offender Risk Management Correctional Strategy.

The strategy's effective treatment of illicit drug users in corrections is greatly reliant on continuous multi-disciplinary cooperation, because with the establishment of these partnership areas, research is improved as data is obtained and can direct future reforms, which are in line with the Namibian Correctional Service's evidence-based approach.

Recognizing the challenges in treatment provision, the service has invested greatly in educational and vocational skills training, with the aim of improving literacy levels and increasing opportunities to access cognitive rehabilitation programmes that address the criminogenic factors of individual offenders. Furthermore, understanding that treatment is a continuous process, the service also invested in employing Community Supervision Officers with social sciences backgrounds, to supervise and provide motivational support during the reintegration phase. In doing so, officers would be able to review progress and based on data collected, the service would assess the effectiveness of the programmes currently available in the Namibian Correctional Service and if need be review or introduce new programmes based on best practices from other countries.

It is realized that the Namibian Correctional Service is still in the phase of transformation, as the goal is to reduce recidivism; however the milestones achieved thus far are much appreciated because implementing the strategy was a taxing expenditure on the Namibian country. However, the advocacy for rehabilitation supersedes any cost, because the country gains individuals that are able to contribute to national development.

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